

Dear Parent/Guardian,

Enclosed are the documents that are necessary to complete in order to refer your child to the Committee on Preschool Special Education. Your preschool child must be registered with the Wappingers Central School District before your request for an evaluation can be processed.

Enclosed please find a registration packet, including:

- Registration forms and a letter detailing the documents you will need to provide at the time of your registration appointment.
- Consent forms for you to complete and sign, along with the list of approved preschool evaluation agencies that contract with Dutchess County.
- Prior Written Notice reviewing the evaluation request, and Part B Procedural Safeguard Notice, both of which are for your files.

Once you have gathered your appropriate documents, **please call central registration at 845-298-5000 x40132 to schedule an appointment.** Your request for referral to the CPSE will be processed once your registration is complete.

**Forms to bring with you to the registration appointment:**

- Complete registration packet, including all necessary registration forms
  - Proof of residency, your child's original birth certificate, recent physical examination record, immunizations, and guardianship or custody papers (if applicable)
- Sign and complete "Request for consent to Evaluate" form
  - Be sure to indicate your choice for evaluating agency on this form
- Complete "Referral to Committee on Preschool Special Education" form
- Any additional medical and/or preschool documents that may be helpful in identifying your child's abilities and areas of concern

**Forms to keep for your records:**

- Prior Written Notice reviewing the evaluation request
- Part B Procedural Safeguard Notice (See link in Prior Written Notice Letter)

Please contact the preschool special education office with any questions.

Regards,

*Committee on Preschool Special Education Chairperson*

(845) 298-5000 x14027



**Committee on Preschool Special Education**

25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x14027 • Fax (845) 463-7326

Prior Written Notice  
Proposed Referral and Request for Consent for Evaluation

Dear Parent/Guardian:

The purpose of this notice is to inform you, in writing, of the school district's recommendation(s) regarding the identification, evaluation, educational placement and/or provision of special education services to your child.

SUBJECT OF THIS NOTICE:

Your child has been referred to the Committee on Preschool Special Education.

DESCRIPTION OF ACTION PROPOSED OR REFUSED:

The Committee on Preschool Special Education is requesting consent to conduct an evaluation to determine initial eligibility for preschool special education services.

EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

This referral was initiated in response to concerns about your child's progress.

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

A social history, observation and psychological evaluation. If needed, a speech and language evaluation, an educational assessment, and/or motor abilities assessment. If applicable, review of current provider reports and/or medical records.

DESCRIPTION OF THE PROPOSED INITIAL OR REEVALUATION AND THE USES TO BE MADE OF THE INFORMATION:

**Psychological Evaluation**

Assesses such areas as development, organization, memory, learning and other personality characteristics.

**Social History**

A report of information about the child, the child's family and environment that may be influencing performance in age appropriate activities.

**\*If needed, evaluations can include:**

**Speech/Language Evaluation**

**Educational Evaluation**

**Occupational Therapy Evaluation**

**Physical Therapy Evaluation**

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

There were no other options considered at this time.

DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:

There were no other factors relevant at this time.

YOU HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION. (CLICK BELOW)

[Procedural Safeguards Notice](#)

SOURCES YOU MAY CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:

For more information on Special Education rules and processes please contact your Area Special Education Office. They can answer any questions you have. You can also contact the following agencies.

The Hudson Valley Region NYSED Special Education Parent Center Contact information is:  
The Westchester Institute for Human Development, Cedarwood Hall, Room 326, Valhalla, NY 10595.  
Phone 914-493-7665, Fax 914-493-7899. Website: [www.hvsepc.org](http://www.hvsepc.org)  
The center provides information, resources and strategies to assist parents of children with disabilities.

The District Special Education Office is located at: 25 Corporate Park Drive, Hopewell Junction, NY 12533.  
Phone 845-298-5000 ext. 40103

A Parent Guide to Special Education is available on NYSED web site:  
<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:

Your written consent to the proposed initial evaluation is requested and a consent form is enclosed. You have the right to consent or to withhold consent to the initial evaluation of your child. If you consent, please sign and return the enclosed form as soon as possible so that we can address your child's learning needs in a timely manner.

You must select an approved evaluation site to conduct an initial evaluation of your child. Enclosed is a list of approved evaluation sites and the procedures you must follow to select a program that is available to conduct the evaluation of your child within the time period required by State regulations.

You may also submit evaluation information which will be considered by the Committee as part of the initial evaluation.

When the evaluation is completed, you will have the opportunity to discuss the test results and meet with the Committee on Preschool Special Education. You will receive a written notice of the date, time and location of the Committee meeting, and we encourage your attendance.

You have the right to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you have any questions or would like to request a meeting to further discuss information contained in this notice, please contact Lauren Broadbelt at 845-298-5260 ext. 14027.

Sincerely,

*Committee for Preschool Special Education Chairperson*

Encl.: 1. Consent for Initial Evaluation  
2. List of Approved Evaluators



25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845)298-5000 x14027 • Fax (845) 463-7326

**REFERRAL TO COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Dear CPSE Chairperson,**

**I am writing to refer my child to the Committee on Preschool Special Education. I am requesting that you conduct an initial evaluation to determine whether my child has a disability that is affecting his/her ability to participate appropriately in activities. I am concerned about my child's development in the following areas:**

- \_\_\_\_\_ **Cognitive/Learning**
- \_\_\_\_\_ **Speech and Language**
- \_\_\_\_\_ **Fine Motor**
- \_\_\_\_\_ **Gross Motor**
- \_\_\_\_\_ **Attention**
- \_\_\_\_\_ **Social Emotional Development/ Play**
- \_\_\_\_\_ **Adaptive/Self Help**
- \_\_\_\_\_ **Other** \_\_\_\_\_

**List pertinent medical diagnoses, as well as previous programs and/or services (Early Intervention, private services, etc.):**

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

**Sincerely,**

\_\_\_\_\_  
**(Parent/ Guardian Signature)**

**Please Print:**

**Name of Parent/Guardian:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



**25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x14027 • Fax (845) 463-7326**

## **REQUEST FOR CONSENT TO EVALUATE**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Please check your choice below and fill in the information requested.**

**\_\_\_\_\_ I consent for my child to be evaluated by the Committee on Preschool Special Education (CPSE).  
The evaluations will include: Social History, Psychological Evaluation, Observation and any supplemental evaluations deemed necessary based on concerns and needs.**

**Evaluating Agency Choice:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Do you need a bilingual evaluation? Y/N If yes, what language** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**No preference for evaluating agency**

*Once registration is complete, the preschool special education office will issue you a consent form from Frontline Education. The consent form must be completed in order to proceed with the evaluation process.*

**OR**

**\_\_\_\_\_ I DO NOT CONSENT for my child to be evaluated.**

If you have any questions, please contact the CPSE office at 845-298-5260 ext. 14027.

**Office Use Only**

Initials: \_\_\_\_\_

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



RELEASE OF STUDENT INFORMATION

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

Dear Educator,

The following student has enrolled 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: \_\_\_\_\_

Home Address: \_\_\_\_\_

WCSD 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: \_\_\_\_\_

- Birth Certificate
Immunizations
IEP/504\*
ENL/NYSESLAT/NYSITELL Record\*
Transcript
Discipline Record\*

Address: \_\_\_\_\_

\*If applicable

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please Return Requested Records to:

Susan Aboshanab, Central Records Associate: susan.aboshanab@wcsdny.org
OR
Martha Bulding-Puig

Bilingual Services Associate/Asociada de Servicios Bilingue: martha.puig@wcsdny.org
Wappingers CSD Central Registration
PO Box 396 Hopewell Junction, NY 12533



**AUTHORIZATION TO REQUEST AND/OR RELEASE CONFIDENTIAL INFORMATION**

Student's Name: \_\_\_\_\_ Sex (M) \_\_ (F) \_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned parent/guardian or eligible student, hereby give my written consent to the Wappingers Central School District

<i>CHECK</i>	<i>SERVICES</i>	<i>PROVIDER</i>
( )	Counseling	Certified School Counselor
( )	Psychological	Certified School Psychologist
( )	Social Worker	Certified School Social Worker

to request, receive and/or release medical, psychological, psychiatric, academic, and any other records deemed necessary concerning my child:

To the following Person and/or Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_

My consent is subject to revocation at any time and, unless an earlier date is specified, my consent expires after one (1) year from the date of my signature.

DATE OF REVOCATION, IF OTHER THAN ONE (1) YEAR: \_\_\_\_\_

- If there are any additional parties (e.g., agency, hospital, or professional personnel that have serviced the client) to whom the receiving person or agency may disclose the information contained in the student records, please list the names, addresses and nature of each party's interest below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.***

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

Relationship to client: \_\_\_\_\_

## Dutchess County Preschool Special Education

### List of NYSED Approved - Dutchess County Evaluation Agencies

<b>Evaluation Agency Name</b>	<b>Contact Information</b>
A Bit of Communicating	822 Route 82, Suite 33 , Hopewell Junction, NY 12533 Phone :(845) 592-0681
Astor Services For Children & Families	50 Delafield St., Poughkeepsie, NY 12601 Phone: (845) 452-4167
HTA Of New York <i>**Spanish available</i>	11 Peekskill Hollow Road, Putnam Valley, NY 10579 Phone: (845) 528-2011
Liberty Post	40 Park Lane, Highland, NY 12528
Mid Hudson Valley Early Education Center	241 North Road, Poughkeepsie, NY 12603
Milestones for Munchkins (with Kinderwise)	534 Route 6, Mahopac, NY 10541
Somos Bilingues <i>**Spanish, Haitian, Creole, Arabic, Greek available</i>	50 Hamilton Street, Dobbs Ferry, NY 10522 -914-306-0863
SJ & Associates	91 Lakes Road, Suite 3, Monroe, NY 10950 -845-827-6227 x 162

\*If you should have any questions, please contact Mrs. Shelley Luzzi (CPSE secretary) at [shelley.luzzi@wcsdny.org](mailto:shelley.luzzi@wcsdny.org)

# Universal Pre-Kindergarten (UPK) Registration Packet

Parents registering their child for UPK should begin the process by calling the Central Registration Office of the Wappingers Central School District at (845) 298-5000 x40132 to schedule an appointment at 25 Corporate Park Drive, Hopewell Junction, NY 12533. Hours of operation are Mondays through Fridays from 8:00 AM to 3:30 PM

This packet contains all necessary information to complete UPK registration:

- Registration Data Sheet
- Emergent Multilingual Learners Language Profile
- Temporary Residence Referral (McKinney-Vento Program) form
- Identification and Recruitment Parent Survey (Migrant Education Program)
- Immunization Information
- School Health Services Health Data Sheets
- Student Records/Directory Information (FERPA) Annual Notification

Please also note that parents must bring documentation regarding Proof of Residency, Proof of Age, Legal Custody and Special Circumstances, and Proof of Health Examination and Immunization. Additional information regarding this documentation is included in this packet.

**GUIDELINES FOR REGISTERING YOUR CHILD: **\*\*PLEASE PRINT SINGLE-SIDED\*\*****

**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 legal 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).

**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*





**NEW YORK STATE EDUCATION DEPARTMENT**

**Emergent Multilingual Learners Language Profile for  
Prekindergarten Students**

*Dear Parent or Guardian,*

*Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

**Parent or Person in Parental Relation Information**

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile:  mother  father  other \_\_\_\_\_

In what language(s) would you like to receive information from the school?  English  other home language:

**Language in the Home**

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home?  yes  no

If yes, what language(s) does the caretaker speak most frequently?

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

5. In what language(s) does your child speak with other people?

6. Does your child have siblings?  yes  no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?



7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

### ***Language Outside the Home/Family***

10. Has your child attended any nursery, Head Start or childcare program?  yes  no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

### ***Language Goals***

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  yes  no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?  
 yes  no

If yes, in what language(s)?

### ***Emergent Literacy***

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English?  yes  no

16b. Can your child recognize letters or symbols in another language?  yes  no

If yes, in what language(s)?

17a. Does your child pretend to read?  yes  no  unsure

If yes, in what language(s)?



17b. Does your child pretend to write?  yes  no  unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos?  yes  no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning?  yes  no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

<sup>1</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto:OEL@nysed.gov) or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email [OBEWL@nysed.gov](mailto:OBEWL@nysed.gov).



**Department of Special Education and Student Services**  
 25 Corporate Park Drive, P.O. 396 Hopewell Junction, NY 12533  
 (845) 298-5000 ext. 40135 Fax (845) 897-2482

### Temporary Residence REFERRAL (McKinney-Vento Program)

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

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

- 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:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address prior to temporary housing:** \_\_\_\_\_

**Transportation required?** Please circle **Yes** **No**    **Date of housing change:** \_\_\_\_\_

**Reason for current living situation:** \_\_\_\_\_

**Previous School and District:** \_\_\_\_\_

Name of Child and School ID Please include all children in home	Date of Birth	M/F	Grade	School Attending in WCSD

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Signature, if done in person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of person completing form, if not guardian**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**For approval:** Fax to Richard Zipp, 897-2482 attn: Noreen Van Tassell or email to [noreen.vantassell@wcsdny.org](mailto:noreen.vantassell@wcsdny.org). Contact Laura Brundage at 298-5240 x11020 with questions. **APPROVED BY:** \_\_\_\_\_

## IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take few minutes to complete this questionnaire.*

### Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answered YES, please provide your contact information below:*

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**



## 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.

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 HEALTH SERVICES**

**WAPPINGERS CENTRAL SCHOOL DISTRICT**

\_\_\_\_\_ *SCHOOL*

**REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION**

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

**Please return this form to the school Health Office. It will then be sent to the WCSD Medical Director for approval.**

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



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

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

### 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.

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## **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 student's 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.)
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.