UPK Registration Drop off begins May 22, 2023 at the VES main office

Voorheesville Central School District &

Christ The King

20 Sumpter Avenue Albany, NY 12203

UPK 4-Year Old Program Information

The Voorheesville Central School District is pleased to announce that our community-based partner (CBO) for our 4-year-old UPK program is Christ The King Early Childhood Center.

Contingent on NYS Education Department's grant funding, the district will be collaborating on 1 classroom for 4 year olds. The class is designed to meet the needs of 20 students.

The **UPK class** will run from **8:00am-1:00pm**. This program is ***free*** to all who participate. Please note, before and after care through Christ The King will be an option for this program, additional fees will apply.

Our goal is to begin the program on September 7, 2023. It is imperative that your application is received no later than **June 16th**.

Placements are limited and will be assigned through a lottery system if oversubscribed.

Applications not initially selected will be placed on a waiting list and called when a space becomes available.

IF YOUR APPLICATION IS SELECTED YOU WILL RECEIVE AN ACCEPTANCE LETTER/CALL BY **June 23, 2023**.

Transportation is not provided.

We kindly ask that you share this information with others in our community.

UPK Registration Drop off begins May 22, 2023 at the VES main office

Where can I obtain a registration packet for the UPK program? You can pick up a registration packet from the main office at Voorheesville Elementary School between the hours of 8 a.m. and 3 p.m. beginning Monday, May 22, 2023. The complete registration packet can also be found on our website. Please visit our website at www.voorheesville.org Click on the **About Us tab** and you will see **About Us Links** on the right hand side of the page. Click on **Student Registration**. Under student registration you will find the complete UPK registration packet. If you have any questions, please contact Jeffrey Vivenzio, District Registrar, at 518-765-2382 x504 or by email at jvivenzio@voorheesville.org

PLEASE RETURN THE FOLLOWING ITEMS WITH YOUR REGISTRATION PACKET: (YOUR APPLICATION CANNOT BE PROCESSED WITHOUT ALL OF THE FOLLOWING)

1. **Completed Application**

2. **Proof of Residency-**
   Acceptable proof of residence: Mortgage or property tax statement, Copy of lease, or notarized statement from landlord, and two other proofs of residency (i.e. Utility Bill, Driver's License and/or Car Registration, Current paycheck stub showing parent's name and address within the district, voter registration card)

3. **Child's Birth Certificate**
   (Child/ren must be age 4 by December 1, 2023 to attend the Pre-K 4-year-old Program)

4. **A physical examination record (signed and stamped by physician or clinic staff).**

5. **Child's Immunization Record**

6. **Custody Paperwork** (If the student is not your biological child, you must present documentation that proves a permanent and total transfer of custody and control has been achieved.)

   If applicable, please attach a complete certified copy of the court decision bearing its case number, official stamp and signature. It is the responsibility of the parent/legal guardian to inform Voorheesville CSD of any subsequent modifications during the child's enrollment.

UPK Registration Drop off begins May 22, 2023 at the VES main office

You will need to provide all documentation to register for the 4 yr old UPK program. Registration packets are available on the district website www.voorheesville.org or from 8am-3pm at the Voorheesville Elementary School. Completed applications and supporting documents can be dropped off at the Elementary School from 8am-3pm Monday-Friday or emailed to Joanne Murphy. For additional methods or to answer questions, please contact Joanne Murphy, Secretary to the District Registrar, at jmurphy@voorheesville.org or call518-765-2382 x504.

Packets are due no later than **June 16th, 2023** to be considered for the lottery.

AFFIDAVIT OF RESIDENCY

Voorheesville Central School District

State of New York County of _____

_____ being duly sworn, deposes and says:
(Name of Parent)

1. I reside at _____
(Legal Residence of Parent)
_____ Telephone Number _____

2. _____ is/are my _____
(Name of Child/Children) (Relationship)

and he/she has been living with me at the above address since _____
(Relevant Date)

3. If your child's/children's other parent does not reside at the same location, then provide the following information:

_____ _____ _____
(Other Parent's Name) (Address) (Phone Number)

4. I make this affidavit for the purpose of establishing residency within the Voorheesville Central School District.

Complete Either 5A or 5B

5A. In support of the above, as a home owner, I have attached the most recent copy of at least three of the following proofs of residency. Place a check in front of each item attached.

___ Property tax bill ____ Telephone bill ___ Water tax bill

___ Electric bill ____ Bank statement ___ Voter Registration Card

___ Other (specify)_____

5B. In support of the above, as a renter, I have attached the original and current lease including the landlord's name, address, and telephone number and most recent copy of at least two of the following proofs of my residency. Place a check mark in front of each item attached.

___ National Grid bill with current name and address
___ License *and* car registration with current name and address
___ Paycheck with current name and address
___ Certificate of occupancy issued by town/village
___ Automobile insurance policy with current name and address
___ Bank/Credit Union account statement with current name and address
___ Voter registration card with current name and address

6. If you are a renter, complete the following: Landlord's name _____
Landlord's phone number _____

Sworn to before me this _____ _____
(Signature of Resident Adult)

Day of _____ 20_____

_____
(Notary Public)

Anyone providing false information on this affidavit of residency is subject to criminal charge.

VOORHEESVILLE CENTRAL SCHOOL DISTRICT
HOUSEHOLD INFORMATION

CPSE ONLY
St. Id#
Date
Area of Concern

Is the child in permanent housing? ☐ In permanent housing

If the child is not in permanent housing; please indicate his/her current living situation:
☐ In a shelter ☐ In a hotel/motel ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up") ☐ In a car, park, bus or train station, or campsite
☐ Other temporary living situation (Including situations for seasonal employment) Describe: _____
☐ Temporarily housed in a shelter awaiting foster care placement

Student Name: _____ (M or F) DOB: _____ Grade Entering _____
Physical Address: _____ Home Phone: _____
City/Zip Code: _____ IS THIS A CELL NUMBER? YES NO
Mailing address (if applicable) _____

Own _____ Rent _____ Lease _____ Other/Please explain: _____

Have you ever attended VCSD before? Yes or No

Parents/Guardians
Name and relationship to student:

1) _____ relationship: _____ occupation/employer: _____
2) _____ relationship: _____ occupation/employer: _____

Parent/Guardian(s) in active Military status: Yes_____ No_____

If parent/guardians are separated, what legal arrangements are in place :
Joint Custody Sole Custody Visitation Rights Foster Students

*If applicable, name and contact information of parent **NOT** residing with child:*
_____ Phone: _____
_____
_____ Duplicate mailings requested: Yes No
(PLEASE CIRCLE ONE)

NOTE : A complete certified copy of the court custody decision bearing its case number and including the official stamp and signature are required.

Contact Information: Please list, in order, contact information for people (and their relationship to the child) to be notified should your child become ill. **(Parents/Guardians should be first, followed by people to contact if parents aren't available.) Please list what type of phone the number is, for example: C=cell, H=home, W=work.**

1) _____ Relationship_____ #1: _____ #2: _____ #3: _____
2) _____ Relationship_____ #1: _____ #2: _____ #3: _____
3) _____ Relationship_____ #1: _____ #2: _____ #3: _____
4) _____ Relationship_____ #1: _____ #2: _____ #3: _____

Children being registered and name of last school attended:

1) _____ DOB: _____ Grade: _____
2) _____ DOB: _____ Grade: _____
3) _____ DOB: _____ Grade: _____
4) _____ DOB: _____ Grade: _____

Other children in household: Please list all children living in the household (not of school age or beyond school age).
1) _____ DOB: _____
2) _____ DOB: _____
3) _____ DOB: _____
4) _____ DOB: _____

E-mail address: Please list any e-mail addresses that we may use to contact you.

Name: _____ e-mail address: _____

Name: _____ e-mail address: _____

Name: _____ e-mail address: _____

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Voorheesville Central School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E Felony); and I may be prosecuted on the criminal charges for such false information.

Signature of parent/guardian _____ Date _____

If any of the above information changes, please be sure to contact the school as soon as possible to provide updated information.

VOORHEESVILLE CENTRAL SCHOOL DISTRICT
www.voorheesville.org

NOTICE TO PARENTS

SPECIAL EDUCATION SERVICES

If you suspect that your child may have a disability and due to that disability may require special education supports, services or accommodations, you have the right to contact the District for information on options, and/or you may refer your child to the District's Committee on Special Education or Section 504 Team for an evaluation, and a determination as to whether your child is eligible to receive special education services, related services, accommodations and/or other program aids and services. More information regarding your rights is set forth in the New York State Education Department's *Parents Guide to Special Education in New York State for Children Ages 3-21,* available at http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf

To refer your child to the Committee on Special Education, or to obtain more information regarding the District's special education process, including services and programs, please contact:

Karen Jones
Pupil Personnel Services Director
Voorheesville Central School District
PO Box 468
129 Maple Avenue
Voorheesville, NY 12186
Phone: 518-765-2382, ext. 501
Email: kjones@voorheesville.org

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

VOORHEESVILLE, NEW YORK 12186

PHONE: (518) 765-3313
FAX: (518) 765-2751

To All Parents / Guardians:

The Voorheesville Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Voorheesville Central School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance, and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describes your child. The Voorheesville Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the students appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

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

The Family Education Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student's name or student identification number.

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS PAGE

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

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

DIRECTIONS TO PARENT / GUARDIAN

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. (For question (1), check [✓] the box that best described your child). Check [✓] only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ YES, Hispanic
- ☐ NO, not Hispanic

2. Select one or more races from the following five racial groups (For question check [✓] all groups that apply to your child; check [✓] at least ONE box).

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **ASIAN**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any or the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent / Guardian / Other _____ Date _____

Relationship to Student (Please check one box below)

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

See reverse for important message to Parents / Guardians and Confidentiality Procedures and Regulations

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

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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:
☐ Male
☐ 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? ☐ English ☐ Other _____ *specify*
2. What was the first language your child learned? ☐ English ☐ Other _____ *specify*
3. What is the Home Language of each parent/guardian? ☐ Mother _____ *specify* ☐ Father _____ *specify* ☐ Guardian(s) _____ *specify*
4. What language(s) does your child understand? ☐ English ☐ Other _____ *specify*
5. What language(s) does your child speak? ☐ English ☐ Other _____ *specify* ☐ Does not speak
6. What language(s) does your child read? ☐ English ☐ Other _____ *specify* ☐ Does not read
7. What language(s) does your child write? ☐ English ☐ Other _____ *specify* ☐ Does not write

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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

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

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

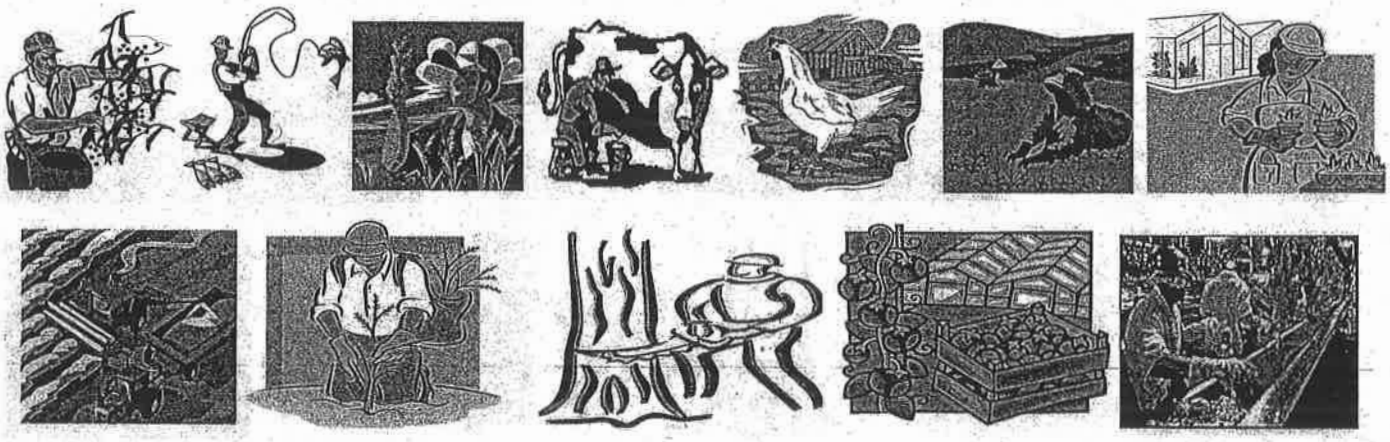
PARENT SURVEY

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

Please take few minutes to complete this questionnaire.

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

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



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

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

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please fax to 518-289-5623, or by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

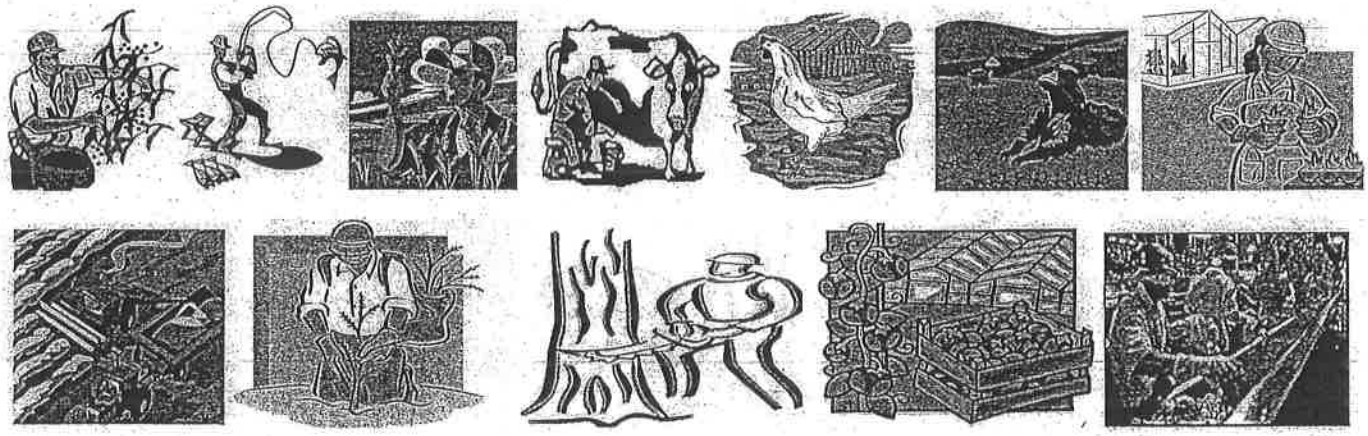
OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, sin importar su nacionalidad o estado legal. Este programa es gratuito para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (____)-_____-_____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad_____ Grado_____

Nombre del estudiante: _____ Edad_____ Grado_____

Para someter este referido, por favor envíelo por fax a 518-289-5623, o por correo a NYS Migrant Education Program- Identification & Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ 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 ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥5 µg/dL			

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

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations: ☐ Additional Information Attached	Diagnoses/Problems (list) ICD-10 Code* *Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.			**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

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

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

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

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

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

VOORHEESVILLE CENTRAL SCHOOL DISTRICT
HEALTH INFORMATION

Child's Name: _____ Sex: _____ Grade: _____

Address: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Name: _____

Name(s) of other adults in household: _____

Name(s) and birth dates of siblings: _____

_____

Father's place of business and phone: _____

Mother's place of business and phone: _____

Names and phone numbers of two people with whom you have arranged to take responsibility for your child in the event of sickness if you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's physician: _____

Has your child ever had any of the following? Please give dates.

Anemia	German Measles	Pneumonia
Chicken Pox	Measles	Rheumatic Fever
Diabetes	Mumps	Tuberculosis
Epilepsy	Nephritis	Contact with TB
Heart Disease	Bladder Infection	Whooping Cough
Operations	Orthopedic Injuries	Poliomyelitis
Diphtheria		

(Please use the back of this sheet for further explanation)

1. Does your child have asthma? _____
2. If so what makes him/her wheeze or get short of breath? _____

   _____
3. Does your child take medication? _____
4. To what is your child allergic? _____
5. Is he/she on any medicine for this? _____
6. Does your child have or has he/she had a history of chest pain with exertion? Yes No

   Explain _____

over ☞

7. Does your child have a history of fainting with exertion? Yes No

   Explain _____

8. Does your child have a history of shortness of breath with exertion? Yes No

   Explain _____

9. Does your child have a family history related to a cardiac cause? Yes No

   Explain _____

10. Does your child have chronic/frequent ear infections? _____

11. If so, does your child have tubes in his/her ears? _____

12. Any problems with toilet training for bladder or bowels? _____

13. Does your child wear glasses? _____

    If so, all the time or just for class work? _____

14. Is there anything concerning the health of your child which the school should know so that we may better understand the health needs of your child?

    _____

    _____