

Kindergarten Registration Packet

Prior to July 1, parents registering their child for **Kindergarten** should contact their neighborhood school to schedule an appointment. Children must be 5 years old by December 1 in order to register. All other grades must contact Central Registration. If you are unsure of your neighborhood elementary school, click [here](#) to access our boundary maps or visit <http://www.wappingersschools.org/domain/33>

Brinckerhoff Elementary School: 897-6800 ext. 10001
James. S. Evans Elementary School: 298-5240 ext. 11001
Fishkill Elementary School: 897-6780 ext. 12001
Fishkill Plains Elementary School: 227-1770 ext. 13000
Gayhead Elementary School: 227-1756 ext.14005
Myers Corners Elementary School: 298-5260 16003
Oak Grove Elementary School: 298-5280 ext. 17000
Sheafe Road Elementary School: 298-5290 ext. 18000
Vassar Road Elementary School: 463-7860 ext. 19000

After July 1, parents/guardians wishing to register their child/children in the Wappingers Central School District should begin the **process by calling the Central Registration Office at 25 Corporate Park Drive, PO Box 396, Hopewell Junction, NY 12533 (298-5000 x 40132) and scheduling an appointment.** Hours of operation are Mondays – Fridays from 8:00 a.m. – 3:30 p.m.

In the Event of Inclement Weather:

If there is a school cancelation or delayed opening due to inclement weather, your appointment will automatically be canceled, and you will need to call to reschedule. Information on cancelations or delays will be announced on the following local radio stations beginning at 6:00 a.m.

WBNR – 1260 AM	WRWD – FM 107.3
WCZX – FM 97.7	WSPK – FM 104.7
WHUD – FM 100.7	WPDH – FM 101.5
WRNQ – FM 92.1	WEOK – 1390 AM
WKIP – 1450 AM	WGNV – 1200 AM

You may also get school closing/delay information on our district website: www.wappingersschools.org or by downloading our mobile app by clicking on [iTunes Store](#) or [Google Play](#).

GUIDELINES FOR REGISTERING YOUR CHILD

Proof of Residency

All new students seeking enrollment in the Wappingers Central School District must provide proper documentation and/or information to establish residency.

Within three (3) business days of your child's initial enrollment, your documentation and/or information will be reviewed to make a final residency decision. If a determination of non-residency is made, you will be notified in writing.

The following is documentation that may be used to establish residency (**Note: This is not intended to be an exhaustive list, and the District may consider other documentation and/or information, as appropriate**):

- A copy of a residential lease or proof of ownership of a home, such as a deed or a mortgage statement.
- A notarized or signed statement by a third-party landlord, owner or tenant from whom the parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property within the District.
- Other forms of documentation include:
 - Pay Stubs
 - Federal or NYS Income Tax, W-2 or Earnings Statement
 - Utility Bill
 - Voter Registration Notification Card
 - Official driver's license, learner's permit or non-driver identification
 - Documents issued by federal, state or local agencies (such as social services agency)
 - Government-issued identification
 - Membership document based on residency

If you are not the natural parent but have legal guardianship of the student(s), please provide us with any available relevant documents or complete custody affidavit (Click here for [Parent Affidavit/Custodial Affidavit](#) Forms or visit <https://goo.gl/H4NCmC>.)

Proof of Age

In accordance with the NYS Education Law, the District requires documentation verifying your child's age. Acceptable documentation may include a birth certificate or record of baptism, including a certified transcript of a foreign birth certificate or record of baptism. When this information is unavailable, the District may accept a passport, including a foreign passport, to determine the child's age. If the previously listed documentation is not available, the District may consider the following documents or recorded evidence if in existence two (2) or more years, except an affidavit of age, to determine a child's age:

- State or other government-issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Official driver's license
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Court orders or other court-issued documents
- Native American tribal document

Documentation Relating to Legal Custody and Special Circumstances

If there are any other special circumstances such as custody agreements or orders of protection, please submit those documents to us. They will be copied and filed in the student’s records. The schools cannot refuse to release a child to a parent/legal guardian unless there are court documents on file with the District to the contrary.

Proof of Health Examination & Immunizations

In accordance with the Commissioner’s Regulations, students entering public school at any grade are required to have a satisfactory health examination conducted no more than 12 months before the first day of the school year in question. If an acceptable health certificate is not provided within 30 days, the District’s physician will conduct the examination. The District does not require a health certificate if they or their parents object claiming a conflict with their genuine and sincere religious beliefs. This exemption request must be in writing and supporting documentation provided.

Immunization records or documentation of exemption are also required for every student entering or attending public schools in accordance with New York State Public Health Law. The Public Health Law allows for a limited period of attendance for 14 days without proof of immunization, upon a showing that the student is making a good faith effort to obtain the necessary immunizations and/or documentation verifying the immunizations. “(Note: when the child is transferring from another state or country, the 14-day period may be extended to not more than 30 days). Please refer to the next page for the schedule of immunizations required of students.

Warning: Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition-free education from the Wappingers Central School District may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant’s child resides outside of the Wappingers Central School District, the District may take legal action to collect tuition charges. The tuition of \$9,495.00 (Regular Ed. K-6); \$10,324.00 (Regular Ed. 7-12); \$35,090.00 (Special Ed. K-6); \$35,919.00 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student’s residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

Parent/Guardian Signature & Date

Signature of Witness (WCSD)

Signature of parent/guardian will confirm that they have read and understand the residency policy of the Wappingers Central School District and the consequences they might incur if false information is wrongfully provided.

For Office Use Only: Please Return Form to Main Office Student Cumulative Folder



Registration Data Sheet
(Shaded areas to be completed by WCSD Personnel)

Student's Last Name First Middle			Student ID #	Yr. Grad.	Building	HR	Entry Date	New OR Repeat
Student's Street Address Apt. No. City		State		Zip Code				
House No. (Lot)								
Mailing Address (If Different) Street Apt. No.			City		State		Zip Code	
Gender	Proof of Age (Birth Certificate or Other)		Home Phone #					
Birth Date	Country		City		State/Province		Zip	
School Name		Grade	Teacher		Date Student First Entered 9th Grade			
Mother's (Guardian) Name			Mother's (Guardian) Address – If different than child			Emergency Phone #		
Mother's (Guardian) Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Mother's/Guardian Email Address:								
Father's (Guardian 2) Name			Father's (Guardian 2) Address – If different than child			Emergency Phone #		
Father's (Guardian 2) Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Father's/Guardian Email Address:								
Child Living with Biological/Natural Parents <input type="checkbox"/> YES <input type="checkbox"/> NO		Language Spoken at Home			Language of Student			
Custody Clarified	Limited Release	O T H E R <input type="checkbox"/> Social Service Form DSS – 2999 Completed; Agency _____ <input type="checkbox"/> Foster Child Report Completed <input type="checkbox"/> Designation for Homeless Child Form Completed <input type="checkbox"/> Migrant <input type="checkbox"/> Exchange Student				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
What Are Your Living Arrangements?		Verification of Legal Residency				Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Schools Previously Attended			City, State, Country			Dates		Grade (s)
Previously Retained <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade(s)?		If Previously Attended School in Wappingers Central School District, What School and When Attended?					
Comments								
ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO								
OTHER CHILDREN								
Name	Birth Date	School	Grade	Name	Birth Date	School	Grade	
Signatures:								
_____ Administrator			_____ Parent (Signature indicates you are aware that a general screening of all new students is required in NYS)					
_____ Counselor			_____ Student					
REV.17/18								



Department of Special Education and Student Services
(845) 298-5000 ext. 40132 Fax (845) 897-2482

Temporary Residence REFERRAL (McKinney-Vento Program)

All parents/guardians must sign the form to indicate they have read the form. Students in temporary housing conditions may be eligible for additional school supports. Eligibility can be determined by completing the information below. Additional information may be needed.

Parent Name: _____ Signature: _____

Currently are you and/or your children in any of the following housing situations? Yes No

If you checked *Yes* above, please indicate your housing situation below.

- Shelter Hotel/Motel Unsheltered, in a car or campsite Awaiting foster care
- Child NOT living with parent or guardian Temporarily living with another family or others

Current Address: _____

Address prior to temporary housing: _____

Transportation required? Yes No Date of housing change: _____

Reason for current living situation: _____

Previous School and District: _____

Name of Child and School ID	Date of Birth	M/F	Grade	School Attending in WCSD

Parent/Guardian Name Signature (if done in person) Date

Address if different from above: _____

Name of person completing the form _____ Title: _____

Date Completed: _____

Office Use Only		
Please fax form to Richard Zipp at: 897-2482 for approval.	Contact Laura Brundage: 298-5240 x11020 with questions.	
APPROVED BY: _____	Informed Transportation: <input type="checkbox"/> Yes	Sent to schools above: <input type="checkbox"/> Yes

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies No Medication/Treatment Order Attached Anaphylaxis Care Plan Attached
 Yes, indicate type Food Insects Latex Medication Environmental

Asthma No Medication/Treatment Order Attached Asthma Care Plan Attached
 Yes, indicate type Intermittent Persistent Other : _____

Seizures No Medication/Treatment Order Attached Seizure Care Plan Attached
 Yes, indicate type Type: _____ Date of last seizure: _____

Diabetes No Medication/Treatment Order Attached Diabetes Medical Mgmt. Plan Attached
 Yes, indicate type Type 1 Type 2 HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes **Hypertension:** No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			

Recommendations:
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
 Student is at **Tanner Stage:** I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

Record Attached Reported in NYSIIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child’s School When Entirely Completed.

IMMUNIZATIONS

New York State Law Section 2164 requires these immunizations for admission to school K-12
(Born on or after 1/1/2005)

New York State Law requires immunizations for all students against Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, and Varicella. Meningococcal meningitis for grades 7 and 12. Haemophilus influenzae type b and Pneumococcal conjugate for Pre K. **Have your family physician complete the information on page 7 in this packet. Please bring the completed page 7 with you at the time of registration.**

Exemption to the immunization law is allowed for medical or religious reasons. Medical exemption must be certified in writing by your physician. Religious exemption must certify that you hold genuine and sincere religious beliefs which are contrary to the practice of immunization. A "Request for Religious Exemption to Immunization" form must be completed, notarized and submitted to the school administrator. You will be notified in writing of the outcome of this request.

The mandate requires you to comply with the law since schools are bound to refuse admission to your child if the records of immunization are not available.

Immunization	Number of Doses
Polio	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten
Hepatitis B	3 doses at specific intervals*
Diphtheria/Pertussis/Tetanus	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten
Measles/Mumps/Rubella	2 doses received prior Kindergarten
Tdap	Students 11 years or older entering Grades 6 through 12 are required to have one dose of Tdap. Students who are 10 years old in Grade 6 and who have not received a Tdap vaccine may enter but must receive the vaccine when they turn 11 years old.
Varicella	2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.
Meningococcal	1st dose required prior to admission into Grades 7 and 8 and 2nd dose required prior to entrance to Grade 12. 2nd dose not required if 1st dose was given at age 16 or older.

*Hepatitis B doses must be given with 4 weeks between 1st and 2nd doses, 8 weeks in between 2nd and 3rd doses, 16 weeks between 1st and 3rd dose.

PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.

Proof of immunization must be any of 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.



_____ SCHOOL Date _____

IMMUNIZATION REPORT

Student's Name _____ DOB _____

Dear Doctor:

Please record all immunizations to date:

DPT/DTaP 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ DT.B _____ Td _____

Tdap 1 _____

POLIO 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

MMR 1 _____ 2 _____

HEPATITIS B 1 _____ 2 _____ 3 _____

VARICELLA 1 _____ 2 _____

Meningococcal 1 _____ 2 _____

HEPATITIS A 1 _____ 2 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

PCV 1 _____ 2 _____ 3 _____ 4 _____

TUBERCULIN TINE _____ PPD _____

Lead Screening _____ Date _____

MD Signature

Medical Exemption:

A physician's statement to the effect that immunization against one or more of the five diseases would be detrimental to the child's health.

MD Signature

Religious Exemption: A written and signed statement from the parent/guardian of such child stating the parent/guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal may require supporting documents.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 504
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2450

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<small>District Name (Number) & School</small>	<small>Address</small>

For Office Use Only: Please Return Form to Lizzette Ruiz-Giovinazzi, Director of English as a New Language (ENL)

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.
 Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

SOCIAL - HOME SURVEY (KINDERGARTEN ONLY)

Please complete this survey and return to your child’s kindergarten teacher. It will be placed in your child’s permanent record folder and limited to use by the school staff. This survey will be removed from your child’s folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.

Date: _____ Signature: _____

Child’s Name: _____

What name does your child prefer to be called? _____

With whom does your child live? (Check all that apply)

- Mom Dad Siblings Grandparents Other _____

Where does your child fall in the family order?

- First Child Middle Child Last child Only child Other _____

Has your child attended nursery school or daycare? Yes No

Name _____ Phone Number _____

May we call for information? Yes No

CHILD DEVELOPMENT

Can your child dress him/herself? Yes No

Can your child take care of his/her bathroom needs? Yes No

Can your child follow directions? Yes No

Can your child attend to a story or activity for 15 – 20 minutes? Yes No

Has your child chosen which hand he/she prefers to use? Yes No

If yes, which hand? Left Right

Can you and/or others understand your child’s speech? Yes No

For Office Use Only: Please Return Form to Main Office Student Cumulative Folder



Do you think your child will require special assistance in any of the areas listed below?

1. Speech Yes No
2. Behavior Yes No
3. Rate of Learning Yes No
4. Health Yes No
5. Coordination Yes No

How often do you read to your child? _____

Are there any hobbies or interests that you or your family would be willing to share with your child's kindergarten class?

Please share any other information about your child that you feel would be helpful for his/her teacher to know. Some examples are: special interests, unusual experiences, and fears, family history – which may include custody and/or health issues – such as food allergies, problems with eating or sleeping. If you prefer, you may share specific information by speaking directly to your child's teacher.

Academic Strengths/Needs:

Behavioral Strengths/Needs:

Social/Emotional Strengths/Needs:

Work/Organizational Skills Strengths/Needs:

Additional Comments, Information and Suggestions:

Academic Records: Examples: copy of most recent report card, marks given up to last date of attendance in former preschool/nursery, and any special education records you can provide.

For Office Use Only: Please Return Form to Main Office Student Cumulative Folder

RELEASE OF STUDENT INFORMATION

Date: _____

Dear Educator,

The following student has enrolled in Kindergarten in the Wappingers Central School District. **Please forward copies of records, including report cards, health, and any other pertinent information to the address indicated below.**

Thank you for your attention to this request.

Student Name: _____ Date of Birth: _____

Current Address: _____

School: _____ Grade: _____

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT _____ DATE _____

.....
Wappingers Central School District

Please fax records to 845-896-1459

If you need to call the Central Registrar, please dial **845-298-5000 x 40132.**

Previous school information:

Name of School: _____

Address: _____

Telephone (_____) _____ Fax: (_____) _____

Check all that apply

- Birth Certificate
- Immunizations
- IEP/504

Please Return Requested Records to:

Wappingers CSD Central Registration
PO Box 396
Hopewell Junction, NY 12533



School Health Services

_____ SCHOOL

HEALTH DATA SHEET

Student _____ Date of Birth _____ Gender _____
 Mother's Name _____ Father's Name _____
 Mother's Phone # Home _____ Work _____ Cell _____
 Father's Phone # Home _____ Work _____ Cell _____
 Mother's Address _____
 Father's Address _____

With whom does this child live?

Both Parents Mother Father Guardian Other _____

Student's Physician _____ Phone # _____

Emergency Contact if parent/guardian cannot be reached:

Name _____ Relationship to Student _____
 Phone # _____

PRENATAL AND DEVELOPMENTAL HISTORY

Did the mother have any unusual problems/illness during the pregnancy or the birth such as breech, forceps or Cesarean delivery? Yes No If yes, please explain briefly:

Was this infant born: Full term Premature Post mature

What was this infant's birth weight? _____ lb. _____ oz.

Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea spells or convulsions? Yes No If yes, please explain briefly: _____

 Please give an approximate age at which this child: sat up alone _____ walked _____
 said single words _____ said sentences _____ was toilet trained _____

Please briefly describe this child's overall development in relation to his/her other siblings: _____

For Office Use Only: Please Return Form to Health Office



School Health Services: HEALTH CONDITIONS

Please check any that are a chronic problem.

- Diabetes Seizures Epilepsy Heart Problems

If your child has any of the above, please contact the school nurse.

- High Fevers Eye Problems Poor Vision Poor Hearing Crossed Eyes
- Tubes in Ears Bed wetting Bowel Problems Toothaches Dental Infections
- Frequent Ear Infections Frequent Headaches Frequent Nosebleeds
- Frequent Sore Throats Other _____

MEDICAL INFORMATION

Does this child have any allergies? Yes No

If yes, to what? _____

What are the child's triggers to this/these allergies? _____

What are the child's reactions to this/these allergies? _____

What treatment or medication does this child require for this/these allergies?

Does this child have asthma that has been diagnosed by a physician? Yes No

If yes, what treatment and/or medication has been prescribed? _____

Does this child have any medical condition other than listed above? Yes No

If yes, please explain. _____

INJURIES, ILLNESSES, AND SURGERIES

Please list any severe injuries, illnesses and/or surgeries: _____

For Office Use Only: Please Return Form to Health Office



ADDITIONAL INFORMATION

For Office Use Only: Please Return Form to Health Office

Is this child on daily medication? Yes No

If yes, please list. _____

Is this child on medication on a regular basis, but not daily? Yes No

If yes, please list. _____

Do any family members have any long-term illness, such as diabetes, cancer, high blood pressure, etc.? Yes No If yes, please list the illness and the relationship of the person to this child. _____

Do you have any other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? Yes No

If yes, please explain. _____

Completed by: _____ Date: _____

Relationship to child: _____

Would you like a conference with the school nurse? Yes No



School Health Services

New York State Law, as well as local regulations, strictly outlines the rules that schools must follow concerning medication administered in school.

The overall guideline is that such dispensing of medication must be kept to a minimum; therefore, it is administered only with specific written physician's order and only when deemed necessary to be given during school hours.

Nurses are required to follow these regulations:

1. The nurse should administer medication only as necessary.
2. Instructions for administering medication must be in writing from the physician and include:
 - a. The name of the student
 - b. Medical condition of the student
 - c. The name of the medication
 - d. The medication dosage and time the medication is to be given
 - e. A list of possible side effects
3. A Parent Permission form must be filled out by the parent/guardian.
4. Medication **MUST** be brought to the school by the parent/guardian. It may **NOT** be sent to the school with the student. All medication **MUST** be in a properly labeled original container.
5. New prescriptions and physician's orders are required at the beginning of each school year.
6. All unused medication must be picked up by the parent/guardian within 7 days after it is no longer needed or it will be disposed of.
7. All prescribed medications will be kept in a locked cabinet and dispensed only by authorized personnel.
8. If, at any time, the physician wishes to change the dosage, he/she must submit this request in writing.
 - a. A verbal or telephone request/order from the physician or parent is not acceptable.
9. Special guidelines apply to field trips. Contact the school nurse for specific information.
10. The term "medications" is a broad one referring to both prescription and non-prescription (over-the-counter) drugs and treatments.



School Health Services

_____ SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I give permission to the school nurse or designated school personnel to administer _____ as prescribed by the physician.
(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to the medication order from the physician will need to be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber-related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the school nurse or designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please indicate times and dosage of any and all medications taken at home in the space below.

For Office Use Only: Please Return Form to Health Office



School Health Services

_____ SCHOOL

Dear Parent/Guardian:

As of September 2008, New York State requests Kindergarten; 1st, 3rd, 5th and 7th, 9th and 11th-grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months before the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

DENTAL HEALTH CERTIFICATE

Student Name: _____

Date of Comprehensive Dental Examination: _____

No Treatment Required Treatment in Progress Treatment Completed

Student is in fit condition of dental health to permit school attendance: Yes No

Print Name of Dentist: _____

Signature of Dentist: _____

Address of Dentist: _____

Telephone Number of Dentist: _____

For Office Use Only: Please Return Form to Health Office



Department of Transportation
(845) 298-5225 x44104

2019-2020 CHILDCARE TRANSPORTATION REQUEST FORM

Childcare Transportation Deadlines:

- **APRIL 1st** for Out-of-Attendance Zone (NYS Licensed & Registered Daycares)
- **AUGUST 15th** for all other childcare providers

Students in Grades K-8 are eligible for childcare transportation. A new childcare form must be submitted every year preceding the next school year, even if there is no change, and must be received by the April 1st deadline. Childcare locations must be set up for five (5) days a week in/and/or out. Otherwise a daily note to school is required and only to or from an existing stop. An existing stop on an existing bus route within the child's individual school attendance zone will be offered for requests received after April 1st, and only if there is space available on the bus. If you haven't turned your request in by August 15th, your child will be transported to and from school on their assigned neighborhood bus. Parents/guardians are advised to make alternate arrangements and clearly communicate those arrangements to their child's school via a written and signed note each day. (See the Transportation website for more information www.wappingersschools.org)

NOTE TO SCHOOL STAFF: PLEASE FAX (298-5210) OR SCAN THIS FORM TO TRANSPORTATION OFFICE UPON COMPLETION.

CHILDCARE TRANSPORTATION REQUEST CURRENT SCHOOL YEAR NEXT SCHOOL YEAR

STUDENT

Date _____ School: _____ Grade: _____ Gender: M F
 Child's First Name (print): _____ Child's Last Name (print): _____
 Home Address (Number & Street): _____
(No PO Boxes)
 Home Phone: _____ Cell: _____ Work Phone: _____

CHILDCARE

Childcare Provider's Name: _____
 Childcare Provider's Address: _____
 Childcare Provider's Phone #: _____
 AM Pick-up (Same location five (5) days a week) Home Childcare Provider
 PM Drop-off (Same location five (5) days a week) Home Childcare Provider

I certify that all the information contained on this form is accurate and that the above-named student is under the care of the specified childcare provider.

Print Name of Parent/Legal Guardian: _____
 Parent/Guardian Signature: _____ Date: _____
 Email Address of Parent/Legal Guardian: _____
 Verification – School Representative Signature: _____ Date: _____

Parents/Guardians: Only one (1) Student per Form Please -- Return to the Main Office of your child's School. A new Childcare form must be submitted each time changes are made or to cancel Childcare. Childcare transportation requests for families who become district residents after the deadline must be submitted within thirty (30) days of establishing district residency or transportation may not be available.

PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING

**Student Records/Directory Information (FERPA Rights)
Annual Notification**

The Board of Education recognizes the legal requirement to maintain the confidentiality of student records. The procedures for ensuring the confidentiality of student records shall be consistent with state and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing regulations.

The Board also recognizes its responsibility to ensure the orderly retention and disposition of the district's student records in accordance with Schedule ED-1 as adopted by the Board in policy 1120.

The Superintendent of Schools shall be responsible for ensuring that all requirements under federal statutes and Commissioner's Regulations be carried out by the district.

Annual Notification

At the beginning of each school year, the district will publish a notification that informs parents, guardians and eligible students currently in attendance of their rights under FERPA and the procedures for exercising those rights. This notice may be published in a newspaper, handbook or other school bulletin or publication. This notice will also be provided to parents, guardians, and eligible students who enroll during the school year.

The notice will include a statement that the parent or eligible student has a right to:

1. inspect and review the student's education records;
2. request that records be amended to ensure that they are not inaccurate, misleading, or otherwise in violation of the students privacy or other rights;
3. consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent; and
4. file a complaint with the U.S. Department of Education alleging failure of the district to comply with FERPA and its regulations; and

In addition, the annual notice will inform parents/guardians and eligible students:

1. records, without consent, to other school officials within the district whom the district has determined to have legitimate educational interests. For purposes of this policy, a school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law

enforcement unit personnel; a member of the Board of Education; a person or company with whom the district has contracted to perform a special task such as an attorney, auditor, medical consultant, or therapist; or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks). A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his/her professional responsibilities.

2. that, upon request, the district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.
3. of the procedure for exercising the right to inspect, review and request amendment of student records.

The district shall arrange to provide translations of this notice to non-English speaking parent(s) or guardian(s) or eligible student(s) in their native language or dominant mode of communication.

School & District Photo/Video Agreement

Please note; DO NOT sign/return this form if you permit your child's photo/video to be shared.

Dear Parent/Guardian:

The Wappingers Central School District, its schools and departments celebrate the accomplishments and learning of our students through regularly published instructional and informative text, photographs, original artwork, or other creative resources on its web sites [www.WappingersSchools.org], District controlled social media accounts, in local newspapers and occasionally on local cable television programs.

Information about your child, including photographs and/or videos containing your child may be published. In addition, photos/videos of students taken throughout the school year may be placed in printed and online versions of district publications as well as shared with the media.

Should you wish to decline and NOT permit your child's photo and/or video to be shared, please complete the form below and return it to the Principal's Office.

Please disregard this form if you permit your child's photo/video to be shared.

If you have any questions, please call your child's school.

Photo and Video Declination Form

This form must be filled out completely to ensure that your child's information is kept private. Please print clearly.

I elect **NOT** to have any photos or videos of my child used in District publications, media releases, on the District website or its social media page.

Child's Full Name _____ School and Grade _____

Parent / Guardian Full Name (Printed) _____

Signature of Parent / Guardian _____

Parent Email Address: _____

Contact Telephone Number: _____ Date: _____

Computer Use Background Information

The Board of Education's policies and procedures regarding the acceptable use of district computer systems place an obligation on both the district and the students and staff that use its technology. (The Board's computer use policies are in part 4526 of the district's Policy Manual. The entire manual is on the BoardDocs part of the district's website [<http://www.boarddocs.com/ny/wcsd/Board.nsf>]. Once there, click "Enter Public Site" and then the "Policies" link at the top of the next page.)

The intent of the district's computer user agreement is to provide students and staff with the general requirements and guidelines for utilizing the district's technology, networks, and Internet services. Because contemporary computer use and Internet use are intertwined, this agreement must be signed by staff and by students (and their parents or guardians) prior to their use of district computers and networks. The District no longer maintains a separate agreement that applies just to the Internet.

A. Access to the Wappingers Central School District's Technology, Networks, and Internet Services.

- 1) The district offers equal access to computers.
- 2) The district will respect privacy rights while prohibiting the unauthorized disclosure, use, and dissemination of personal information regarding students and staff.
- 3) The district will provide a safe venue for computer use through the use of Internet filters and staff supervision. It is recognized that the district cannot control everything that appears on a computer screen.
- 4) Use of the district's systems is a privilege, rather than a right, subject to revocation by the district.

B. Acceptable Use.

- 1) Students and staff will use computers and Internet services responsibly for educational purposes and not for non-educational, unlawful, or harmful purposes.
- 2) Students and staff will respect the rights of others.
- 3) Students and staff will follow copyright rules.

C. Prohibited Uses.

The following uses, though not intended to be all-inclusive, are among those considered unacceptable and are expressly prohibited. If a student has a question regarding whether a particular activity or use is acceptable, he or she should seek guidance from their teacher or principal or the District's Office of Technology, Testing, and Assessment. Staff should direct their questions to the Office of Technology, Testing, and Assessment. Violations will be handled in accordance with authorized disciplinary procedures. Penalties may include, but are not limited to the revocation of computer access privileges; formal (or informal) disciplinary procedures; and (where appropriate) referral to law enforcement.

- 1) Any use that is illegal or in violation of district policy, including harassing, cyberbullying, discriminatory or threatening communications and behavior, and violation of copyright or the law.
- 2) Any use involving materials that are defamatory, obscene, pornographic, sexually explicit, or otherwise inappropriate for a public school district.
- 3) Any misuse of computer passwords or accounts, including the sharing of personal passwords or accounts with others or using another person's files, system, or data without permission.
- 4) Using district computers, networks, and Internet services after such access has been denied, suspended, or revoked.
- 5) Sending "mass" emails without authorization from an appropriate administrator.
- 6) Engaging in conduct which district administrators can reasonably forecast as creating a material and substantial risk of disruption to the order and discipline of the school.
- 7) Commercial activity.
- 8) Any misuse or damage to the district's technology, including web space (blogs and wikis, for example). Such misuse or damage includes but is not limited to:
 - a) Any attempt to delete, erase, or otherwise conceal any information stored on the district's network.
 - b) Any malicious use or disruption of the district's computers, networks, and Internet services, or breach or attempt to circumvent or subvert system security features, whether from within or outside the District's systems (for example, through the use of a proxy server).
 - c) Engaging in an activity harmful to computer or network systems or to any information stored on such systems (for example, by creating viruses, damaging files, disrupting service, or changing, copying, renaming, deleting, reading, or otherwise accessing files not created by the user without permission from a system administrator).
 - d) Making, using, or installing illegal copies of copyrighted software or files and storing them on district systems or sending them to other networks.
 - e) Using district servers to store personal files, such as music or personal photographs, without a system administrator's permission.

D. Additional Topics.

- 1) The district retains control, custody, and supervision of all computers, software, networks, and Internet services owned or leased by the district.
- 2) Students and staff have no expectation of privacy in their use of district computers including, but not limited to, personal email, private files, and stored files.
- 3) The district reserves the right to monitor all computer and Internet activity by users and to review on-line activities.
- 4) Students and staff should avoid disclosing personal information through the Internet without the specific permission of a parent or adult supervising computer use.

Wappingers Central School District

2019-2020 STUDENT COMPUTER USE AGREEMENT

Please sign this form and return to your child's school. You should keep the **Computer Use Background Information** form for your own records.

- I desire to be given access to the district's computers, networks, software, and Internet connection.
- I have read the District's *Computer Use Background Information* form.
- I understand that I will use computers and the Internet for educational purposes and not for non-educational, unlawful, or harmful purposes.
- I understand that I will follow the directions of the adult supervising an area with computers.
- I understand that I will follow generally accepted rules of network etiquette, interpersonal relations, and regard for property.
- I understand that violations of these guidelines will be dealt with in a manner consistent with district codes of conduct.

Please Print Student Full Name: _____

Parent Signature: _____ Date: _____

Parent Email Address: _____

School: _____ Grade: _____

HR Teacher: _____ HR#: _____

Note: According to Board of Education Policy, if the account holder is a student under the age of 18, such student's parent or guardian must complete the following:

As parent/guardian or **person(s) in parental relation** to this student, I have read the Wappingers School District's Computer Use Background Information form. I understand that computer and Internet access is for educational purposes and that both the District and its staff and students are responsible for appropriate use of computer systems. I also recognize and understand that while the District maintains filtering systems and other network safeguards, it is impossible for the District to restrict access to all controversial materials on the Internet and I will not hold them responsible for materials that my child may acquire on the Internet.

I hereby give permission for the school district to provide my child with access to district computers, networks, and the Internet.

Please Print Full Name: _____

Parent Signature: _____ Date: _____

Parent Email Address: _____

For Office Use Only: Please Return Form to Art Schouten, Director of Technology

BLACKBOARD MASS NOTIFICATION SYSTEM DIRECTIONS

Dear Parents and Guardians,

Welcome to Wappingers Central School District! Our District is committed to providing timely communication to all of our families and staff. Blackboard Connect allows our District to share information with parents and staff members on matters such as attendance, general interest activities, as well as building and District emergencies. In addition to allowing the District to communicate with traditional email, telephone and text messages, Blackboard Connect has a mobile app customized for our District.

New families will receive an email once they have registered their child with the District. You will receive an email from Blackboard with the Parent ID and a temporary password to log into the account. Simply follow the steps below to login to your account through the secure Blackboard Connect web site or by downloading the mobile app.

We invite all families to download the FREE District Blackboard app through the [iTunes store](#) or [Google Play](#). Blackboard Connect allows you to control how the District contacts you.

Steps for updating your account from a computer:

Enter the following URL into your web browser: <https://wappingersschools.parentlink.net/main/login>

1. Enter the Parent ID and temporary password provided by the District in a separate email. The system does provide the possibility of logging into your account with your Facebook or Google account, if you choose. The first time you login, the system will prompt you to change your password. Passwords must be a minimum of six characters. Once you type in your new password, retype it to confirm, click on save.

[**Note:** Blackboard Connect has a strict privacy policy and does not sell or distribute your contact information to any 3rd party.]

2. Once you've logged into your account, you're ready to customize your contact preferences. Locate the **Account** tab located on the right-hand sign of the screen (in the black bar and click to open. The first tab (**Account Info**) allows you to update your first and last name, gender and select the language you would prefer to receive your emails. Under "Delivery addresses" you can add, remove or update email addresses or phone numbers by selecting Add. A dropdown box appears to select if you want to add a phone number, Text/SMS, email address, and mailing address. Make sure that you click **SAVE** when you are done making changes to customize how the District communicates to you, click on the **Delivery Preferences**. **Once opened you will see**

Emergency, Attendance, Balance, Survey and Other. For each type of contact you have entered (phone number, Text/SMS, email address, and mailing address) you can uncheck a box by clicking on the green icons to the right. If you place your mouse over each icon, the type of notification will appear. The contact choices in the order they appear are **push notification** (this would be to a mobile device), **text/SMS, phone** and **email address**). Once you select a notification type, any contact information you have added will appear. If you do not want a number called or email address used, simply uncheck the box. You must have at least one contact selected for each category.

Download the FREE mobile app in three easy steps.

1. On your smartphone go to the
 - a. iTunes App Store (Click or go to: <https://itunes.apple.com/us/app/wappingers-csd/id1227452354?mt=8> or
 - b. Google Play (Click or go to: <https://play.google.com/store/apps/details?id=com.blackboard.community.wappingersschools&hl=en>).
2. Search for Wappingers CSD
3. Then select our Wappingers app for free download
4. Once download, login using the parent ID and temporary password (unless you have already updated your password) sent via email from the District.
5. From an iPhone device, go to Settings and choose Follow Schools to customize which the notifications you want to receive. You can have notifications sent to your mobile device from the specific schools you choose and the District.
6. From an Android device, go to Settings and choose

School news in the palm of your hand, your new WCSD mobile app is just a few taps away. Download it today!

Thank you for staying connected to our District. We hope you enjoy Blackboard Connect!