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
- WCZX – FM 97.7
- WHUD – FM 100.7
- WRNQ – FM 92.1
- WKIP – 1450 AM
- WRWD – FM 107.3
- WSPK – FM 104.7
- WPDH – FM 101.5
- WEOK – 1390 AM
- WGNY – 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:
  o Pay Stubs
  o Federal or NYS Income Tax, W-2 or Earnings Statement
  o Utility Bill
  o Voter Registration Notification Card
  o Official driver’s license, learner’s permit or non-driver identification
  o Documents issued by federal, state or local agencies (such as social services agency)
  o Government-issued identification
  o 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)*

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Student ID #</th>
<th>Yr. Grad.</th>
<th>Building</th>
<th>HR</th>
<th>Entry Date</th>
<th>New OR Repeat</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Street Address</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (If Different)</th>
<th>Street</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Proof of Age (Birth Certificate or Other)</th>
<th>Home Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Country</th>
<th>City</th>
<th>State/Province</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Name</th>
<th>Grade</th>
<th>Teacher</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Address – If different than child</th>
<th>Emergency Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Occupation</th>
<th>Place Of Employment</th>
<th>Work Phone # 1</th>
<th>Cell Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Email Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional Parent/Guardian Name</th>
<th>Additional Parent/Guardian Address – If different than child</th>
<th>Emergency Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional Parent/Guardian Occupation</th>
<th>Place Of Employment</th>
<th>Work Phone # 1</th>
<th>Cell Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional Parent/Guardian Email Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child Living with Biological/Natural Parents</th>
<th>Language Spoken at Home</th>
<th>Language of Student</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Custody Clarified</th>
<th>Limited Release</th>
<th>O T H E R</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
<td></td>
<td>Social Service Form DSS – 2999 Completed; Agency</td>
</tr>
<tr>
<td></td>
<td>☐ Foster Child Report Completed</td>
<td>Migrant</td>
</tr>
<tr>
<td></td>
<td>☐ Designation for Homeless Child Form Completed</td>
<td>Exchange Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Are Your Living Arrangements?</th>
<th>Verification of Legal Residency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hispanic</td>
<td>White</td>
</tr>
<tr>
<td>☐ Black</td>
<td>Black</td>
</tr>
<tr>
<td>☐ Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>☐ American Indian/Alaskan Native</td>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schools Previously Attended</th>
<th>City, State, Country</th>
<th>Dates</th>
<th>Grade (s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previously Retained</th>
<th>If yes, what grade(s)?</th>
<th>If Previously Attended School in Wappingers Central School District, What School and When Attended?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Comments | |
|----------| |

<table>
<thead>
<tr>
<th>ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE</th>
<th>☐ YES ☐ NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER CHILDREN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
<th>Name</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signatures:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Parent</th>
<th>Counselor</th>
<th>Student</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Child and School ID</th>
<th>Date of Birth</th>
<th>M/F</th>
<th>Grade</th>
<th>School Attending in WCSD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:  □ Yes  Sent to schools above:  □ Yes

Kindergarten Registration Packet 2021
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.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Number of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>3-4 doses and the last dose must be given after age 4 years prior to Kindergarten</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses at specific intervals*</td>
</tr>
<tr>
<td>Diphtheria/Pertussis/Tetanus</td>
<td>4-5 doses and the last dose must be given after age 4 years prior to Kindergarten</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella</td>
<td>2 doses received prior Kindergarten</td>
</tr>
<tr>
<td>Tdap</td>
<td>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.</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>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.</td>
</tr>
</tbody>
</table>

*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.
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
- 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
- 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
REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION FORM

Student Name: ____________________________ DOB: ________ Grade: _____ ID#: ___________

<table>
<thead>
<tr>
<th>Immunization/s which cannot be administered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ DPT/DTaP/Tdap</td>
</tr>
<tr>
<td>□ Polio</td>
</tr>
<tr>
<td>□ MMR</td>
</tr>
<tr>
<td>□ Hepatitis B</td>
</tr>
<tr>
<td>□ Varicella</td>
</tr>
<tr>
<td>□ Meningococcal Meningitis</td>
</tr>
</tbody>
</table>

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
Languages other than English can be downloaded by clicking [here](https://goo.gl/MmHWuj) or visiting [https://goo.gl/MmHWuj](https://goo.gl/MmHWuj).

**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.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Person in Parental Relation Info:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

**Home Language Code**

**Language Background**

**Please check all that apply.**

1. What language(s) is(are) spoken in the student’s home or residence?
   - English
   - Other 

2. What was the first language your child learned?
   - English
   - Other 

3. What is the Home Language of each parent/guardian?
   - Mother 
   - Father 
   - Guardian(s) 

4. What language(s) does your child understand?
   - English
   - Other 

5. What language(s) does your child speak?
   - English
   - Other
   - Does not speak 

6. What language(s) does your child read?
   - English
   - Other
   - Does not read 

7. What language(s) does your child write?
   - English
   - Other
   - Does not write 

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

<table>
<thead>
<tr>
<th>School District Information:</th>
<th>Student ID Number in NYS Student Information System:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only: Please Return Form to Stephanie Melvin at District Office.
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? ______________________

Signature of Parent or of Person in Parental Relation  ______________________

Relationship to student:  ❑ Mother  ❑ Father  ❑ Other: ______________________

Month:  Day:  Year:  ______________________

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:  ❑ No  ❑ Yes ______________________

**Date of Individual Interview: ______________________

OUTCOME OF INDIVIDUAL INTERVIEW:
   ❑ Administer NYSITELL  ❑ English Proficient  ❑ Refer to Language Proficiency Team

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: ______________________  POSITION: ______________________

Date of NYSITELL Administration: ______________________

Proficiency Level Achieved on NYSITELL:
   ❑ Entering  ❑ Emerging  ❑ Transitioning  ❑ Expanding  ❑ 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)
☐ Parent          ☐ Additional Parent      ☐ 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/GUARDIAN ________________________________________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: (___) ________________

Please Return Requested Records to:
Susan Aboshanab, Central Records 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 __________

Parent Name ___________________________ Additional Parent Name ____________________

Parent Phone # Home __________ Work ____________ Cell __________

Additional Parent Phone # Home ____________ Work ____________ Cell __________

Parent Address

Additional Parent Address

With whom does this child live?
☐ Both Parents ☐ Parent ☐ Additional Parent ☐ 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: ___

Kindergarten Registration Packet 2021
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: ___________________________________________________________________

________________________________________________________________________
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

___________________________________

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.

_________________________________________________________________________

_________________________________________________________________________
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: ______________________________________

Kindergarten Registration Packet 2021
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.
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
2021-2022 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/Guardian Signature: ________________________ Date: _______________
Parent/Guardian 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/Guardian Signature: ________________________ Date: _______________
Parent/Guardian Email Address: ___________________

Kindergarten Registration Packet 2021
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.

Parents registering their child for Kindergarten will receive an email over the summer from Blackboard with the Parent ID and a temporary password to log into your mass notification 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://wappingerschools.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

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!