



SWEET HOME CENTRAL SCHOOL DISTRICT REGISTRATION PACKET

1901 Sweet Home Rd
Amherst NY 14228 Door# 6

P: 716-250-1600

F: 716-250-1378

registration@sweethomeschools.org

PLEASE CALL 716-250-1600 TO SCHEDULE AN APPOINTMENT

Packet must be completed prior to appointment

Please email or call if a translator is needed to complete registration

Student Name: _____ **Date:** _____

Power School # _____ **(office use only)**

Documents required at registration appointment: *failure to provide these documents could delay your child's start date*

- ___ 1. Current Lease in parent/guardian's name, notarized landlord statement or mortgage statement
(include landlord contact information)
- ___ 2. Current utility bill in parent/guardian's name
- ___ 3. Custody OR Guardianship papers (must be a legal document from the court)
- ___ 4. Photo Identification of registering parent/guardian (driver's license, passport)
- ___ 5. Proof of age for student: birth certificate, baptismal certificate, passport, government issued card
- ___ 6. Immunization Record (must be provided by physician's office, copies from previous school not acceptable)
- ___ 7. Proof of NYS Physical Exam (within past year or 12 months from the start of the school year)

For Special Education Students only, additional paperwork is required

Please contact:

Special Education Office
333 Dexter Terrace Door #3
Tonawanda NY 14150
P: 716-250-1235 F: 716-250-1390

For office use only:

SCHOOL _____ **GRADE** _____ **ESL** Yes/No/possible evaluation

___ **E-mail sent notifying applicable staff of new student**

Yes/No: Has the student received special education services at previous school? If yes, send to Special Education Office
Registration completed by: _____

In Computer: Date: _____ **by** _____

HOUSING QUESTIONNAIRE

Name of LEA: Sweet Home Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender Male Female Date of Birth ____/____/____ Grade: ____ ID# ____
(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 permanent housing

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): _____

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

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

PROOF OF RESIDENCY DOCUMENTATION:

We request the following documents to establish physical presence in the district

- Copy of a current residential lease or proof of home ownership, such as a deed, mortgage statement or property tax bill **OR**
- Notarized statement from landlord or homeowner or tenant from whom the parent or person in parental relation leases or who they share property within the district.

AND

- Current utility bill (electric, heat, cable/satellite, landline phone, water)

If such documentation is not available, the district shall consider other forms of documentation and/or information to establish physical presence in the district. The information may include but not be limited to:

a pay stub, income tax form, utility bill, non-utility bills, membership documents based on residency, driver's license/learner's permit/non-driver ID, voter registration document, government issued ID, documents by state, federal or local agencies (such as social service agency or the federal Office of Refugee Resettlement) or evidence of custody of the child including, but not limited to judicial custody orders or guardianship papers.

- Within three business days of initial enrollment, the district must review the information provided and to make a determination of residency.

Documents provided:

____ Lease ____ Mortgage/Homeownership ____ Landlord Statement
____ Utility Bill ____ Other: _____

SWEET HOME CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION FORM
****PLEASE PRINT AND COMPLETE ALL SECTIONS BEFORE REGISTERING)**

STUDENT INFORMATION

NAME: _____ INCOMING GRADE _____
Last name First name Middle Intl.

___ Male ___ Female DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? ___ Yes ___ No

BIRTHDATE: _____ BIRTHPLACE: _____ City _____ State

COUNTRY OF BIRTH (if not USA) _____ DATE OF ENTRY TO US: _____

HOME TELEPHONE: _____ Is this a cell phone? ___ Yes ___ No

STUDENT'S LEGAL RESIDENCE: _____
No. & Street Apt. No. City/Town Zip Code

***If you reside in a rental property, Name of Landlord _____ Phone number: _____**

PREVIOUS HOME ADDRESS: _____ NUMBER OF YEARS: _____
No. & Street Apt. No. City/Town Zip Code

REQUIRED FOR STATE REPORTING PURPOSES-PLEASE COMPLETE

Is the student Hispanic/Latino? ___ Yes ___ No If yes, please also check the appropriate racial group designation below.
For all students, please check all that apply:
___ ASIAN ___ AMERICAN INDIAN/ALASKAN NATIVE ___ BLACK or AFRICAN/AMERICAN
___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ___ WHITE

PARENT/GUARDIAN INFORMATION

CONTACT #1 (Custodial parent/guardian that must reside at the same address as indicated above for student)

NAME: _____ SWEET HOME ALUMNUS: ___ YES ___ NO
Last First MI
Relationship to child: _____ If yes, year graduated: _____

WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

EMAIL ADDRESS: _____

CONTACT #2 (Give address and home phone only if different from student's.) Receive Duplicate mailing? ___ Yes ___ No

NAME: _____ SWEET HOME ALUMNUS: ___ YES ___ NO
Last First MI
Relationship to child: _____ If yes, year graduated: _____

ADDRESS: _____ HOME PHONE: _____
No. & Street Apt. No. City/Town Zip Code

WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

EMAIL ADDRESS: _____

Please complete all sections on this page

CUSTODY INFORMATION

In order to enroll the child must reside with the custodial parent or court appointed legal guardian/custodian in the district

STUDENT RESIDES WITH (CHECK ONE): ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian*
☐ Foster Parent (If so, please list DSS caseworker and contact info.) _____

Do parents share custody? ☐ YES ☐ NO If yes, who is the designated residential parent? _____

If no, who is the custodial parent: _____

Are there any custodial restrictions? ☐ YES* ☐ NO Please explain: _____

In order to enforce, we request documentation of any contact restrictions relevant to school days or the release of information

EMERGENCY CONTACT INFORMATION

Please list persons other than the Parent/Guardian who will be able to pick up the student from school or make arrangements for the student in case of an emergency

1. NAME: _____ PHONE #'S: Cell: _____ Home: _____ Work: _____

ADDRESS: _____
No. & Street Apt. No. City/Town Zip Code

RELATIONSHIP TO CHILD: _____

2. NAME: _____ PHONE #'S: Cell: _____ Home: _____ Work: _____

ADDRESS: _____
No. & Street Apt. No. City/Town Zip Code

RELATIONSHIP TO CHILD: _____

SIBLING INFORMATION

FULL NAMES OF BROTHERS AND SISTERS OF STUDENT	BIRTH DATE	GENDER	GRADE	SCHOOL	LIVES AT SAME ADDRESS (yes or no)	IF NOT LIVING AT SAME ADDRESS, ADDRESS OF SIBLING

Please complete all sections on this page

STUDENT EDUCATIONAL HISTORY

Most recent grade level completed: _____ Grade Level (s) Repeated: ____ ____

If student is in High School, year student first entered 9th grade _____

LIST ALL NAMES , ADDRESSES OF SCHOOLS STUDENT PREVIOUSLY ATTENDED AS WELL AS DATES OF ATTENDANCE AND GRADES ATTENDED.
Please include any Sweet Home Central Schools and home schooling.

SCHOOL	ADDRESS	PHONE NUMBER	GRADES AND DATES ATTENDED

Has your child had extended absences from school, been suspended or expelled from a previous school?

YES__ NO__

If yes, please explain when, where and why: _____

DOES YOUR CHILD RECEIVE ANY OF THE FOLLOWING SPECIALIZED SERVICES:

1. Is the child currently receiving special education services or have an IEP? YES ____ NO ____

2. Does your child have a 504 plan? YES ____ NO ____

If yes, please provide a copy of the 504 plan if possible

3. Does your child receive English as a Second Language services (ESL/ENL)? YES ____NO ____

Notification of Special Education:

For information regarding the referral process and procedures for accessing special education for your child, visit the NYS Department of Education's website regarding Part 200.4

<http://www.p12.nysed.gov/specialed/lawregs/sect2004htm#ftn1>

Or you can contact Kathryn Barillari, Sweet Home Director of Special Education @ 716-250-1234

*****DO NOT SIGN THIS PAGE UNTIL REGISTRATION
APPOINTMENT*****

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties, the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses.

I, the undersigned, state that all the information contained in this registration form is true.

Parent/Guardian Name: _____(Please Print)

Parent/Guardian Signature:_____ Date: _____

School Personnel Signature: _____

FOR DISTRICT USE ONLY:

STUDENT ID# _____ *Registered by:* _____

Date Health Records Requested _____ *Date Transcript Requested* _____

Entered into Power School _____ *by* _____

SWEET HOME CENTRAL SCHOOL DISTRICT NOTICES

Name of Student: _____

Notice for Student Interviews. Photographs, Videotapes and Recognition

I understand that interviews, photographs and/or videotapes of my child may be taken or used by the Sweet Home CSD and that my child's name may appear in a listing of student achievement awards and honors only for public relations, educational or other purposes consistent with the purpose and mission of the Sweet Home Central School District, including publications on the Sweet Home CSD website. I further understand that said materials shall become the property of the Sweet Home CSD and I hereby release and discharge the Sweet Home CSD and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs, videotapes and/or student recognition listings.

I **DO** give permission for my child to be interviewed, photographed, and/or videotaped and to have his/her name appear in a student recognition listing for Sweet Home CSD purposes, including pictures in the school yearbook, please sign below.

Parent/Guardian Signature

Date

Acceptable Use Policy for Computer/Internet Use:

The student and his/her parent or guardian agrees to abide by the Acceptable Use Policy. Copies of the complete policy can be requested from the school office or viewed at <http://www.sweethomeschools.org>. The student and his/her parent or guardian should discuss and understand the rights and responsibilities defined by this policy. If I sign this form, I give my permission for my child to use the district technology resources. I also understand that my child shall be held accountable for the Acceptable Use Policy. Any student who compromises the Acceptable Use policy shall be subject to disciplinary action as stated in the school handbook.

We have read and understand the above information. I **DO** give my child access to the internet.

Student signature (for grades 6-12)

Date

Parent/Guardian Signature

Date

Student Directory Information Policy

Elementary Schools provide a family directory to its students. The directory includes family name, address, student grade level and phone numbers. High School and Middle School parents have the opportunity to block outside, non-school related organizations from having access to student directory information. The Family Education Rights and Privacy Act (FERPA) defines student directory information as follows: name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height (if members of athletic teams), degrees and awards received, and the name of the educational agency or institution previously attended by the student.

I **DO** give permission for my child to be listed in his/her school's student directory.

Parent/Guardian Signature

Date



SWEET HOME CENTRAL SCHOOL DISTRICT

CENTRAL REGISTRATION OFFICE

1901 Sweet Home Rd, Amherst NY 14228 Door #6

P: 716-250-1600 F: 716-250-1378

Email: registration@sweethomeschools.org

RELEASE OF STUDENT RECORDS

Student's Name: _____ Date of Birth: _____

Previous School's Name and Address: _____

Phone: _____ Fax: _____

The above named student has registered in the Sweet Home CSD, please forward all student records to:

ELEMENTARY SCHOOLS

_____ Glendale Elementary School
101 Glendale Drive
Tonawanda, NY 14150
P: 716-250-1600 F: 716-250-1510
Email: hmartinez@sweethomeschools.org

_____ Heritage Heights Elementary School
2545 Sweet Home Road
Amherst, NY 14228
P: 716-250-1525 F: 716-250-1531
Email: sburke@sweethomeschools.org

_____ Maplemere Elementary
236 E. Maplemere Road
Amherst, NY 14221
P: 716-250-1550 F: 716-250-1555
Email: kbarrett@sweethomeschools.org

_____ Willow Ridge Elementary
480 Willow Ridge Drive
Amherst, NY 14228
P: 716-250-1575 F: 716-250-1585
Email: WRattendance@sweethomeschools.org

SWEET HOME MIDDLE SCHOOL (Attention Student Services)

_____ Sweet Home Middle School
4150 Maple Road
Amherst, NY 14226
P: 716-250-1459 F: 716-250-1491
Email: areinhart@sweethomeschools.org

SWEET HOME HIGH SCHOOL (Attention Student Services)

_____ Sweet Home High School
1901 Sweet Home Road
Amherst, NY 14228
P: 716-250-1216 F: 716-250-1387
Email: studentservices@sweethomeschools.org

RECORDS TO BE REQUESTED:

_____ All Academic Records _____ Transcripts _____ Report Card _____ Standardized Test Scores
_____ Attendance _____ Immunizations _____ Physical _____ Birth Certificate _____ IEP/504 Accommodations
Other _____

Parent/Guardian Signature

Student (if over 18 years old)

Date

FEDERAL LAW 99:21 STATES

"No parent signature required for education records to be sent to another educational agency"

The party receiving the information is not authorized to transfer this information to a third party without further consent.



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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:

Address:

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

☐
☐
☐

*If yes, please explain: _____

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

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

10b. **If referred for an evaluation*, has your child ever **received** any special education services in the past?

☐
☐

No Yes – Type of services received: _____

Age at which services received *(Please check all that apply):*

☐

Birth to 3 years (Early Intervention)

☐

3 to 5 years (Special Education)

☐

6 years or older (Special Education)

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

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

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

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: ☐ Parent ☐ 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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. Day Yr.

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:

Mo. Day Yr.

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:



Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228

MANDATED PHYSICAL EXAM FOR NEW STUDENTS

Dear Parent/Guardian:

New York State regulations require all new registrants to submit proof of a physical exam upon entrance to school. The physical must have been completed within 12 months of the first day of the school year.

This physical may be given by a student's private physician or by the school physician. The exam must be done by a Health Care Provider licensed in New York State and must be submitted within 30 days of the start of school. If no physical report is received, the student will be given a physical exam by the school physician.

Thank you for your cooperation. Please contact your building School Nurse if you need further information.

**SWEET HOME CENTRAL SCHOOL DISTRICT
PARENT PERMISSION FOR PHYSICAL EXAMINATION**

HF-1f
1-18

Dear Parent/Guardian:

Physical examinations are required by the Sweet Home Central School District according to the New York State School Health Law (Section 903). The following students are required to have a physical examination:

- All new entrants to the district, regardless of grade level.
- Students in Grades Pre-K, K, 1, 3, 5, 7, 9 and 11
- Special Education students are required to have a physical examination every three years Sports and working permits.

A Health Appraisal Form is available if the examination is to be given by your Primary Health Care Provider. This form should be **submitted within 30 days after the student's entrance** and is valid for one year through the last day of the month of the date on the health certificate.

Please inform us if your child has had an exam, or if an appointment is scheduled with your Health Care Provider for a physical examination by completing and returning this form.

Note: If a required health certificate is not submitted, your child will be scheduled to have an in-school physical. You may contact the health office personnel if you have any questions or concerns. Thank you.

Please check the appropriate box below, sign your name, and return this completed form to your child's school Health Office personnel.

I have already submitted an examination form from my child's Health Care Provider.

Exam was given on (date) _____ by (name) _____

My child is scheduled for a physical examination by our Health Care Provider on
(date) _____ by (name) _____

I will return the completed physical examination health form as soon as possible.

My child may receive a school physical examination by the School Physician.

Student Name (please print) Grade/Teacher/HR

Parent/Guardian Name (please print)

Parent/Guardian Signature & Date



Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1400

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Student Name _____ Date: _____

I hereby authorize _____ *[name of my child's physician/health care provider]* to disclose my child's health information as described below, for the purposes listed, to the Sweet Home Central School District, its employees or agents, including the school nurse at _____ *[school]* located at the following address:

_____ Zip _____

Description: The information to be disclosed consists of:

1. Reports of physical examination(s); and/or
2. Records related to immunizations
3. Clarification of medical orders
4. Collaboration regarding medical conditions which may affect school attendance or performance

Purpose: This information will be used for the following purpose(s):

1. Documentation of physical examinations as required under NYS Education Law for school attendance or participation in sports; and/or
2. Documentation of immunizations required by NYS Public Health Law for school admittance or continued attendance.

This authorization will expire when my child is no longer enrolled in the Sweet Home Central School District. I understand that, with certain exceptions, I may revoke this authorization at any time by sending written notice of the revocation directly to my child's physician named above.

I recognize that the information or records disclosed, once received by the Sweet Home Central School District, may no longer be protected by the HIPAA Privacy Rule. The information or records will become part of my child's education records protected by, and subject to further disclosure as authorized by, the Family Educational Rights and Privacy Act (FERPA).

I understand that I am not required to sign this authorization. Any decision by me not to sign this authorization will not interfere with my child's ability to obtain health care from his or her physician/health care provider, except for health care that is provided *solely* for the purpose of creating the health information described above for disclosure to the Sweet Home Central School District.

A photocopy or faxed copy of this signed authorization shall have the same effect as the original.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date

Sweet Home Schools... Every Student, One Community, Ready for the Future



Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1400

INVENTORY OF HEALTH INFORMATION

Entry Date _____ Grade _____ Teacher _____

_____ ☐ M ☐ F ☐ Other _____ / _____ / _____
Student Name (Last, First) Birth Date Age

Health Care Provider Name HCP Phone

Dentist Name Dentist Phone

Hospital of choice: _____

HEALTH HISTORY:

Vision ☐ Glasses ☐ Contacts If yes, for ☐ Far ☐ Near
☐ Vision problems _____

Hearing ☐ Hearing loss ☐ Tubes in ears: ☐ R. ☐ L. ☐ Both ☐ Repeated ear infections
☐ History of hearing problems _____

Speech ☐ Speech not understandable to others
☐ Possible defect, please have speech pathologist evaluate

Allergies ☐ Student is allergic: ☐ Food ☐ Environment ☐ Medication
☐ List allergies _____
☐ Epinephrine injection needed for emergency treatment

Asthma ☐ Student has asthma Student Uses: ☐ Nebulizer ☐ Peak Flow Meter ☐ Spacer
☐ Any visits to Health Care Provider, Urgent Care or Emergency Room for difficulty breathing

Medication ☐ Student receives medication: _____ ☐ Home ☐ School

Please list any medical conditions: _____

Food/Cultural restrictions (any medical restrictions need to have a doctor's note): _____

SWEET HOME CENTRAL SCHOOL DISTRICT HEALTH CERTIFICATE/APPRaisal FORM

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR. NOTE: NYSED requires a physical exam for all new entrants and students in grades Pre-K or K, 1, 3, 5, 7, 9 & 11, annually for interscholastic sports, working papers as needed, or as required by the Committee on Special Education (CSE) or Committee on Pre School Special Education (CPSE)

STUDENT INFORMATION

Name: _____ Sex: _____ DOB: _____

School: _____ Grade: _____ Exam Date: _____

HEALTH HISTORY

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

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

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

Diabetes: ☐ No ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt Plan Attached
☐ Yes, indicate type: ☐ Type 1 ☐ Type 2 ☐ Hgb A1c Results: _____ Date Drawn: _____

Risk factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BM%>85% and has 2 or more risk factors: Family hx T2DM, Ethnicity, S/S Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI: _____ kg/m2 Percentile (Weight Status Category): _____
Hyperlipidemia: ☐ No ☐ Yes Hypertension: ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: _____ Weight: _____ BP: _____ Pulse: _____ Resp: _____

TESTS	Positive	Negative	Date
PPD/PRN	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>	_____

Lead Level Required Grades Pre-K and K:

☐ Test Done ☐ Lead Elevated >10mcg/dL

☐ System Review and Exam Entirely Normal

Check any Assessment Boxes Outside Normal Limits and Note Below Under Abnormalities:

☐ HEENT ☐ Lymph Nodes ☐ Abdomen ☐ Extremities ☐ Speech
☐ Dental ☐ Cardiovascular ☐ Back/Spine ☐ Skin ☐ Social/Emotional
☐ Neck ☐ Lungs ☐ Genitourinary ☐ Neurological ☐ Musculoskeletal
☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)/ICD-10 Code:

Vision:	Right	Left	Referral	Notes
Distance acuity	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Distance acuity with lenses	_____	_____		
Near vision	_____	_____		
Color Perception	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			

Hearing:	Right dB	Left dB	Referral	Notes
Pure Tone Screening	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Scoliosis:	Negative	Positive	Referral
Required for Boys in grade 9 And Girls grades 5 and 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deviation Degree: _____	Trunk Rotation Angle: _____		
Recommendations: _____			

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

- ☐ **Full Activity** without restrictions including Physical Education, Athletics and Employment
- ☐ **Restrictions/Adaptations** **Use the Interscholastic Sports Categories (below) for restrictions or modifications**
 - ☐ No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, wrestling
 - ☐ No Non-Contact Sports Includes archery, badminton, bowling, cross country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field
 - ☐ Other Restrictions:
- ☐ **Developmental Stage for Athletic Placement Process ONLY**
 - Grades 7 & 8 to play at high school level OR Grades 9 – 12 to play middle school level sports
 - Student is at Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V
- ☐ **Accommodations:** Use additional space below to explain

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

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

Explain:

MEDICATIONS

- ☐ **Order** form for medication(s) needed at school attached
- List medications taken at home: _____

IMMUNIZATIONS

- ☐ Record attached
- ☐ Reported in NYSIIS
- Received today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Signature: _____

Print Name: _____

Address: _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL WHEN ENTIRELY COMPLETE



Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1400

DENTAL CERTIFICATE FOR NEW STUDENTS

Dear Parent or Guardian:

New York State regulations require school districts to request a dental health certificate from all new registrants.

Please have your child's dentist complete the certificate. If you have any questions, please contact your child's School Nurse.

SWEET HOME CENTRAL SCHOOL DISTRICT

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, Pre K or K, 1, 3, 5, 7, 9, and 11.. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:

Last First Middle

Birth Date:

/ /
Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

Name of School:

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?

☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (Date of Exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (Please print or stamp):

Dentist's Signature:

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems

Specify) _____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Sweet Home Technology & Information Services Student iPad Deployment Form

- In consideration of the Sweet Home Central School District permitting my use of the above-described equipment or software at school and off school grounds, I agree to the following:
- I acknowledge receipt of and take responsibility for the Sweet Home Asset (iPad) provided (loaned) to me.
- I will utilize the iPad for its intended purposes and will neither willfully damage nor endanger the condition of the device.
- In the event the device is malfunctioning, I will make a report to the Library/Information Media Center in my school
- I agree to take the necessary precautions to ensure the continued working condition and security of the iPad as outlined in the Sweet Home CSD iPad Policy Handbook
- I agree to abide by all software copyright laws and the District's Acceptable Use Policy adopted by the Sweet Home Board of Education. I understand that I may not load any legally licensed software onto my iPad without the expressed permission of the District's System's Engineer. I understand that I may not alter in any way the settings related to the District's Mobile Device Management System. I understand that any violation of these provisions may result in the District taking disciplinary action against me.
- I agree to report any instances of accidental or willful damage, loss or theft of the device to the Technology Support Desk in my school's Library/Information Media Center.
- I agree to read the Sweet Home CSD iPad Policy Handbook located at <http://www.sweethomeschools.org>
- I understand that I am responsible for the appropriate use of my device both on and off of campus, I further
- understand that any misconduct both on or off campus may result in disciplinary action including suspension.

Family Responsibility for damage to or loss/ theft of the Device:

- Loss or Theft: Should the device be lost or stolen, Apple service care is not available. Therefore, I agree to pay the District a \$200 replacement fee to reimburse the District's insurance deductible. If the iPad was stolen, a police report will be filed with the District's School Resource Officer. Should the supporting items (charging plug, sync cable, or case) for the iPad be lost or stolen, I agree to pay the replacement cost of those items.
- Willful Destruction/Vandalism: If the device is vandalized, willfully damaged or grossly mistreated, the Apple service care is voided. In these cases, I agree to pay the district a \$200 replacement fee to reimburse the District's insurance deductible. If the iPad was willfully damaged or destroyed, a police report will be filed with the District's School Resource Officer. Should the supporting items (charging plug, sync cable, or case) for the iPad be willfully damaged or destroyed, I agree to pay the replacement cost of those items.
- Accidental Damage: In the event the device is damaged accidentally, I will report such damage to the district computer support desk. A device must be reported as damaged, by either the student or a staff member, when its physical condition makes it unusable.
- The first time the device is damaged and in need of repair, I agree to pay the district \$20 of the \$50 Apple return fee. The District will cover the remainder of the return fee.
- The second time the device is damaged and in need of repair, I agree to pay the district \$50 of the \$50 Apple return fee.
- The third time the device is damaged and in need of repair, I agree to pay the district the \$200 replacement fee.
- I acknowledge that only Apple branded chargers and cords are acceptable and agree to pay \$20 if either are lost, stolen or damaged.
- I acknowledge that the cost to replace the case provided by Sweet Home is \$40.
- I agree to return the iPad and all supplementary materials prior to my withdrawal from my current school.
- A police report will be filed in all cases of student failure to return the iPad and all supplementary materials.

Student Last Name:	Student First Name:
Parent Last Name:	Parent First Name:
Parent Signature:	Date: