



230 June Road • North Salem, NY 10560

(914) 669-5414 Fax (914) 669-8753

Duncan Wilson, Ph.D.
Superintendent of Schools

Dear Registrant,

Welcome to the North Salem Central School District. We are confident that your child(ren) will have a wonderful educational experience at North Salem.

This packet contains all the necessary forms that you need to complete in order to register your child(ren) in school. A person in parental relation must complete a registration form for each of their students and return the complete packet along with all necessary information/documentation to the district registrar.

The following information/documentation must be provided along with the completed packet:

- Proof of Age - Birth certificate or baptismal certificate
- Proof of Residency (deed, mortgage document)
- If renting, acceptable proof of residency would be a rental agreement with landlord's residency information.
- Health History Form — (All new students require a physical exam within 12 months prior to the date of enrollment) (enclosed)
- Immunization Record — (there is a 14-day grace period during which the student can obtain the necessary immunizations documentation) (enclosed)
- Proof of Guardianship (if applicable)
- Records Release Form (enclosed)
- Once the registration paperwork is complete and reviewed with the District Registrar, an appointment can be made with the appropriate school personnel.
- If the student is enrolled in grades K-5, the appointment should be made with Dr. Roy Martin, Principal of Pequenakonck Elementary School.
- If the student is enrolled in grades 6-12 the appointment should be made with a MS/HS guidance counselor.
- If the student is a pre-schooler, the appointment should be made with the CPSE Chairperson.

The District Registrar, Ms. Sharon Verdejo, is available Monday-Friday, 8 a.m. — 4 p.m. Should you have any questions, please feel free to contact Ms. Verdejo by calling 669-5414, ext. 1061. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Duncan Wilson, Ph.D.
Superintendent of Schools

NORTH SALEM CENTRAL SCHOOL DISTRICT
ALTERNATE ACCEPTABLE DOCUMENTS
FOR ENROLLMENT

Documentation of age - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing one of the following:

- a. An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; or
- b. passport (including foreign passport) giving the date of birth

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are the following:

- o official driver's license
- o state or other government issued identification
- o school photo identification with date of birth
- o consulate identification card
- o hospital or health records
- o military dependent identification card
- o documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
- o court orders or other court-issued documents
- o Native American tribal document
- o records from non-profit international aid agencies and voluntary agencies
- o Note: The School District may need to verify these documents/record

Proof of Residency is required. According to NY State Law, In order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.

Section A

1) *Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement*

2) *a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district*

3) *such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District*

4) *other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District. For instance: current property tax bill, current homeowner's/renter's insurance policy statement, see also list from Section B*

Note: *The North Salem School District reserves the right to contact any individual who provides a statement attesting to the physical presence in the School District of the parent(s) or person(s) in parental relation to the student requesting enrollment.*

Section B

1) *pay stub*

2) *income tax form(s)*

3) *utility bill or other bills (e.g., power company, cable, etc.).*

4) *membership documents that are based upon residency (e.g., library cards)*

5) *voter registration document(s)*

6) *official driver's license, learner's permit or non-driver identification*

7) *documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)*

8) *evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers*

9) *Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.*

NORTH SALEM CENTRAL SCHOOL DISTRICT STUDENT INFORMATION AND REGISTRATION FORM

Today's Date _____

| | | | | | |
|---|--|--|----------------------|---|--|
| Student's Last Name: | | First Name: | | Middle: | |
| Date of Birth: | | Place of Birth: | | Gender: | |
| Present Grade Level: | | Currently attending (please indicate name of school): | | | |
| If student will be starting school in September, which grade did student just complete? | | | | | |
| If student is transferring from another school, has the "Release of Records" been completed and signed by the parent/guardian? <input type="checkbox"/> yes <input type="checkbox"/> no | | Street Address: | | | |
| | | City: | | State/Zip | |
| | | Telephone # | | Fax # | |
| Has the student received any additional education services? If yes, please indicate: | | | | | |
| <input type="checkbox"/> reading room | | <input type="checkbox"/> speech therapy | | <input type="checkbox"/> physical therapy | |
| <input type="checkbox"/> math remediation | | <input type="checkbox"/> occupational therapy | | <input type="checkbox"/> language support | |
| <input type="checkbox"/> special education program | | | | | |
| <input type="checkbox"/> social service agencies who support family or child: | | | | | |
| <input type="checkbox"/> other: | | | | | |
| Sibling Information – please include first and last names | | | | | |
| Name: | | M/F | Date of Birth | Current School and Grade: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Has this family been previously registered in the North Salem Central School District? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |

| | | | | | |
|--|----------|-----|--|-------|----------------|
| Student's Last Name: | | | First Name: | | Middle: |
| Student's Residence Address: Street: | | | Student's mailing address, if different: | | |
| City | State | Zip | City | State | Zip |
| Student's home telephone number: (please include area code) | | | | | |
| With whom is the student living? (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other | | | If the parents are divorced, who has custody? | | |
| | | | In addition to student's residence, to whom should mail be sent? | | |
| Mother's Name: | | | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mother's Residence Address Street: | | | Mother's Mailing Address, if different | | |
| City | State | Zip | City | State | Zip |
| Home Telephone | Cellular | | E-mail address | | |
| Highest Level of Education: | | | Occupation: | | |
| Employer Name/Address | | | Employer Telephone | | |
| Father's Name: | | | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Father's Residence Address Street: | | | Father's Mailing Address, if different | | |
| City | State | Zip | City | State | Zip |
| Home Telephone | Cellular | | E-mail address | | |
| Highest Level of Education: | | | Occupation: | | |
| Employer Name/Address | | | Employer Telephone: | | |
| Stepparent/Guardian Information Name Address City Telephone | | | Stepparent/Guardian Information Name Address City Telephone | | |

Parent/Guardian Signature _____ Date: _____

| | | |
|-------------------------------------|----------------------------|---------------------------------------|
| For Office Use Only: | | |
| Intake by: _____ | Proof of Birth: _____ | Proof of Residency _____ |
| Health registration complete? _____ | Immunization record: _____ | Request for Release of Records: _____ |
| Medical Alert? _____ | Legal Alert? _____ | Student Residency Questionnaire _____ |



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

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

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel. (718) 722-2445 / Fax: (718) 722-2459

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

Home Language Questionnaire (HLQ)

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

| Please write clearly when completing this section. | | |
|--|------------|---------------------|
| STUDENT NAME: | | |
| First | Middle | Last |
| DATE OF BIRTH: | | GENDER: |
| Month | Day | Year |
| PARENT/PERSON IN PARENTAL RELATION INFO: | | |
| Last Name | First Name | Relation to Student |

HOME LANGUAGE CODE

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

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

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* <input type="checkbox"/> | No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ |
| How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe | |
| 10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below | |
| 10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ | |
| Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education) | |
| 10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ | |
| 12. In what language(s) would you like to receive information from the school? _____ | |

_____ Month: _____ Day: _____ Year: _____
 Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

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

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

Dear Parent/Guardian:

Beginning with the 2010-2011 school year, school districts and states are required to follow new standards in collecting and recording individual-level race and ethnicity data in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments
- Plan educational programs and make sure that they are readily available to all students
- Do statistical analysis

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the Student Racial and Ethnic Identification on the reverse side of this page and complete the form for each of your children who will be enrolled in the North Salem Central School.

There are TWO areas that are needed to be checked off on the form.

- √ First, check YES or NO regarding whether or not the child is of Hispanic, Latino or Spanish origin.
- √ Second, check ONE OR MORE of the following choices that are true about the child's ethnicity/race. For example, you would check Asian *and* White for a child that was Asian and White.

North Salem Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If we are unable to get this information from you then, according to State and Federal regulations, we are required to use our own judgment to identify the race and ethnicity of the child. The form may not be blank.

Thank you for your cooperation. If you have any questions, please call your school's principal.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To the Parent/Guardian:

The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

**NORTH SALEM CENTRAL SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

- All students between 5 and 21 years of age have the right to a free public education
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.

| | |
|---|--|
| Name of School: | |
| Student Identification Number: | Date of Birth (Month/Day/Year): |
| Student Name: Last, First, Middle: | Grade Level: |

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM CAREFULLY BEFORE YOU RESPOND.

| |
|--|
| <p>1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race [Check (√) <u>one</u> that best describes your child].</p> <p><input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic</p> |
| <p>2. Check (√) one or more races from the following five racial groups [Check (√) all groups that apply to your child; check (√) <u>at least ONE</u> box.]:</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. E.g. Cherokee, Mohawk, Inuit.</p> <p><input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.</p> <p><input type="checkbox"/> BLACK: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> |

Signature of Parent/Guardian/Other

Date

Relationship to Student:

- Mother Father Guardian Other (Specify) _____

**NORTH SALEM CENTRAL SCHOOL DISTRICT
STUDENT HEALTH HISTORY AND REGISTRATION FORM**
(To be completed by parent of a student who did not attend North Salem Central School District last year)

| | | |
|-----------------------------|--------------------|----------------|
| Student's Last Name: | First Name: | Middle: |
| Date of Birth: | Gender: | Grade: |

Please record approximate year child had any of the following:

| | | |
|----------------------|---------------------------------|-----------------------------|
| Chicken Pox _____ | Ulcers _____ | Rheumatic Fever _____ |
| Measles _____ | Contact with Tuberculosis _____ | Epilepsy _____ |
| Mumps _____ | Diabetes _____ | Poliomyelitis _____ |
| Whooping Cough _____ | Major Fractures _____ | High Blood Pressure _____ |
| Heart Disease _____ | Extended Illness _____ | Ear Problems (tubes?) _____ |
| Lyme Disease _____ | Other: _____ | |

Please provide information about the entries selected above:

Has the child had any surgery, injuries or illnesses requiring hospitalization? No
 Yes: please explain _____

Is there any allergy to drugs, foods or stinging insects? No
 Yes: please explain _____

Does this child have asthma or hay fever? No
 Yes: please explain and include medication information _____

Does this child experience convulsive episodes or fainting spells? No
 Yes: please explain _____

Does this child wear glasses? No Yes
If yes, are glasses to be worn at all times? No Yes For reading only? No Yes For distance? No Yes

Is this student under treatment or taking medication for any condition at the present time? No
 Yes: (please indicate the diagnosis and the name of the medication/dosage/frequency)

Is this student on medication that should be taken during school hours? No
 Yes: please explain _____

Is there any other condition for which the Health Office should be made aware? No
 Yes: please explain _____

Name of physician: _____ Telephone _____

Signature _____ Date: _____

Please use reverse for additional notes, and check here

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

STUDENT INFORMATION

| | | |
|--|--|------------|
| Name: | Affirmed Name (if applicable): | DOB: |
| Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X | |
| School: | Grade: | Exam Date: |

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

| | |
|------------------------------------|--|
| <input type="checkbox"/> Allergies | Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached |
| <input type="checkbox"/> Seizures | Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached |
| <input type="checkbox"/> Diabetes | Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached |

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

BMI _____ kg/m²

Percentile (Weight Status Category): < 5th 5th- 49th 50th- 84th 85th- 94th 95th- 98th 99th and >

Hyperlipidemia: Yes Not Done

Hypertension: Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

| | | | | |
|------------------------|--------------------------|--------------------------|--------|--|
| Height: | Weight: | BP: | Pulse: | Respirations: |
| Laboratory Testing | Positive | Negative | Date | Lead Level Required for PreK & K |
| TB- PRN | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$ |
| Sickle Cell Screen-PRN | <input type="checkbox"/> | <input type="checkbox"/> | | |

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

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

Assessment/Abnormalities Noted/Recommendations: Diagnoses/Problems (list) ICD-10 Code*

Additional Information Attached

*Required only for students with an IEP receiving Medicaid

| | | |
|-------|--------------------------------|------|
| Name: | Affirmed Name (if applicable): | DOB: |
|-------|--------------------------------|------|

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

| Vision Screening | With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No | Right | Left | Referral | Not Done |
|----------------------------|--|-------|------|------------------------------|--------------------------|
| Distance Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| Near Vision Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| Color Perception Screening | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | <input type="checkbox"/> |

Notes

| | |
|--|-----------------|
| Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. | Not Done |
|--|-----------------|

| | | | | |
|---------------------|---|--|---------------------------------------|--------------------------|
| Pure Tone Screening | Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Referral <input type="checkbox"/> Yes | <input type="checkbox"/> |
|---------------------|---|--|---------------------------------------|--------------------------|

Notes

| Scoliosis Screening: Boys grade 9, Girls grades 5 & 7 | Negative | Positive | Referral | Not Done |
|---|--------------------------|--------------------------|------------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> |

FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

*Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act

Student may participate in all activities without restrictions.

If Restrictions Apply – Complete the information below

Student is restricted from participation in:

- Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Rifery, Swimming, Tennis, and Track & Field.
- Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V

Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

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

MEDICATIONS

Order Form for medication(s) needed at school attached

| COMMUNICABLE DISEASE | IMMUNIZATIONS |
|---|---|
| <input type="checkbox"/> Confirmed free of communicable disease during exam | <input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIS |

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

Please Return This Form to Your Child's School Health Office When Completed.

PQ ELEMENTARY

Danielle Zaetz, R.N.

Phone # 914-669-5317 Ext. 3043

Fax #-914-669-5442

5/2023

MIDDLE/HIGH SCHOOL

Rita Driscoll, R.N.

Phone #-914-669-5414 Ext. 2017

Fax #-914-276-3240


NORTH SALEM

Central School District
230 June Road * North Salem * NY * 10560

PERMISSION TO RECEIVE/RELEASE RECORDS

I give permission for the North Salem Central School District to receive all educational, psychological and medical records pertaining to my child. This includes Transcripts, Report Cards, Attendance Records, Disciplinary Records and, if applicable, IEP or Section 504 Plan, (including past placement, medical, psychological and physical histories).

Name of Student

Current Grade

Date of Birth

Please send a copy of any applicable records (including but not limited to):

Transcript
Report Card
Current Schedule
IEP
Section 504 Plan
Psychoeducational Testing
ELL NYSSLAT or NYSITELL Testing
Attendance Records
Disciplinary Records

Please send a copy of the above student's records to the school indicated below:

North Salem Middle/High School
230 June Road
North Salem, NY 10560
914-669-5414
914-669-8554 (fax)

Pequenakonck Elementary School
173 June Road
North Salem, NY 10560
914-669-5317
914-669-4326 (fax)

I, _____, request my child's records to be released to the above school.
Parent/Guardian SIGNATURE