

Welcome!

The New Paltz Central School District wants to make the school registration process as easy as possible for busy parents. We understand that it can be confusing trying to figure out which of the district's schools your child will attend.

To alleviate some of the confusion and help parents get all the information they need, and to assist in completing all the proper forms, the district operates a Central Registration Office where everything parents need is under one roof.

Parents of elementary, middle and high school children should go to Central Registration to enroll their children in school. The office is located in the Pupil Personnel Service Office Suite in the District Office Building located at Lenape Elementary School, 1 Eugene L. Brown Drive in New Paltz.

Call the Central Registrar at 845-256-4040 to schedule an appointment to register your child(ren), or walk-in registration is available Monday through Wednesday from 9 AM to Noon and from 1 PM until 3 PM. If you are unable to visit Central Registration during the hours of operation, remember you can call to make an appointment for a mutually convenient time.

In order to register your child(ren) you must have proof of the child's birth, proof of immunizations, and an acceptable proof of residency. Guardians or agencies must have a court order assignment and/or Department of Social Services assignment that states he/she has authorization to act on behalf of the State of New York. Listed on the accompanying page is a listing of the required documents.

All new entrants are required to have a physical examination within twelve (12) months prior to entering the District. Proof of this examination must be presented within fifteen days (15) of the time the student enters the school.

Duzine Elementary

Lenape Elementary

Middle School

Central High School



This page intentionally left blank

Required Documents for Student Registration

To register your child for school in the New Paltz Central School District, you will need to bring proper identification with you to Central Registration.

New York State law requires that documents be presented prior to registering your child(ren) for school proving the child's age and residency within the School District and your custody/guardianship.

1. Proof of age

- Original Birth Certificate or a certified transcription of a Birth Certificate (including a foreign certified transcription of the Birth Certificate)
- Baptismal Certificate or a certified transcription of a Baptismal Certificate (including a foreign certified transcription of the Baptismal Certificate)

If the above are not available:

- Passport (including a foreign passport)

If none of the above are available:

- Other acceptable documentation that has been in existence for over two years, such as:
 - Official driver's license
 - State or other government issued identification
 - School photo identification with date of birth
 - Consulate identification cards
 - Hospital or health records
 - Documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)
 - Court orders or other court-issued documents
 - Native American tribal document
 - Records from non-profit international aid agencies and voluntary agencies.

2. Parent/Guardian photo identification is required (valid driver's license, other legal picture identification card, or passport).

3. Proof of Custody or Guardianship of the child in question:

- Judicial custody order or guardianship documentation
- Foster parents must provide Form DSS-2999
- If applicable, Affidavits indicating either (1) that the person seeking enrollment is the parent with whom the child lawfully resides; or (2) that they are the person in parental relation to the child, with total/permanent custody and control, describing how they obtained the same:
 - Affidavit of Responsibility (by parents who have surrendered custody)
 - Affidavit of Responsibility (by custodial person)
 - Affidavit of Emancipation (by student)

4. Proof of residence (2 items) which must include the name and street address of the parent or guardian and must be dated 30 days prior to registration.

- Copy of a residential lease or proof of ownership of a house or condominium;

- A sworn statement authored by a third party landlord, owner or tenant from whom the parent/guardian leases or shares property;
- Other acceptable documentation of residency provided by the parent/guardian such as:
 - pay stub
 - utility or other bills
 - membership documents (e.g., library cards) based upon residency
 - voter registration documents
 - official driver's license, learner's permit or non-driver identification card
 - state or other government issued identification
 - documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)

We are sorry, but we will not accept the following as proof of identification:

- U.S. Mail
- Bank or credit card records
- Any proof older than 30 days

5. Official immunization records and physical examination records.

6. Dental Health Certificate is requested.

New Paltz Central School District
STUDENT AND EMERGENCY CONTACT INFORMATION

Please print

Homeroom/Grade _____

STUDENT NAME _____ D.O.B.: _____

(First)

(Middle)

(Last)

(Jr / Sr / III / IV)

STUDENT RESIDENTIAL ADDRESS
STREET _____ APT. _____
CITY _____, NY ZIP _____
HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)
STREET _____ APT. _____
CITY _____, NY ZIP _____
HOME PHONE _____

GUARDIAN NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)
STREET _____ APT.# _____
CITY _____ STATE _____ ZIP _____
HOME PH _____ WORK PH _____ Cell PH _____
EMAIL ADDRESS _____
PLACE OF EMPLOYMENT _____ On Active Duty in the Armed Forces

Relationship to student

Living with Student
YES / NO

GUARDIAN NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)
STREET _____ APT.# _____
CITY _____ STATE _____ ZIP _____
HOME PH _____ WORK PH _____ Cell PH _____
EMAIL ADDRESS _____
PLACE OF EMPLOYMENT _____ On Active Duty in the Armed Forces

Relationship to student

Living with Student
YES / NO

Paperless option: Do you wish to receive notifications via your computer? Check if Yes Preferred email address _____

Person(s) to be contacted in case of emergency if parent/guardian cannot be reached. Please list in the order you would like them called.

NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____

OTHER CHILDREN IN FAMILY who are in the school district:

NAME _____ GRADE _____ NAME _____ GRADE _____
(First) (Last) (First) (Last)
NAME _____ GRADE _____ NAME _____ GRADE _____
(First) (Last) (First) (Last)

EMERGENCY INFORMATION If available, provide updated immunization records for your child with this form.

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____
DENTIST _____ PHONE _____
Allergies: Food _____ Insect _____ Medication _____ Medical Condition _____

EMERGENCY DISMISSAL INFORMATION

In the event of an EARLY DISMISSAL due to inclement weather or other emergency, please indicate if your child will be picked up or bussed. Choose ONE and complete the information. NOTICE: the school WILL NOT contact parents individually in the event of an unexpected school closing.

- Please transport my child to our home on his/her regular bus.
- My child will be picked up by a guardian or emergency contact. I will listen to the radio for early dismissal information, or call the school closing line at 256-4099 if a winter storm is predicted. I understand that if I am not there by dismissal, my child will be put on the bus.
- Bus my child to the following address in the New Paltz Central School District:

Name _____ Tel.# _____ Relationship _____
Address _____ Bus # _____

The people listed on this form (contacts and guardians) are authorized to pick up my child from school or from the bus stop. In case of a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY ID# _____ Date entered into student management system _____ School year _____

New Paltz Central School District
ADDITIONAL STUDENT INFORMATION FOR REGISTRATION

PLEASE PRINT

PLEASE PRINT

STUDENT NAME _____ **GENDER** _____ (M/F)

BIRTH DATE _____ BIRTH CITY _____ BIRTH STATE _____ BIRTH COUNTRY _____
 (MM/DD/YYYY)

EVER ATTEND NEW PALTZ SCHOOLS? _____ If yes, indicate School / Year _____

EVER ATTEND A SCHOOL IN NEW YORK STATE (other than New Paltz Schools)? _____ If yes, indicate School / Year _____

ANY DISABILITIES/SPECIAL EDUCATION/504 _____ If yes, specify _____

ANY CURRENT/PAST MEDICAL ISSUES/ CURRENT MEDICATIONS? _____

IS STUDENT HOMELESS (living in shelter, doubled up with another family, motel/hotel, awaiting foster care)? _____

<p>ETHNIC ORIGIN (for statistical purposes only)</p> <p>1. Are you Hispanic/Latino? Yes _____ No _____</p> <p>2. Select one or more races from the following:</p> <p>____ White ____ Native Hawaiian or Pacific Islander</p> <p>____ Asian ____ Black or African American</p> <p>____ American Indian or Alaska Native</p>	<p>Primary Language</p> <p>_____</p>	<p>LAST SCHOOL NAME _____</p> <p>SCHOOL ATTENDED ADDRESS _____</p> <p>_____ FAX _____</p> <p>PHONE _____ DATE LEFT _____ GRADE _____</p>
---	---	--

If there is a legal guardian or parent *not living with the student* who would like to receive mailings, please provide mailing information here:

<p>NAME _____ <small>(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)</small></p> <p>STREET _____ APT.# _____</p> <p>CITY _____ STATE _____ ZIP _____ PHONE _____</p> <p>EMAIL ADDRESS _____</p>	<p>Relationship to student:</p> <p>_____</p>
--	---

<p>Are there any custody papers, court orders of protection, or restricted visitation papers? (YES) (NO) <i>If YES, legal documentation must be submitted at registration. See the list of "Required Documents", #3.</i></p> <p>Foster parent (DSS-2999 required) If you are a foster parent, name of agency: _____</p> <p>Social Worker: _____ Phone: _____</p>
--

Where do you want the bus to pick up your child in the morning? (must be within New Paltz Central School District):

Check this box to use the student residential address listed above, OR use the address below:

STREET _____ **APT.** _____

CITY _____, NY **ZIP** _____

PHONE _____

Where do you want the bus to drop off your child in the afternoon? (must be within New Paltz Central School District):

Check this box to use the student residential address listed above, OR use the address below:

STREET _____ **APT.** _____

CITY _____, NY **ZIP** _____

PHONE _____

Signature of Parent/Guardian _____ **Date** _____

Important note: See the list of "Required Documents" which must be submitted along with this form. Thank you.

<p>OFFICE USE ONLY ID# _____ Expected grade _____ Date entered into student management system _____ School year _____</p>
--



Dental Health Certificate and Health Appraisal Certificate

Education Law (Section 903) and regulations of the Commissioner of Education (Section 136.3) have been amended in regard to dental health certificates. Effective September 1, 2008, all public schools must request a dental health certificate from each student at the same times that health certificates are required. The provision of a dental health certificate for a student is not a required condition to attend school.

New students must submit a dental health certificate along with a health appraisal certificate to their School Nurse, within 30 days of entrance into the school district. Students going into grades Pre-K, K, 1, 3, 5, 7, 9 and 11, who are not new to the district must submit a dental health certificate along with a health appraisal certificate within 30 days of entrance into their new grade.

Each dental health certificate must be signed by a licensed dentist and:

- Describe the dental health condition of the student when the examination was conducted.
- Be made no more than 12 months prior to the beginning of the school year in which the examination is requested.
- State whether the student is in fit condition of dental health for attendance at public school.

Health appraisals must be preformed by a NYS licensed physician, physician's assistant or nurse practitioner.

Dental health certificates and Health appraisal forms are enclosed in this packet. They can also be found on the district web-site www.newpaltz.k12.ny.us under "Our Departments" - "Nursing".

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, K, 1, 3, 5, 7, 9 & 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name _____		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's 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 ½ 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.

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 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:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Environmental
---	---	---

Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
--	--	--

Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
--	--	--

Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<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: No Yes **Hypertension:** No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<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	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
-------	------

SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 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 and Athletics.

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, and 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"/> Sport 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

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child’s School When Entirely Completed.



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

June 14, 2019

Statement on Legislation Removing Non-Medical Exemption from School Vaccination Requirements

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

What is the deadline for first dose vaccinations if my child is not attending school until September?

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.

This page intentionally left blank

2020-21 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)³	Not applicable		1 dose	
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		
Hepatitis B vaccine⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV)¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grade 6: 10 years; minimum age for grades 7 through 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2020-2021, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grade 6; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 7 through 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. Only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grade 7: 10 years; minimum age for grades 8 through 12: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

To: School Superintendents, Principals, Nurses and Administrators
From: New York State Department of Health, Bureau of Immunization
Date: November 24, 2015

**INFORMATIONAL MESSAGE:
MENINGOCOCCAL VACCINE SCHOOL REQUIREMENTS FOR SEPTEMBER 2016**

The purpose of this informational message is to inform school superintendents, principals, nurses and administrators of new meningococcal vaccine school requirements that will take effect on September 1, 2016.

On October 26, 2015, Governor Cuomo signed into law Chapter 401 of the laws of 2015 which amended New York State (NYS) Public Health Law (PHL) section 2164 to require children entering or attending seventh and twelfth grades on or after September 1, 2016 to receive an adequate dose or doses of vaccine against meningococcal disease as recommended by the Advisory Committee on Immunization Practices (ACIP). Meningococcal meningitis is a serious disease which can lead to death within hours. Survivors may be left with severe disabilities, including the loss of limbs, cognitive deficits, paralysis, deafness, or seizures. In the coming year, the New York State Department of Health (NYSDOH) will work with the New York State Education Department and other partners to draft regulations and establish updated immunization requirements charts and other materials to help implement this new requirement.

The ACIP recommendations for meningococcal vaccine are:

- A single dose of vaccine against meningococcal serogroups A, C, W-135, and Y (MenACWY vaccine; brand names Menactra® or Menveo®) should be administered to all adolescents at age 11 or 12 years.
- A second (booster) dose of MenACWY vaccine should be administered at age 16 years.
 - The booster dose is not necessary for adolescents who receive the first dose of MenACWY at 16 years of age or older.
 - The minimum interval between doses of MenACWY vaccine is 8 weeks.
- A serogroup B meningococcal vaccine series (MenB vaccine) may be administered to adolescents and young adults 16 through 23 years of age, at the discretion of the healthcare provider. The preferred age for MenB vaccine is 16 through 18 years of age.

For additional information, please see the websites below:

NYSDOH Meningococcal Disease Fact Sheet

http://www.health.ny.gov/diseases/communicable/meningococcal/fact_sheet.htm

NYSDOH Childhood and Adolescent Immunizations web page:

http://www.health.ny.gov/prevention/immunization/childhood_and_adolescent.htm

This page intentionally left blank



196 Main Street, New Paltz, New York 12561
(845) 256-4000

IMMUNIZATION RECORD FORM

This form, or a comparable doctor’s immunization record, must be completed by a New York State licensed physician, physician’s assistant, or nurse practitioner.

Student Name: _____ Date of Birth: _____

IMMUNIZATIONS: (Give full dates)

MMR: _____ (History of disease: _____) (Presence of antibodies: _____)

Polio: (OPV) _____

(IPV) _____

DPT/DTaP/TDaP _____

Tdap _____

DT: _____

Td: _____

Hib: _____

HepB: _____

Comvax (hib/HepB) _____

Varicella(VARIVAX) _____ (History of disease: _____) (Presence of antibodies: _____)*

**A physician’s written documentation must be presented as proof of anti-bodies to Varicella (chicken pox).*

Other:

Prevnar TDaP _____

Immunization requirements waived because of: (Give date)

Medical exemption _____ (Attach documentation)

Issuing Physician, PA, or NP Signature/STAMP _____

Name Printed: _____

Title: _____ Date: _____

This page intentionally left blank

STUDENT MEDICATION PROCEDURES

When your child's physician feels that it is necessary for medication to be taken during the school day, there are certain procedures as mandated by the New York State Education Department which must be followed. School nurses **can not** administer any medication, including over the counter medicines, to students without a written order from a physician. This order must be signed by both the physician and you as the parent/guardian. Our procedures are as follows:

- **EACH SCHOOL YEAR-** At the beginning of each school year, a NEW, completed New Paltz Central School District Authorization for Medication Form must be presented to your child's school nurse. This form must be signed by both the physician and you as the parent/guardian.

- **MEDICATION-**
 - Must be delivered directly to the school nurse by the Parent or Guardian. You will be provided with a receipt for the medication. **NO** medication will be accepted from students.
 - Medication **MUST** be in the original labeled container as prepared by the pharmacist. Over the counter medications must be in the original packaging.
 - At the end of the school year medications must be picked up on the last day of school. Nurses by law are not permitted to keep medications over the summer. Medication can also not be returned to students.

- **STUDENTS AND SELF CARRY MEDICATIONS-** Certain medications may require a student to carry and administer their own medication. This is generally for medications requiring immediate administration such as inhalers or medication for allergic reactions. If it is necessary for your child to carry the medication, the child's physician **must** indicate that your child has been instructed in and understands the proper use of their medication on the New Paltz Central School District Authorization for Medication Form.

- **MEDICAL INFORMATION AND ACADEMICS-** Your child's health plays a part in their academic performance, including behavior and ability to concentrate. In order to help keep your child focused on their academics the nurses are asking permission to share relevant medical information with your child's teachers. To grant this permission please sign the related line on the New Paltz Central School District Authorization for Medication Form.

Incomplete forms will not be accepted

Permission to Administer Multiple Medications

Student Name: _____ DOB: _____
Grade: _____ Teacher/HR: _____ School: _____

To Be Completed By Health Care Provider

Diagnoses _____

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry

Prescriber please use codes below for each medication ordered:

AM	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
FT	Medication is needed on field trips.
Self-Directed	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently. NOTE: Must be evaluated/approved by building Nurse.
Self-Administer/Self-Carry	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies. NOTE: Must be evaluated/approved by building Nurse.

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ **Date** _____ **Phone** _____

To Be Completed By Parent

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it. Please note that this information will be shared with School Personnel involved with your child.

Parent/Guardian Signature _____ **Date** _____ **Phone** _____

Self-Administer/Self Carry

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and **require no supervision by the nurse.** Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature _____ **Date** _____ **Phone** _____

School Nurse: _____ School _____
Phone: _____ Fax: _____ Email _____



196 Main Street, New Paltz, New York 12561 Phone: 845-256-4050 Fax: 845-256-4283 www.newpaltz.k12.ny.us

To accommodate the needs of lactose intolerant children, the NYS Department of Child Nutrition requires that a doctor prescribe a substitute beverage for school meals.

Please have your doctor complete the following form and return it to the school nurse.

To be completed by physician:

This is to certify that _____ has been determined to be lactose intolerant. You may substitute the following beverage in place of milk for school meals.

- Fruit juice
- Water
- Other _____

Signature of doctor: _____

Date: _____

Printed name of doctor: _____

This page intentionally left blank



Computer Network and Internet Acceptable Use Policy (AUP)

Consent Form for Students and Parents

Please print all information except the required signatures.

User's Name _____
 Address _____
 City/State/Zip _____
 School _____ Grade _____
 Parent/Guardian _____
 Daytime Phone _____
 Best time to be reached _____

Student Users:

I understand and will abide by the Computer Network and Internet Acceptable Use Policy. I understand that this access is designed for educational purposes. I further understand that the activity on my account may be periodically monitored by certified staff. Should I commit any violation, my individual access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

Student User signature _____ Date _____

Parent/Guardian (*Users under the age of 18 must have a parent or guardian read and sign this agreement to receive Network/Internet privileges*).

As the parent or guardian of this user, I have read the Computer Network and Internet Acceptable Use Policy and discussed it with my child. I understand that this access is designed for educational purposes. I will not hold the New Paltz Central School District responsible for materials acquired on the Network/Internet. I further understand that this user's privileges may be restricted or suspended for failure to adhere to the terms and conditions stated above, and accept financial responsibility for expenses incurred due to this user's negligence or misuse.

I agree to abide by the New Paltz Central School District's Acceptable Use Policy and I give my permission for him/her to use the New Paltz Central School District's Internet account.

Parent/guardian signature *Date*

I DO NOT give my permission for him/her to use the New Paltz Central School District's Internet account.

Parent/guardian signature *Date*

This page intentionally left blank

**SUBJECT: COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY
(AUP)**

The Network/Internet is provided for students and staff for educational purposes. Access to Network/Internet services will be provided to users who act in accordance with this policy. Access is a privilege, not a right. The smooth operation of the Network/Internet relies upon the proper conduct of the end users and requires efficient, ethical, and legal utilization of the Network/Internet resources.

Responsibilities

- a) Users must use the school Network/Internet for educational purposes.
- b) A user is responsible for all material received via the Internet.
- c) A user may NOT:
 - 1. Attempt to circumvent Network/Internet security measures
 - 2. Tamper with or in any way adjust default or teacher-created settings
 - 3. Create and/or place a computer virus onto any computer
 - 4. Trespass in another's folder, work, or files
 - 5. Share his/her own ID Password with others
 - 6. Log in under another person's account
 - 7. Access personal e-mail accounts using the District's Internet connections without teacher consent
 - 8. Reveal personal information about themselves or others on websites, including last names, addresses and/or phone numbers
 - 9. Complete and/or submit forms found on websites without permission
 - 10. Receive or transmit information pertaining to dangerous instrumentalities such as bombs, automatic weapons, or other illicit firearms, weaponry, or explosive devices
 - 11. Create, send, display, or receive anti-social, harassing or threatening messages, pictures, or other media, including that which is defamatory, abusive, obscene, profane, racially offensive, or offensive to human dignity

(Continued)

**SUBJECT: COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY
(AUP) (Cont'd.)**

12. Create, send, display, or receive hate mail, discriminatory or other antisocial remarks, or information which is intended to harass
 13. Damage, dismantle, detach, or remove computers, computer systems, computer networks, computer mice, printers, scanners, or cameras
 14. Remove keys from the keyboard
 15. Disconnect or alter any computer cables
 16. Intentionally waste limited resources (paper, connect time, student and teacher searching time, ink cartridges, laser jet tones, printer ribbons, diskettes, storage space, etc.)
 17. Employ the Network/Internet for commercial purposes
 18. Bring gum, food or drink into computer/electronic equipment areas
 19. Access the Network to play non-educational games or for other non-academic activities
 20. Participate in any type of newsgroups or "chat" rooms
 21. Delete, rename, move, copy, any file or its properties, other than his/her personally owned data files
 22. Violate the federal copyright laws and/or software license agreements
 23. Load software or executable files of any kind onto any of the District's computers or network server
 24. Run or copy executable programs for any drive on any of the District's computers
 25. Have directories on any stand-alone computers
 26. Send messages from one computer to another via the LAN or WAN
- d) Only with permission from a system administrator may files be transferred to the user's account.

(Continued)

**SUBJECT: COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY
(AUP) (Cont'd.)**

- e) All disks must be scanned for viruses before being used in any school computer.
- f) There may not be privacy on files stored in District Network servers and local hard drives. With probable cause, the network administrator and system operator may monitor any account at any time for subject, content, and appropriateness of the files and remove any file as warranted, reporting any violation of the rules to a school administrator. It is the users' responsibility to inform anyone with whom they correspond that the school account is open.
- g) The user will have only those access and system rights assigned by the network administrator.
- h) The user will be responsible for any cost to the District due to user negligence or misuse.

Users must also conform to any additional site restrictions that may be in effect. All Board policies and school regulations apply to the use of the Network/Internet.

Consequences

It is the user's responsibility to abide by the rules set forth in this policy. Violations will result in the user's account being removed from the Network/Internet for a period of one week, one month, one semester, or one year depending on the gravity of the offense.

Depending on the gravity of the offense, other administrative and/or legal action may occur.

Attempts to log in to the system as a system administrator will result in immediate cancellation of user privileges.

The network administrator, school administrators, Superintendent, and/or the School Board may request specific accounts to be denied, revoked, or suspended.

Adopted: 7/16/08
Revised: 11/19/14

This page intentionally left blank



Registrar
Pupil Personnel Services Office
196 Main Street, New Paltz, New York 12561
Phone: (845) 256-4040
www.newpaltz.k12.ny.us

Records Request Form

To request records from another school

_____ is registered in the New Paltz Central School District.
(Print student name)

I authorize New Paltz Central School District to obtain any information or records including academic, psychiatric, psychological, medical, social, or guidance materials on this student.

Note to previous school: Please send all related material, including student's IEP (if appropriate), most recent report card, transcript, and immunization record, to:

New Paltz Central School District
196 Main Street
New Paltz, NY 12561
Phone: 845-256-4000
Fax: _____

ATTN: _____

(previous school)

(address)

(address)

(phone)

(fax)

(enrollment dates)

(parent/guardian signature)

(date)

Registrar use only: Date faxed to previous school _____ Notes: _____

This page intentionally left blank



Code of Conduct Acknowledgement

Please read, sign and return this acknowledgement.

I have received and reviewed the information contained in the New Paltz Central School District's plain language version of the Code of Conduct.

Student Name (Print) _____

Student Signature _____
(Grades 3 – 12)

Parent/Guardian Signature _____

Day-time Contact Phone Number _____

Email address _____

Date _____

This page intentionally left blank

The New Paltz Central School District

Code of Conduct

2020-2021

(Approved by the Board of Education June 17, 2020)

I. INTRODUCTION

The New Paltz Board of Education hopes that our students will become passionate learners who are empowered to achieve their dreams and act as good citizens of the world.

To achieve that goal, the Board strives to provide safe schools for all students regardless of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex and prohibit denigration of a student’s physical size/shape where all members of the school community behave with personal responsibility and mutual respect. The Board recognizes that to maintain such an environment, we must all live within certain boundaries and that inappropriate action by one person can infringe upon the rights of another. When conflicts arise, we are committed to nonviolent resolutions that encourage personal growth, responsibility and that treat each individual with respect and dignity.

This Code of Conduct describes the behavior that the Board expects from all members of the school community, identifies interventions if those standards are not met, and establishes procedures to ensure that discipline, when necessary, is prompt, fair and effective.

Attachment A defines the terms used in this Code.

II. STUDENT RIGHTS AND RESPONSIBILITIES

Students have a right to:	Students have the responsibility to:
A free education that will prepare them for active citizenship in a democracy.	Attend classes, observe school rules and work for satisfactory achievement.
A safe and secure environment that promotes learning.	Refrain from violence. Notify an adult of the presence of drugs, alcohol, weapons, harassment and other violent acts or threats of violence.
Speak and be heard.	Listen to others.
Take part in any school activity on an equal basis.	Participate and support others in school events.
Be treated with courtesy and respect.	Be courteous and respectful.
Freedom from bullying, harassment and other abuse or discrimination based on, for example, actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex and prohibit denigration of a student’s physical size/shape.	Speak up about and refrain from bullying, harassment and other abuse or discrimination based on, for example, actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex and prohibit denigration of a student’s physical size/shape.
Academic and emotional support.	Ask for help when it is needed, and offer help to peers when needed

Express themselves through their choices in clothing.	Adhere to the school dress code.
Communicate thoughts and beliefs that do not interfere with the rights of others or school operations.	Show consideration for people whose beliefs differ from their own.
Assemble peacefully.	Get permission from appropriate school personnel before assembling.
Learn strategies that develop cooperation, tolerance, and conflict resolution.	Use cooperative solutions.
Be informed of school policies and rules.	Abide by the Code of Conduct.

III. EXPECTED BEHAVIOR

All members of the school community should respect the rights and welfare of others, act ethically, and care for school facilities and equipment. The Board expects respectful behavior and civil conduct on all school property, including buses, and at all school functions, whether on or off school property.

The Board will not tolerate:

- Possession or use of weapons or illegal materials.
- Possession, distribution, use, or being under the influence of alcohol or illegal substances (including synthetic drugs).
- Behaviors that infringe on the physical, mental or emotional well-being of others, or that disrupt the safe and supportive educational environment.
- Intimidation, harassment or discrimination on the basis of, for example, actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex, and prohibit denigration of a student's physical size/shape or for any other reason.
- Academic misconduct (e.g., plagiarism, cheating, copying, altering records, assisting another student in any of these actions).
- Damage to school property, including buses, or the property of others.
- The distribution of materials that are obscene, advocate illegal action or appear libelous.
- Entering or remaining on school property without authorization.
- Violation of any federal, state or local law, or Board policy.

Attachment B describes the specific expectations for staff, parents/legal guardians and visitors.

Attachment C describes the specific expectations for students.

Attachment D describes interventions for infractions of the Code.

IV. DIGNITY FOR ALL STUDENTS ACT

The Board of Education recognizes that a learning environment that is safe and supportive can increase student attendance and improve academic achievement. A student's ability to learn and achieve high academic standards, and a school's ability to educate students, is compromised by incidents of discrimination or harassment, including but not limited to bullying, taunting, hazing and intimidation. The District will strive to create an environment free of discrimination and harassment and will foster civility in the schools to prevent and prohibit conduct which is inconsistent with the District's educational mission.

The District condemns and prohibits all forms of discrimination and harassment of students based on actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex and prohibit denigration of a student's physical size/shape by school employees or students on school property or at school-sponsored events and activities that take place on or off of school property. In addition, any act of discrimination or harassment outside of school-sponsored events, including cyberbullying, which can reasonably be expected to materially and substantially disrupt the educational process where it is foreseeable that the conduct might reach school property, may be subject to discipline. See **Attachment E - DASA Policy**

V. DRESS CODE

All students and staff should show healthy and respectful attention to their personal cleanliness and clothing. Adults should model and reinforce acceptable dress for students. **Attachment F** lists the specific dress code rules.

VI. REPORTING CODE VIOLATIONS

Each individual in the school community has the responsibility to report code violations that he or she witnesses. Violations involving weapons, alcohol or illegal substances (including synthetic drugs such as synthetic cannabinoids) must be reported immediately. Students should report violations to the building principal or a school counselor, social worker, teacher or any adult they trust. Adults should report violations in accordance with District Policy 7310 When code violations break not only school policy but the law, the school principal or designee must promptly notify the appropriate law enforcement agency.

VII. DISCIPLINE

The Board believes that the best discipline is self-imposed. Adults should model self-discipline and help students accept responsibility for their actions.

Disciplinary action should be used only when necessary and in accordance with applicable contracts, laws, regulations and policies. Such actions should not just punish, but should encourage personal growth and individual responsibility. Staff members authorized to impose discipline should act in a prompt, fair and problem-solving manner.

School personnel administering student discipline should consider:

- The student's age, and prior disciplinary record.
- The nature and circumstances of the offense.
- The effectiveness of any prior discipline.
- Information from parents/legal guardians, teachers or others, as appropriate.
- Other extenuating circumstances.

Interventions. For students, these can range from an oral warning to permanent school suspension. Disciplinary action for staff will conform to law and applicable contracts. Visitors will be asked to leave the building. **Attachment D** more fully describes the possible interventions.

Procedures. All disciplinary action should adhere to District contracts, regulations and policies. Students accused of misconduct should be told by authorized personnel of the nature of the accusation. If necessary, authorized school staff should investigate the facts surrounding the alleged misconduct. Students will have an opportunity to tell their version of the events. Depending on the nature of the misconduct, students may be entitled to additional rights before an intervention is imposed. **Attachment G** more fully describes disciplinary procedures.

Minimum suspensions. A student who brings a weapon to school (including but not limited to a weapon under the Gun Free Schools Act) will be suspended for at least one calendar year, unless the Superintendent modifies the penalty based upon the student's age, prior disciplinary record, the belief that other forms of discipline may be more effective, other relevant information from parent(s)/legal guardian(s), teacher(s) or others, or other extenuating circumstances. A student who commits any other violent act or who repeatedly and substantially disrupts the educational process will be suspended for at least five days, unless the Superintendent modifies the penalty, based upon the factors listed above. **Attachment H** more fully describes minimum suspensions.

Alternative instruction for disciplined students. The district will provide immediate, alternative instruction to all students removed from classes by teachers or suspended from school.

Referrals. Students may be referred for counseling, a Person in Need of Supervision (PINS) petition through Family Court, or juvenile delinquency proceedings. **Attachment I** describes when students may be referred to such counseling or proceedings.

Disciplining students with disabilities. Students with known or suspected disabilities who are determined to have committed an act of misconduct may be referred to the District’s Committee on Special Education (CSE). A student will not be punished if the CSE determines that the conduct stems from the student’s disability. But when the CSE determines that discipline is allowed, it will conform to the federal and state laws and regulations governing the discipline of students with disabilities. Such students will not receive harsher punishments than students who are not disabled. **Attachment J** describes the specific policies for disciplining students with disabilities.

Use of physical force. Corporal, or physical punishment, is strictly forbidden. However, reasonable physical force may be used to:

- Protect oneself or others from physical injury.
- Protect another student, teacher or any other person from physical injury.
- Protect the property of the school or of others.
- Restrain or remove a disruptive or violent student who refuses to refrain from disruptive or violent acts where methods not involving the use of physical force cannot be reasonably employed to achieve the aforementioned purposes.

The district will file reports on incidents of the use of physical force with the Commissioner of Education in accordance with Commissioner’s Regulations. The Building Principal or designee is responsible for enforcing these rules, as described in **Attachment K**.

VIII. STUDENT SEARCHES AND INTERVIEWS

Searches. The Superintendent, building principals and assistant principals, may search students and their possessions for illegal matter, matter that threatens the health, safety, welfare or morals of fellow students or matter that violates this code, if there is reasonable individualized suspicion to believe a student is violating a law or this code of conduct. If a search is warranted, it must be reasonable in scope.

School computers, desks, lockers and storage spaces are school property and may be opened and inspected by school officials from time to time without prior notice or student consent, but mindful of the student’s rights and the nature of the school as an educational institution.

Questioning. School officials may question students about possible violations of school rules. The student’s parents/legal guardians may be contacted, however, there is no right for a student’s parents/legal guardians to be contacted while school officials are investigating violations of school rules.

Law enforcement may enter the schools if a crime has been committed on school property, if they have an arrest or search warrant, or if they have been invited by school officials. Prior to questioning students, law enforcement must give students their “Miranda rights” and school administrators or law enforcement must diligently try to notify the student’s parents/legal guardians and give them the opportunity to be present.

Child Protective Services (CPS) may interview students on school property without notification to the parents/legal guardians regarding allegations of suspected child abuse, maltreatment or neglect (including educational neglect).

Attachment L more fully describes the rules governing student searches and questioning.

IX. SCHOOL VISITORS

The Board encourages parents/legal guardians and other community members to visit our schools to observe the work of students, teachers and other staff. All visitors must first report to the office and obtain authorization for being on school premises. The building principal or his or her designee is responsible for all persons in the building and on the grounds. **Attachment M** more fully describes the policy governing school visitors.

X. PUBLIC CONDUCT ON SCHOOL PROPERTY

The district is committed to providing an orderly, respectful and safe environment that is conducive to learning. All persons on school property or attending a school function, whether on or off of school property, shall conduct themselves in a respectful and orderly manner.

No person, either alone or with others, while on school property or attending a school function, shall:

- Intentionally injure or threaten to injure any person.
- Intentionally damage or destroy school property or the property of others, or remove or use such property without authorization.
- Disrupt the orderly conduct of classes, school programs and activities.
- Distribute or wear materials that are obscene, advocate illegal action, appear libelous, obstruct the rights of others or are disruptive to the school program.
- Intimidate, harass or discriminate against any person on the basis of, for example, actual or perceived race, color, creed, weight, national origin, ethnic group, religion, religious practice, age, gender, sexual orientation or disability, prohibit denigration of a student's physical size/shape or any other discriminatory reason.
- Harass, which includes a sufficiently severe action or a persistent, pervasive pattern of actions or statements (verbal, by electronic or other means), an identifiable individual or group which is intended to be, or which a reasonable person would perceive as ridiculing or demeaning.
- Intimidate, which includes engaging in actions or statements that put an individual in fear of bodily harm, including threats.
- Enter any school property without authorization or remain in any school premises after it is closed.
- Obstruct the free movement of any person.
- Violate traffic laws, parking regulations or other vehicle restrictions.
- Possess, consume, solicit a sale, sell, buy, distribute or exchange alcoholic beverages, any form of tobacco including but not limited to, cigarettes, smokeless tobacco, e-cigarettes and electronic smoking devices, or controlled substances (including but not limited to synthetic drugs such as synthetic cannabinoids), or be under the influence of the above.
- Possess, display or use weapons (unless specifically authorized by the district).
- Loiter, gamble, litter or spit.
- Refuse to comply with reasonable directives of school officials while they are performing their duty.
- Willfully incite others to commit any acts prohibited by the Code of Conduct.
- Violate any federal or state law, local ordinance or Board policy.

XI. DISSEMINATION AND REVIEW OF CODE

The school district will educate the community about this Code of Conduct by:

- Providing a summary of the code to all students and parents/legal guardians at the beginning of each school year, including a form encouraging comments on how to improve or change the code.
- Providing the code to all students and parents/legal guardians at the beginning of each school year.
- Providing a summary of the Code of Conduct written in a plain-language age-appropriate manner to students at a school- or grade-level assembly or within the classroom held at the beginning of the school year.
- Providing copies of the code, including any amendments, to all school personnel as soon as practical after adoption.
- Providing new employees with a copy of the code when they are hired.
- Providing copies of the code to any student, parent/legal guardian, or community member who asks for one.

Copies of the complete code are available on the District website. **Attachment N** more fully describes the district's plan for educating the community about the Code of Conduct.

Dear Students and Parents/Guardians:

New York State enacted Project SAVE (Safe Schools against Violence in Education Act) in 2000, to improve school safety and promote an environment of learning in our schools. To accomplish this end, all school districts must have a Code of Conduct. The purpose of our District Code of Conduct is to set expectations for behavior and to maintain order in our school community. These expectations are based on principles of good citizenship, mutual respect, tolerance and integrity.

The New Paltz District Code was developed by a District Wide Health Advisory Committee, including students, parents, community members, teachers and administrators. We have included feedback from public forums and surveys from students, parents and teachers, administrators and the Board of Education.

We encourage ongoing feedback from all areas of our school community and hope that you will use the tear off sheet below to include your comments and suggestions. Please include your name and telephone number for further contact, if needed, and return to:

New Paltz Central School District

Health Advisory Committee

196 Main St

New Paltz, NY 12561

This Code of Conduct Summary as well as the Full District Code Document is available at each school, the district office and on the district website.

Name _____

Phone number _____



Guy S. Gardner

Director of School Facilities and Operations

196 Main Street, New Paltz, New York 12561

Phone: (845) 256-4090 • Fax: (845)256-4089

Email: ggardner@newpaltz.k12.ny.us

www.newpaltz.k12.ny.us

Pesticide Notification

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

The New Paltz Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- A school remains unoccupied for a continuous 72-hours following and application:
- anti-microbial products:
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children:
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children:
- silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children
- boric acid and disodium octaborate tetrahydrate: the application of EPA designated biopesticides:
- the application of EPA designated exempt materials under 40CFR152.25:
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornet
- In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school please fill out the attached form. For further information, please contact:

Guy S. Gardner
Pesticide Representative
New Paltz Central School District
196 Main St.
New Paltz, NY 12561

Written notification must be provided to all persons in parental relation and staff at the following intervals throughout the school year: at the beginning of the school year: within two school days of the end of winter recess: within two school days with the end of spring recess: and within ten days of the end of the school year.



Guy S. Gardner

Director of School Facilities and Operations

196 Main Street, New Paltz, New York 12561

Phone: (845) 256-4090 • Fax: (845)256-4089

Email: ggardner@newpaltz.k12.ny.us

www.newpaltz.k12.ny.us

Request for 48 – Hour Notification of Pesticide Application

If you have previously completed and submitted this form to the New Paltz Central School District...you do not need to fill out this form again. This information is kept in your student’s electronic file until his or her graduation.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete this form. For more information contact:

Director of Facilities and Operations
New Paltz Central School District
196 Main Street
New Paltz, NY 12561

PLEASE PRINT

Please circle building:	Duzine	Lenape	Middle School	High School
Student Name:				
Parent/Guardian Name:				
Home Address:				
Daytime Phone:				
Evening Phone:				
E-Mail Address:				



Directory Information Annual Notice

The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose students' information without prior written consent, unless notified to the contrary, in writing, by the end of the first thirty (30) days of the new school year. (Please note that this does **not** mean we will arbitrarily release any information regarding your child to individuals, institutions, or the media). The primary purpose of directory information is to allow the District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- School web site photos;
- Videos of your child in student videos, including "In the Middle TV" and "NPZ-TV";
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, honor roll lists sent to local newspapers, and companies that manufacture class rings or publish yearbooks.

Please fill out this **optional form** only if you do **NOT** want the information released.

Please check any of the following directory information that you do **NOT** want released:

_____ Student's name

_____ Address

_____ Telephone listing

_____ Date and place of birth

_____ Picture and/or video

_____ The name of the educational agency or institution previously attended by the student

_____ Major field of study

_____ Weight and height if members of athletic teams

_____ Participation in officially recognized activities and sports

_____ Degrees and awards received

_____ None of the above information should be released

Student Name: _____ **Date:** _____

School: _____ **Grade/Teacher:** _____

Parent/Guardian Signature: _____

This page intentionally left blank



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
_____	_____	_____
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
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	_____	<input type="checkbox"/> Father
		<i>specify</i>	<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

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: 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: 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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
 MO. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Barbara Clinton, *New Paltz High School Principal*
Dennis DiBari, *New Paltz High School Assistant Principal*
196 Main Street, New Paltz, New York 12561
Phone: (845) 256-4000 • Fax: (845)256-4109
www.newpaltz.k12.ny.us

Military Institutions and Institutions of Higher Learning Exclusion
(for high school students and their parents only)

Dear Parent/Guardian:

In the past, it has been the policy of the New Paltz Central School District to limit access to military recruiters about school and student information. However, pursuant to the No Child Left Behind Act, the New Paltz Central School District must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses, and telephone numbers of high school students. The District must also notify parents/guardians of their right and the right of their child to request that the District not release such information without prior written parental consent.

Therefore, if you are a parent/guardian of a high school student, or if you are a high school student, and wish to exercise your option to withhold your consent to the release of the above information to military recruiters and/or institutions of higher learning, please complete, sign, and date the form below.

Sincerely,

Barbara Clinton
Principal

I, the parent/guardian of _____, a student, OR

I, _____, a student over the age of 18 at New Paltz High School,

do not consent to the release of the name, address, and telephone number of such student to:

_____ military recruiters _____ institutions of higher learning

Parent/Guardian or Student Signature

Print Name of Parent/Guardian or Student

PLEASE RETURN THIS FORM TO THE HIGH SCHOOL MAIN OFFICE.

This page intentionally left blank



TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:

UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

Please check one: **(The required supporting documentation must be attached.)**

 Waiver Request *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer and must be accompanied by supporting documentation (i.e. police report, DASA report, etc)*

 Return to School District of Residence (RSDR) (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

 Divorced/Legally Separated Parents *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.*

 Homeless Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

 Residency Change *NYS PHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYS PHSAA regulations.***

 Other Transfer Exemption: _____

By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intent to main indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Parent Signature: _____ Date: _____

Print Parent's Name: _____

PART ONE **TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL**

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)
(Parent I name & address) _____

(Parent II name & address) _____

Name of Sending School _____

Did student participate in athletics at sending school? Yes No

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

Name of Student _____ Date entered 9th grade _____

Did student repeat any grades? _____ If yes, which ones? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school _____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)

Year	Sport	Level	APP'd (Sel. Class.)		School
7th Grade	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
8th Grade	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
9th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
10th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
11th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
12th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

TO BE USED BY GUIDANCE OFFICES FOR ALL
TRANSFERS AND FORWARDED TO
ATHLETIC DIRECTORS

TRANSFER STUDENT INFORMATION

All transfers in grades 9-12 must complete this form. Upon completion, forward to the Athletic Office.

Student's Name _____ Date of Birth _____

Date of transfer _____ Grade level _____

Current Address _____

Date of entrance into the ninth grade _____

Parents' Names _____

Current Address (es) _____

Telephone Numbers _____

How long has student resided at the current address? _____

With whom is student residing? _____

Relationship of this (these) person(s)? _____

Reason for transfer _____

Student's previous address _____

How long did student reside at previous address? _____

With whom did student reside at previous address? _____

Relationship of this (these) person(s)? _____

PREVIOUS SCHOOL _____

Previous School Address _____

Date of entry into previous school _____

Did student participate in interscholastic athletics at previous school?

YES NO

If Yes, please complete Sport History page.

This page intentionally left blank

**PRE-PARTICIPATION/INTERVAL
ATHLETIC HEALTH HISTORY
– Two Page Form**



School Name: _____

Student Name: _____ DOB: ____/____/____

Grade (check): 7 8 9 10 11 12

Sport: _____ Level (check): Varsity JV Modified

Date of last health exam: ____/____/____ Limitations: Yes No Date form completed ____/____/____

Health History To Be Completed By Parent/Guardian

Answer questions below to indicate if your child has or has ever had the following and provide details to any yes answer on back:

Question	YES	NO
Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?		
Does s/he have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> Sickle Cell trait or disease		
Has s/he ever had surgery?		
Has s/he ever spent the night in a hospital?		
Does s/he have a life threatening allergy? Please check below: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other		
Does s/he carry an Epi-pen (epinephrine)?		
Has s/he ever passed out during or after exercise?		
Has s/he ever complained of light headedness or dizziness during or after exercise?		
Has s/he ever complained of chest pain, tightness or pressure during or after exercise?		
Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?		
Has a health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)		
Has s/he been told s/he has a heart condition or problem?		
Has s/he ever had high or low blood pressure?		
Has s/he ever complained of getting more tired or short of breath than his/her friends during exercise?		
Does s/he wheeze or cough frequently during or after exercise?		
Has a health care provider ever said s/he has asthma?		
Does s/he use or carry an inhaler or nebulizer?		
Has s/he ever become ill while exercising in hot weather?		
Is s/he on a special diet or have to avoid certain foods?		

Question	YES	NO
Does s/he worry about their weight?		
Does s/he have stomach problems?		
Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?		
Does s/he ever have headaches with exercise?		
Has s/he ever had a seizure?		
Is s/he currently being treated for a seizure disorder or epilepsy?		
Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Has s/he ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Does s/he use a brace, orthotic or other device?		
Does s/he have any problems with his/her hearing or wear hearing aides?		
Does s/he have any problems with his/her vision or have vision in one eye only?		
Does s/he wear glasses or contacts?		
Has s/he ever had a hernia?		
Does s/he have only 1 functioning kidney?		
Does s/he have a bleeding disorder?		
Females Only	YES	NO
Has she had her period? At what age did it begin? _____		
How often does she get her period?		
Date of last menstrual period _____		
Males Only	YES	NO
Does he have only one testicle?		
Family History	YES	NO
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

PLEASE FILL IN BOTH SIDES OF THIS SHEET

