

**VOORHEESVILLE ELEMENTARY SCHOOL
129 MAPLE AVENUE
VOORHEESVILLE, NEW YORK 12186**

PHONE: (518) 765-2382
FAX: (518) 765-3842
WEB ADDRESS: Voorheesville.org

MR. JEFFREY P. VIVENZIO
Principal

Dear Parent or Guardian:

Welcome to the Voorheesville Central School District! Please take some time and carefully complete, in detail, each of the following documents. Along with a completed registration packet, the following documentation is also required in order to enroll your child within the Voorheesville Central School District.

- Your child's **original** birth certificate.
- Your child's official immunization record (signed and stamped by physician or clinic staff).
- A physical examination record (signed and stamped by physician or clinic staff).
- Custody papers, if applicable. (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.)
- Three (3) **original** proofs of residency within the school district. This information **must** include the name and address of a parent or guardian as well as be dated within the previous 30 days. This **must** include:
 - A deed or other documentation of real property ownership.
 - A lease or rental agreement.Examples of two other proofs of residency:
 - A utility bill in the parent's name showing the address within the district.
 - The address on the parent's driver's license.
 - A record of the parent's voter registration.
 - A recent income tax return showing the parent's name and address within the district.
 - A current paycheck stub showing the parent's name and address within the district.

Important note regarding students entering Kindergarten: Each May, VCSD conducts Kindergarten Registration Screening. Please check the [school calendar](#) for upcoming dates or contact the registration office at (518)-765-2382 Ext. 504.

If you have any questions while completing the registration application, please do not hesitate to contact me at school.

Sincerely,

Mr. Jeffrey P. Vivenzio
Principal/District Registrar



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 <https://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
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: _____ (Male Female Non-Binary) 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: _____

Phone: _____

Duplicate mailings requested: Yes No

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 _____

Children being registered and name of last school attended:

- 1) _____ DOB: _____ Grade: _____
2) _____ DOB: _____ Grade: _____
3) _____ 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.

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 homeowner 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.

Jeffrey Vivenzio
Principal/District Registrar
(518) 765-2382, Ext. 504



Information Packet

Print Student's Name _____ Grade _____

Please sign and date below that you have reviewed the following items together.

1. **Code of Conduct** (Voorheesville.org/about-us/policies-and-procedures/)

Print Parent's/Guardian's Name Parent's/Guardian's Signature Date

Print Student's Name Student's Signature Date

2. **Computer Network Policy found here:**
<https://www.voorheesville.org/departments/technology/>

Print Parent's/Guardian's Name Parent's Guardian's Signature Date

Print Student's Name Student's Signature Date

Please complete and return the following items if applicable:

1. Family Application for Free and Reduced Price School Meals
Voorheesville.org/departments/food-services/



**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 a 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: _____

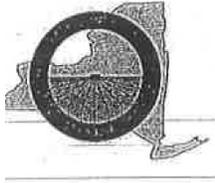
Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

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



NEWYORK STATE MIGRANT EDUCATION PROGRAM 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 involucramiento 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 607-436-3606, o por correo a
NYS Migrant Education Program- Identification & Recruitment Office
100 Saratoga Village Blvd,
Suite 41,
Ballston Spa, NY 12020

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

Relationship student: Parent Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: Yes No

**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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

VOORHEESVILLE, NEW YORK 12186

MR. FRANK MACRI
Superintendent of Schools

DISTRICT OFFICE

JAMES SOUTHARD
**ASSISTANT SUPERINTENDENT FOR FINANCE &
OPERATIONS**

CHRISTY RIVENBURG **TREASURER**
JESSICA TABAKIAN
CLERK

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:
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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. <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic

2. Select one or more races from the following five racial groups (Check all groups that apply to your child; check at least ONE box). <input type="checkbox"/> 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. <input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa. <input type="checkbox"/> WHITE: A person having origins in any or the original peoples of Europe, North Africa, or the Middle East.
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Signature of Parent/ Guardian/ Other	Date
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Relationship to Student (Please check one box below)

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other (Specify): _____
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See reverse for important message to Parents / Guardians and Confidentiality Procedures and Regulations

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

www.voorheesville.org

Jeffrey Vivenzio

Principal/District Registrar
(518) 765- 2382, Ext.502



Dear Parents/Guardians:

There are many instances throughout the school year where there are opportunities for photographs for school events. Pictures may be taken to document classroom projects, field trips, club activities or similar events. At times we may use these photos for educational purposes or publicity to highlight the many wonderful things that go on in our school. In most cases, students will be unidentified or only identified using first names and last initials. Students who are recognized for outstanding achievement, service or awards may be identified by their full names.

If for any reason you do not want your child's photograph used, please return the form below. Feel free to call me with any questions.

I DO NOT wish to have my child's photograph used for publicity or other educational purposes.

Student Name: _____

Grade and Teacher: _____

Parent/Guardian Signature: _____ Date: _____

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

School Health Services

Dear Parent or Guardian:

As a part of your child's requirements for school, NYSED requires an annual New York State physical exam for students in grades K,1,3, and 5 as well as those entering the school district for the first time. A law was recently enacted that expands health screenings to include the dental health of students in New York State.

In addition, when we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a sample certificate available for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse as it will be filed in our child's Cumulative Health Record.

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Please call the school's Health Office if you have any questions or concerns.

Middle/High School Health Office (518) 765-3314 ext 210

Elementary School (518) 765-2382 ext 506

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

New York State Education Law requires that every child have a physical examination upon entering the school district for the first time, as well as in grades 2 and 4. The school offers school physicals for students in grades 2, 4, 7 and 10. However, if you wish to have your child examined by your own physician (or pediatrician), who may know your child best, you are free to do so. If you choose an exam by your private physician he/she must fill out the attached form to be returned to school. A recent medical exam, completed within the past 12 months, is acceptable. In this case, you may mail the form to your doctor requesting them to complete it and return it to school.

The school physician does not diagnosis medical problems. These will be reported to you immediately and you will be advised to bring them to the attention of your family doctor. We will request a report of your physician's findings and treatments.

Please check the appropriate statement below and return this form to school as soon as possible. If we do not receive a response from you, we will make arrangements to have your child examined by the school physician.

VOORHEESVILLE CENTRAL SCHOOL DISTRICT

Student's Name _____ Grade _____

I prefer to have my child examined by the school physician, Dr. Silverman.

I prefer to have my child examined by our private physician. Private physician's appointment date is _____. (Bring the attached form to this appointment and have the physician fill it out and return it to school.)

My child was examined by Dr. _____ on _____.
I will have the physician fill out the form and return it to school.

Parent's Signature

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE 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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

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

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

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

BMI _____ kg/m²

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

Hyperlipidemia: Yes Not Done **Hypertension:** Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

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

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

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

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

Additional Information Attached _____ *Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>
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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in:					
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

VOORHEESVILLE ELEMENTARY SCHOOL
EMERGENCY HEALTH INFORMATION

Name of Student _____ DOB _____ Age _____
(Last) (First)

Home Address _____

Grade _____ Teacher _____ Home Phone _____

*Parent/Guardian _____ Located at _____
(During school hours) (Phone number)

*Parent/Guardian _____ Located at _____
(During school hours) (Phone number)

*Step-Parent _____ Located _____
or Guardian (During school hours) (Phone number)

*Please put a priority as to who you would like called first.

In the event of early dismissal, illness or injury, if parents/guardians cannot be reached, contact the following for care/transportation:

NOTE: PLEASE ADVISE THESE INDIVIDUALS YOU ARE LISTING THEM FOR EMERGENCY CARE IN CASE THE SCHOOL IS UNABLE TO REACH YOU.

1. _____ at _____
(Phone Number)

Or _____ at _____
(Phone Number)

1. Child's Physician _____ at _____

2. Family Dentist _____ at _____

3. Hospital _____ (in event of serious injury)

4. Has your child had medical, dental or surgical treatment, or any other serious illness or injury?

Parent/Guardian Signature _____ Date _____

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

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

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

2. Please list any medication your child takes _____

3. Please list any allergies your child has and the medication (if any) they are taking

4. Does your child have or has had a history of chest pain with exertion? Please explain _____

5. Does your child have a history of fainting with exertion? Please explain

6. Does your child have a history of shortness of breath with exertion? Please explain _____

7. Does your child have a family history related to cardiac cause? Please explain

8. Does your child have chronic/frequent ear infections? ____
 - a. If so, does your child have tubes in their ears? _____
9. Any problems with toilet training for bladder or bowels? _____
10. Does your child wear glasses? If so, all the time or for classwork? _____
11. Is there anything concerning the health of your child which the school should know so that we may better understand your child's health needs?

Voorheesville Elementary School

Child's Name: _____

Date: _____

Form Completed by: _____

Relationship: _____

Welcome to our Kindergarten Community!

As we prepare for the upcoming school year, we want to get to know your child's unique strengths and needs. The following questionnaire focuses on skills that help children navigate their new classroom environment with confidence.

PLEASE keep in mind that every child develops at their own pace; it is **entirely normal and expected** to see a wide range of abilities at this age. Whether your child is just starting to learn these skills or has mastered them, your honest feedback helps our teachers create a supportive, personalized environment where every student can thrive.

Please check the box that best describes your child's current progress for each skill.

	Not Yet	Progressing	Yes
Manages bathroom needs and handwashing without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on/takes off coat and shoes (excluding laces).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opens own lunch containers, snack bags, and water bottles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to wear, zip, load, and unload a backpack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop a fun activity immediately when told "Time to go."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begin a required task (like sitting for dinner) within 1–2 prompts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can "freeze" their body on command during active play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits for a turn or shares materials with minimal help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses words to express needs or feelings when frustrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parents/caregivers without excessive distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and names basic emotions (happy, sad, mad).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to solve a simple problem before asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift from one task to the next as situations demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for or indicate when help is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move from a preferred task to a different task without significant resistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(see reverse)

Do you have any concerns about your child's development (speech, fine/gross motor, social/emotional) and his/her anticipated entry into kindergarten?

Is there any information you would like to share with us that you feel may influence your child's adjustment to school? (ex. changes affecting your family; moving, separate households, new baby, illness etc.)

Has your child had any of the following experiences?

	Ages	Location
Home day care		
Day care facility		
Nursery/Preschool/Pre-K		

Has your child received any of the following therapy services via Early Intervention (EI) services or through the Committee for Preschool Special Education (CPSE)?

Speech Therapy	Physical Therapy	Occupational Therapy	Other services
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Are there other children entering our kindergarten program who are related to your child? Please indicate name(s) and relationship (twins, cousin etc.)

Is there any other information you would like us to be aware of to help with your child's transition into kindergarten?
