

## Grades 1 – 12 Registration Packet

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. [If you are unsure of your neighborhood school, click here to access our boundary maps or visit <https://www.wappingersschools.org/Page/26996>](#)

### **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	WGNY – 1200 AM

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

*Parent Retain for their Records*

## 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				
Primary Parent/Guardian Name			Primary Parent/Guardian Address – If different than child			Emergency Phone #		
Primary Parent/Guardian Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Primary Parent /Guardian Email Address:								
Secondary Parent/Guardian Name			Secondary Parent/Guardian Address – If different than child			Emergency Phone #		
Secondary Parent/Guardian Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Secondary Parent/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	<b>O T H E R</b> <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 checked="" type="checkbox"/> Exchange Student				<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
What Are Your Living Arrangements?		Verification of Legal Residency				<b>Race:</b> <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								
<b>OTHER CHILDREN</b>								
Name	Birth Date	School	Grade	Name	Birth Date	School	Grade	
<b>Signatures:</b>								
Administrator _____			Parent (Signature indicates you are aware that a general screening of all new students is required in NYS) _____					
Counselor _____			Student _____					
REV.17/18								

# 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. **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 reasons. Medical exemption must be certified in writing by your physician. 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
<b>Polio</b>	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Hepatitis B</b>	3 doses at specific intervals*
<b>Diphtheria/Pertussis/Tetanus</b>	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Measles/Mumps/Rubella</b>	2 doses received prior Kindergarten
<b>Tdap</b>	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.
<b>Varicella</b>	2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.
<b>Meningococcal</b>	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 1<sup>st</sup> and 2<sup>nd</sup> doses, 8 weeks in between 2<sup>nd</sup> and 3<sup>rd</sup> doses, 16 weeks between 1<sup>st</sup> and 3<sup>rd</sup> 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*

\_\_\_\_\_ SCHOOL

**REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

To Be Completed by Health Care Provider Every School Year

Immunization/s which cannot be administered:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> DPT/DTaP/Tdap | <input type="checkbox"/> Polio     | <input type="checkbox"/> MMR                      |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal Meningitis |

Reason for exemption:

\_\_\_\_\_  
\_\_\_\_\_

Name of licensed provider (Please print or use stamp)

\_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Provider phone \_\_\_\_\_

NYSDOH Public Health Law requires adequate dose or doses of immunizing agents against diphtheria, pertussis, tetanus, poliomyelitis, mumps, measles, rubella, hepatitis B, meningococcal meningitis and varicella for school entry.

New York State Law Section 66-1.3 (7) (c)-Requirement for School Admission permits medical exemption to required immunizations if the parent/guardian provides a certificate from a physician, licensed to practice medicine in New York State, that one or more of the required immunizations may be detrimental to the child's health.

The Centers for Disease Control's (CDC) resources on contraindications to vaccination can be found at: <http://www.immunize.org/catg.d/p3072a.pdf> .

Your certificate should include:

- The specific immunization that is medically contraindicated
- The reason for the medical contraindication



**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.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
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 _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <small>specify</small>	<input type="checkbox"/> Father _____ <small>specify</small>
	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School _____ Address _____	

*For Office Use Only: Please Return Form to Stephanie Melvin, Assistant for 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:	

**STUDENT INFORMATION PROFILE (GRADES 1 – 12 ONLY)**

Welcome to the Wappingers Central School District. We would like to take every opportunity to know you and your child better and extend the opportunity for you to provide any information you think is important.

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

**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 school, 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 the Wappingers Central School District. Please forward copies of records including cumulative records, psychological evaluations, test scores, health, and any other pertinent information to the address indicated below.

ELL Students – If this student was previously enrolled in a New York State school, and was in an ELL or Bilingual Program, please include LAB-R or NYSESLAT test score.

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
ENL
Transcript

Please Return Requested Records to:

Susan Aboshanab, Central Registration Associate
susan.aboshanab@wcsdny.org
Wappingers CSD Central Registration
PO Box 396
Hopewell Junction, NY 12533



### School Health Services

\_\_\_\_\_ SCHOOL

#### HEALTH DATA SHEET

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_  
 Primary Parent Name \_\_\_\_\_ Secondary Parent Name \_\_\_\_\_  
 Primary Parent Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Secondary Parent Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Primary Parent Address \_\_\_\_\_  
 Secondary Parent Address \_\_\_\_\_

With whom does this child live?

Both Parents  Primary Parent  Secondary Parent  Guardian Other \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone # \_\_\_\_\_

#### 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 \_\_\_\_\_

Has your child ever had the chicken pox?  Yes  No

If yes, when? \_\_\_\_\_

What is the date of your child's first Polio vaccination? \_\_\_\_\_

For Office Use Only: Please Return Form to Health Office



For Office Use Only: Please Return Form to Health Office

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

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

**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. that it is the district's policy to disclose personally identifiable information from student 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.



## WCSD Bus Transportation to and from a Babysitter or Day Care 2021-2022 School Year

Students in grades K-8 are eligible for bus transportation to or from a babysitter or day care location. A student may be transported to or from the location of a child care provider if the student's legal residence and the child care provider's location are both located within the boundaries of the District.

Parents must request child care transportation no later than **April 1<sup>st</sup>** of the current school year for the **2021-2022** school year. Child care requests must be filed every year, even if there is no change to your student's child care provider. **Forms are not carried over from year to year.**

Day care facilities registered under Section 390 of the New York State Department of Social Services are entitled to transportation to and from day care centers within the Wappingers Central School District, provided the application is received by the April 1<sup>st</sup> deadline. Requests received after the April 1<sup>st</sup> deadline will be considered a late file and you may not get the bus stop you request.

**ALL** bus routing is completed by the time school starts. For your child's safety, the bus driver, teacher, school and Transportation Department need to know your child's proper bus and bus stop. For this reason, all alternate transportation requests for the start of the school year must be processed by **August 15<sup>th</sup>**. Late requests made after this date will not be processed until after **September 30<sup>th</sup>** **AND there may not be a bus available to and/or from your chosen day care provider.**

**\*PLEASE NOTE that the pandemic has affected these dates due to Governor's Executive Orders. The District will provide updates as new information is available.**

Babysitter locations **NOT** licensed or registered under Section 390 of the New York State Department of Social Services **are restricted to the attendance zone of the school the child attends.**

Day care 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 on an existing route.

Childcare Transportation Request Forms are available in each school's Main Office and on our Transportation Website. Please fill out one form per student and return it to your child's school. The Principal or his/her designee must sign the form. Main Office

personnel will send it to the Transportation Office to be processed. Please allow five (5) days for processing once we receive it. Any time a change is made, a new form must be submitted to school.

If you are new to the District, you must go to our Central Registrar to register your child before transportation can be arranged. For families who become district residents after April 1<sup>st</sup>, a transportation request should be submitted within thirty (30) days of establishing district residency.

**Central Registration is located at the WCSD District Office, 25 Corporate Park Drive, Hopewell Junction, New York 12533. Call ahead for an appointment at 845-298-5000 ext. 40132. Please bring proof of residency to your scheduled appointment.**



**CHILDCARE TRANSPORTATION DEADLINES: APRIL 1<sup>ST</sup> FOR *OUT OF ATTENDANCE ZONE* (NYS LICENSED AND REGISTERED DAYCARES)  
AUGUST 15<sup>TH</sup> 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 1<sup>st</sup> deadline. An existing stop on an existing bus route within the child's individual school attendance zone will be offered for requests received after April 1<sup>st</sup>, and only if there is space available on the bus. If you haven't turned your request in by August 15<sup>th</sup>, 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 our transportation page on the district website for more information [www.wappingersschools.org](http://www.wappingersschools.org))

CURRENT SCHOOL YEAR

**CHILDCARE TRANSPORTATION REQUEST**

NEXT SCHOOL YEAR

**Student**

Date \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F

Child's First Name (print): \_\_\_\_\_ Child's Last Name (print): \_\_\_\_\_

Home Address (Number, Street, Town): \_\_\_\_\_  
(Not 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.**

**SCHOOL OFFICE STAFF: PLEASE SCAN THIS FORM TO TRANSPORTATION UPON COMPLETION.**

*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**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 3<sup>rd</sup> 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: <http://bit.ly/WCSDApp> or
  - b. Google Play (Click or go to: <http://bit.ly/WCSDGoogleApp>.)
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!



The Wappingers CSD is attempting to reduce the amount of paper our families receive at the start of each school year by creating electronic versions of many of the forms and notices we are required to provide to our families in September.

In order for our new electronic processes to be successful we need to demonstrate its success. We ask that you please take a moment to scan the QR code below so you may review our required electronic forms and notifications website.



If you are unable to scan this code, please access this link:

<https://sites.google.com/wcsdny.org/wcsdstudentforms/home>

You can also find this information on our website ([wappingersschools.org](http://wappingersschools.org)) by clicking on Parents, Parent Resources, Annual Notifications.