

# *Pine Valley Central School District*

## **ENROLLMENT PACKET CHECKLIST**

Welcome to the Pine Valley Central School District! This packet contains information and forms you will need to provide in order to enroll your child / children in the district. Please refer to the checklist below in order to insure that your child is enrolled as quickly as possible.

If you have any questions or need more information, please call Hailey Swanson at 988-3291 x3150.

- \_\_\_\_\_ Proof of residency – one form of proof from each of the three types is required.
  - 1. Government Issued ID: Driver’s license, Sheriff’s ID Card, Passport, Resident Alien ID, Certification of Foreign Birth, Visa**
  - 2. Deed, Lease, Rental Agreement, Tax Document**
  - 3. Current: Utility Bill, Cell Phone Bill, Insurance Document, Pay Stub**
- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Home Language Profile Form
- \_\_\_\_\_ Residency Form
- \_\_\_\_\_ Race/Ethnicity Form
- \_\_\_\_\_ Release of Records Form
- \_\_\_\_\_ HIPAA Form
- \_\_\_\_\_ Health Information Form
- \_\_\_\_\_ Physical & Dental Forms
- \_\_\_\_\_ Family Application for Free and Reduced Price School Meals/Milk
- \_\_\_\_\_ Birth Certificate (optional)
- \_\_\_\_\_ Custody/Court documents (if applicable)

Federal Family Education Rights and Privacy Act (Permission to Publish Info) is attached for viewing.

# PINE VALLEY CENTRAL SCHOOL

## ENROLLMENT FORM

School Year: \_\_\_\_\_

Student ID# \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Int.

Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ Gender on Record (birth certificate): Male Female

City, State of Birth: \_\_\_\_\_ Gender Identity (if different from above): Male Female

**Parent/Guardian Name:** \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Custodial Parent Home Address (include PO Box):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Custodial Parent Address (include PO Box):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Check if correspondence should be sent to non-custodial parent also

Name of Siblings:

Name	Grade	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Information:** If parent/guardian cannot be reached in an emergency, contact the following (all persons listed have permission to pick my child up):

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Custody Information: Are there any custody documents? Yes No

If yes, who has PRIMARY custody? \_\_\_\_\_ (Documents must be provided)

Are there any orders of protection? \_\_\_\_\_ (If yes, documents must be provided)

List previous schools attended:

From: To: Name of School:

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Date Form Received: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Grade Level at Entry: \_\_\_\_\_

First Grade 9 Entry Date: \_\_\_\_\_ First Polio Date: \_\_\_\_\_

3 Proofs of Residency Provided: ☐ 1 ☐ 2 ☐ 3 Migrant Status: \_\_\_\_\_

Foster Child: Yes No Program Enrolled: \_\_\_\_\_

Discussed/Disseminated Publish Info: \_\_\_\_\_ Consent to Publish: Yes No



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

Elisa Alvarez, Associate Commissioner Office of  
Bilingual Education and World Languages

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

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

## Home Language Questionnaire (HLQ)

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

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

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

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

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

Yes\*    No    Not sure

☐
☐
☐

\*If yes, please explain: \_\_\_\_\_

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

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

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

☐
☐

No    Yes – Type of services received: \_\_\_\_\_

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

☐

Birth to 3 years (Early Intervention)

☐

3 to 5 years (Special Education)

☐

6 years or older (Special Education)

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

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

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

Month:    Day:    Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student:    ☐ Parent    ☐ Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME:

POSITION:

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

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

NAME:

POSITION:

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO

DAY

YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL

☐ ENGLISH PROFICIENT

☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME:

POSITION:

DATE OF NYSITELL  
ADMINISTRATION:

MO.

DAY

YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

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

**PINE VALLEY CENTRAL SCHOOL DISTRICT**

7755/7827 Route 83

South Dayton, NY 14138

Phone 716-988-3291 or 716-988-3276 / Fax 716-988-3864

**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

**PINE VALLEY CENTRAL SCHOOL DISTRICT**  
7755/7827 Route 83  
South Dayton, NY 14138  
Phone 716-988-3291 or 716-988-3276 / Fax 716-988-3864

**FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA**

Nombre del Distrito Escolar: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Apellido

Primer Nombre

Segundo Nombre

Género: ☐ Hombre  
☐ Mujer

Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mes Día Año

Grado: \_\_\_\_ ID#: \_\_\_\_  
(jardín de infantes – 12) (opcional)

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.**

**¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)**

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa): \_\_\_\_\_

☐ En un hogar permanente

\_\_\_\_\_  
**Nombre** de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

\_\_\_\_\_  
**Firma** de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

\_\_\_\_\_  
**Fecha**

## **INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE**

### **Purpose of the Enrollment Form - Residency Questionnaire**

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### **Who should fill out the Enrollment Form - Residency Questionnaire?**

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### **Confidentiality**

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's completed **Enrollment Form - Residency Questionnaire** with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

### **Discussing the Enrollment Form - Residency Questionnaire with Students and Families**

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.



The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [www.serve.org/nche/downloads/briefs/det\\_elig.pdf](http://www.serve.org/nche/downloads/briefs/det_elig.pdf)

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

PINE VALLEY CENTRAL SCHOOL  
7755 Route 83  
South Dayton, NY 14138  
716-988-3291

To the Parent/Guardian: The Pine Valley Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Pine Valley 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 describe your child. The Pine Valley 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 student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

<b>CONFIDENTIALITY PROCEDURES AND REGULATIONS</b>
---

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 Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

<b>Please complete the form on the reverse side of this page</b>
--

PINE VALLEY CENTRAL SCHOOL  
7755 Route 83  
South Dayton, NY 14138  
716-988-3291

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: Pine Valley Central School

Student ID #:

Date of Birth:

Student Name:

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 describes 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 (2) 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 of 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.**

**PINE VALLEY CENTRAL SCHOOL DISTRICT**  
**AUTHORIZATION FOR RELEASE OF RECORDS**

I, \_\_\_\_\_, hereby authorize  
(parent/guardian)

the                      Previous School District

Other Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release copies of    \* Academic Information (Transcripts/Report Cards)  
                                 \* Immunization Record  
                                 \* Attendance Record  
                                 \* CSE/Psychological Records/Related Services  
                                 \* Gifted/Talented/Enrichment Information  
                                 \* Custody Information (if applicable)  
                                 \* Educationally Related Medical Information

which are part of the records of \_\_\_\_\_  
(student's name)

and to furnish them to Pine Valley Central School for the purpose of providing sound educational programming that meets the student's individual needs.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Please send or fax requested information to: Pine Valley Central School  
Dept. of Student Personnel  
7755 Route 83  
South Dayton, NY 14138  
Phone – (716)988-3291 x3150  
[HSwanson@pval.org](mailto:HSwanson@pval.org)  
Jr/Sr High (grades 7-12) Fax - (716)988-3139  
Elementary (grades UPK-6) Fax - (716)988-3864

PINE VALLEY CENTRAL SCHOOL DISTRICT  
District Offices/Elementary School:  
7755 Rt. 83 South Dayton, NY 14138  
JR. /Sr. High School:  
7827 Rt. 83 South Dayton, NY 14138

## *Tips for Parents from the School Health Office*

Many parents/guardians ask, "When is my child sick enough to stay home from school?"  
This is not always an easy question to answer! We hope that these tips can help!

A child who is sick will not be able to perform well in school and is likely to spread the illness to other children and staff. We suggest making a plan for childcare ahead of time so you will not be caught without a comforting place for your child to stay if he/she is ill.

You should not send your child to school if he/she has the following:

- Fever (temperature greater than 100 degrees orally) in the past 24 hours. Children should be fever free for 24 hours (without the use of medication) before they return to school
- Vomiting within the past 24 hours
- Diarrhea within the past 24 hours
- Severe sore throat
- Conjunctivitis (Pink Eye) (must have had antibiotic drops/ointment for 24 hours before returning to school)
- Strep Throat (must have been taking an antibiotic for at least 24 hours before returning to school)
- Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night
- Head lice – until your child has been treated according to the nurse or doctor's instructions

If your child becomes ill at school and the school nurse feels the child is too sick to benefit from school or is contagious to other children, you will be called to come and take him/her home from school. It is not appropriate for ill children to spend the day in the health office. Please be sure someone is available to pick up a sick child within 30 minutes. It is essential that the school nurse have a phone number where you can be contacted during the day and an emergency number in the event you cannot be reached. Please be sure that arrangements can be made to transport your child home from school and that childcare is available in case of illness. Please notify the school immediately if your daytime or emergency phone number changes during the year.

The CDC recommends that the Influenza Vaccine be given to everyone. Each person six months or older should get a flu vaccine each year. Vaccines should be given as soon as available and continue through March and beyond.

The COVID-19 vaccine is recommended for all who are eligible.

Please call the Elementary Health Office if you have any questions or concerns.

Thank you,  
PVCS Elementary School Nurse  
Phone: 716-988-3291 ext. 3220  
Fax: 716-296-3041

**HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION  
TO AND FROM PINE VALLEY CENTRAL SCHOOL DISTRICT**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

**USE AND DISCLOSURE INFORMATION:**

Student Name \_\_\_\_\_  
Last First MI Date of Birth

I, the undersigned, do hereby authorize:

1. _____ [Your Doctor's Name] Address: _____ Phone: _____ Contact: _____	2. _____ [Health Care Provider Name or Hospital] Address: _____ Phone: _____ Contact: _____
--	---

To provide health information from the above-named child's medical record to and from:

**Pine Valley Central School 7755 Route 83, South Dayton, NY 14138-9698**

**School Nurses: Elementary: 716-988-3291 Ext. 3220 Fax: 716-296-3041**

**Middle/High School: Jill Kenney RN 716-988-3276 Ext: 4114 Fax: 716-296-3041**

***The exchange of health information between educational facilities and health care facilities and providers.***

Requested information shall be limited to the following:

\_\_\_\_ All minimum necessary health information: **OR**

\_\_\_\_ Disease-specific information as described here: \_\_\_\_\_

**DURATION:**

This authorization shall become effective immediately and shall remain in effect until (**circle one**) [HS graduation] or [enter date] or for one year from the date of signature, if no date is entered \_\_\_\_\_.

**RESTRICTIONS:**

Federal Law prohibits the Requestor [Pine Valley Central School District] from making further disclosure of my child's health information unless the Requestor [Pine Valley Central School District] obtains another authorization form from me [the parent/guardian] or unless such disclosure is specifically required or permitted by law.

**YOUR RIGHTS:**

I understand that I have the following rights with respect to this Authorization: ***I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My written revocation will be effective upon date of receipt.***

**RE-DISCLOSURE:**

I understand that the Requestor [Pine Valley Central School District] will protect this information as prescribed by the Family Educational Rights and Privacy Act [FERPA] and that information becomes part of the student's educational record. The information will be shared with individuals working at/or with Pine Valley Central School District, for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

**APPROVAL:**

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone Number

**Pine Valley Central School**  
**Enrollment Health & Developmental History**  
**Confidential**

Student Name: \_\_\_\_\_ Gender at Birth:    Male       Female

Gender Identify:    Male       Female

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Live with child?    Yes    No

Parent/Guardian Name: \_\_\_\_\_ Live with child?    Yes    No

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Allergies:**

Does your child have allergies?       Yes       No       If so, explain type, reaction, and severity:

\_\_\_\_\_  
\_\_\_\_\_

**Health History Information**

Has your child ever: If so, give the year and explanation below. Check all that apply.

___ Chicken Pox	___ Poliomyelitis	___ Diphtheria
___ Heart Disease	___ Tuberculosis	___ Rheumatic Fever
___ Measles [type]	___ Scarlet Fever	___ Meningitis [type]
___ TB contact	___ Seizure Disorder	___ Diabetes
___ Hearing deficit	___ Ear Conditions	___ Speech Deficit
___ Pneumonia	___ Birth Defects	___ Kidney Disease
___ Urinary Tract Infections	___ Developmental Delays	___ Elevated Lead Levels
___ Asthma	___ Mumps	___ Other
___ Hospitalizations	___ Surgeries	___ Serious Injury

Please explain further: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medications**

List any medications, vitamins or supplements your child takes regularly/daily, including dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(turn page over:2 sided form)**

**Pine Valley Central School**  
**Enrollment Health and Developmental History**  
**Confidential**

**Behavioral Concerns:** \_\_\_\_\_

**Emotional Concerns:** \_\_\_\_\_

**Sleep Concerns:** \_\_\_\_\_

**Eating Concerns:** \_\_\_\_\_

**Dental or other Health Concerns:** \_\_\_\_\_

At birth, was your child      ☐ Full Term      ☐ Premature      ☐ Over Due

Any **pregnancy complications** of which the school should be aware? \_\_\_\_\_

Any **family health or medical concerns** of which the school should be aware? {including diabetes, seizure disorder, heart disease, mental illness, cancer, anemia, learning problems, substance abuse} \_\_\_\_\_

**Developmental History**

**Gross Motor:** [walking, running, sitting]      ☐ Normal      ☐ Delayed

**Fine Motor:** [writing, coloring]      ☐ Normal      ☐ Delayed

Has your child ever received      ☐ Physical Therapy      ☐ Occupational Therapy  
   ☐ Occupational Therapy      ☐ Counseling

Other Comments/Explanations of concerns: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act [FERPA] this information may be disclosed to Pine Valley Central School Officials [as defined by FERPA] who have a legitimate educational interest.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please Return this Form to the Health Office\*\*\***

**(2-sided form)**



**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"/> <b>Allergies</b>	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> <b>Asthma</b>	<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"/> <b>Seizures</b>	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> <b>Diabetes</b>	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/m<sup>2</sup>

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

**Hyperlipidemia:** ☐ Yes ☐ Not Done

**Hypertension:** ☐ Yes ☐ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

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

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) <span style="float: right;">ICD-10 Code*</span>
--	---

☐ Additional Information Attached

\*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
<b>SCREENINGS</b>					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
<b>Vision</b>	<b>With Correction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
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					
<b>Hearing</b> 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.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
<b>FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>*Family cardiac history reviewed</b> – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b>					
<b>If Restrictions Apply</b> – Complete the information below					
<input type="checkbox"/> <b>Student is restricted from participation in:</b>					
<input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level.					
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
<small>*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.</small>					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
<b>COMMUNICABLE DISEASE</b>			<b>IMMUNIZATIONS</b>		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
<b>HEALTHCARE PROVIDER</b>					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form to Your Child's School Health Office When Completed.</b>					

## Dental Health Certificate- Optional Pine Valley Central School District

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. 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 registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist 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:     /     /	Sex: <input type="checkbox"/> Male	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Month    Day    Year	<input type="checkbox"/> Female				
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/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment 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/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist'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): \_\_\_\_\_

#### **II. 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.

**PINE VALLEY CENTRAL SCHOOL DISTRICT**  
**District Offices/Elementary School:**  
**7755 Rt. 83 South Dayton, NY 14138**  
**JR. /Sr. High School:**  
**7827 Rt. 83 South Dayton, NY 14138**

**2025-2026 School Year**  
**Immunization Requirements for Pre-Kindergarten Students**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your healthcare provider as soon as possible to ensure your child has all the needed immunizations. They are listed below. Please note that a Lead blood test is also required and must be reported on the physical exam form. See the enclosed information on Lead Poisoning.

**Required Immunizations for Pre-Kindergarten**

<b>Immunization</b>	<b>Number of Doses</b>
Diphtheria/Tetanus/Pertussis	4
Polio	3
Measles/Mumps/Rubella	1
Hepatitis B	3
Varicella (Chickenpox)	1
Haemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Thank you for your attention to these immunization requirements.  
If you have questions or concerns about immunizations, please contact the school health staff.

School: Pine Valley Elementary School  
Phone #: 716-988-3291 Ext: 3220  
Fax #: 716-296-3041

PINE VALLEY CENTRAL SCHOOL DISTRICT  
District Offices/Elementary School:  
7755 Rt. 83 South Dayton, NY 14138  
JR. /Sr. High School:  
7827 Rt. 83 South Dayton, NY 14138

**2025-2026 School Year**  
**Immunization Requirements for Students in Kindergarten, Grades 1, 2, 3, 4, & 5**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your healthcare provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Kindergarten & Grade 1, 2, 3, 4, & 5**

<b>Immunization</b>	<b>Number of Doses</b>
Diphtheria/Tetanus/Pertussis	<b>5 doses or 4 doses</b> if the 4th dose was received at 4 years or older or 3 doses if 7 years or older & series started at age 1 or older
Polio	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older
Measles/Mumps/Rubella	<b>2 doses</b>
Hepatitis B	<b>3 doses or 2 doses</b> of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
Varicella (Chickenpox)	<b>2 doses</b>

Thank you for your attention to these immunization requirements.  
If you have questions or concerns about immunizations, please contact the school health staff.

School: Pine Valley Elementary School  
Phone #: 716-988-3291 Ext: 3220  
Fax #: 716-296-3041

PINE VALLEY CENTRAL SCHOOL DISTRICT  
District Offices/Elementary School:  
7755 Rt. 83 South Dayton, NY 14138  
Jr. /Sr. High School:  
7827 Rt. 83 South Dayton, NY 14138

**2025-2026 School Year**  
**Immunization Requirements for Students in Grades 6, 7, 8, 9, 10, & 11**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your healthcare provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Students in Grades 6, 7, 8, 9, 10, & 11**

<b>Immunization</b>	<b>Number of Doses</b>
<b>DTaP/DTP</b>	<b>3 doses</b>
<b>Tdap</b>	<b>1 dose</b> <b>Age 11:</b> Must receive an immunization containing Tetanus Toxoids, diphtheria, and acellular pertussis (Tdap)
<b>Polio</b>	<b>4 doses</b> or <b>3 doses</b> if the 3 <sup>rd</sup> dose was received at age 4 or older
<b>MMR</b>	<b>2 doses</b>
<b>Hepatitis B</b>	<b>3 doses or 2 doses</b> of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
<b>Varicella (chickenpox)</b>	<b>2 doses</b>
<b>Meningococcal conjugate (MenACWY)</b>	<b>1 dose</b> <b>Grades 7, 8, 9, 10, &amp; 11</b>

Thank you for your attention to these immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School: Pine Valley Elementary School  
Phone #: 716-988-3291 Ext: 3220  
Fax #: 716-296-3041

## Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Pine Valley Central School District (*name/school*) is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call (716)988-3293 (*school phone number*), if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Then skip to Part 4.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster

Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

**Signature of Reviewing Official**

## CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

### PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
  - (2) List their grade and school.
  - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
- 

### PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
- 

### PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
-



## INFORMATION ABOUT SPECIAL EDUCATION UPON ENTRY TO SCHOOL

As of July 1, 2015, New York State Education Law, Pursuant to Chapter 434 of the Laws of 2014 has been amended regarding special education parental notification requirements upon entry into school. Section 4402 of the Education Law now requires public schools to notify every parent of their rights regarding referral and evaluation of their child for the purposes of special education services or programs upon their child's enrollment in public school.

If you are concerned about your child's progress in their general education placement, please contact:

Ms. Paige Cobb, Dir. of Special Education at 988-3291 x3151

For more information go to the NYSED website at:

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>



## UNITED STATES DEPARTMENT OF EDUCATION

### STUDENT PRIVACY POLICY OFFICE

SPPO-21-04

#### **A Parent Guide to the Family Educational Rights and Privacy Act (FERPA)**

*Other than statutory and regulatory requirements included in the document, the contents of this guidance do not have the force and effect of law and are not meant to bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.*

The Family Educational Rights and Privacy Act or FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) provides certain rights for parents regarding their children's education records. FERPA gives these rights to custodial and noncustodial parents alike, unless there is a court order, legally binding document, or State law that specifically provides to the contrary. When a student reaches 18 years of age or attends an institution of postsecondary education at any age, he or she becomes an "eligible student," and all rights under FERPA transfer from the parent to the student. Given the target audience for this document is parents, this guide is intended to discuss parents' rights under FERPA. Under FERPA, the term "parent" means a parent of a student and includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian. A companion document discussing eligible students' rights under FERPA is available on our website at <https://studentprivacy.ed.gov/resources/ferpa-general-guidance-students>.

FERPA is a Federal law that is administered by the Student Privacy Policy Office (SPPO) in the U.S. Department of Education (Department). FERPA protects "education records," which are generally defined as records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. An "educational agency or institution," herein after referred to as a "school," generally means a school district, a public elementary or secondary school, or an institution of postsecondary education such as a college or university. There are also a few exceptions to the definition of education records, such as law enforcement unit records and sole possession records. More information is available at <https://studentprivacy.ed.gov/faq/what-records-are-exempted-ferpa>.

FERPA applies to schools that receive funding under any program administered by the Department. Private and faith-based schools at the elementary and secondary levels generally do not receive such funding and are, therefore, generally not subject to FERPA. In addition, the confidentiality of personally identifiable information (PII) in the education records of children with disabilities is further protected by Part B of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1417(c) and 34 CFR §§ 300.610-300.626). These regulations contain confidentiality provisions that are similar to, but broader than, FERPA. The IDEA-FERPA crosswalk contains additional information comparing IDEA and FERPA and is available at <https://studentprivacy.ed.gov/resources/ferpaidea-cross-walk>.

The rights provided by FERPA to a parent include, but are not limited to:

- **Access to Education Records**

Under FERPA, a school or State educational agency (SEA) must provide a parent with an opportunity to inspect and review their child's education records within a reasonable period of time, but not more than 45 calendar days following receipt of a request. A school or SEA is generally not required to provide *copies* of the education records unless circumstances effectively prevent the parent from exercising the right to inspect and review the education records. For example, if a parent who does not live within commuting distance of their child's school requests that the school provide access to his or her child's education records, the school would be required to make other arrangements for the parent to inspect and review the requested records, or to provide a copy of the requested records.

- **Amendment of Education Records**

Under FERPA, a parent has the right to seek amendment or correction of their child's education records that the parent believes to be inaccurate, misleading, or in violation of the child's rights of privacy. However, while a school is not required to amend an education record in accordance with a parent's request, a school is required to consider the request for amendment, to inform the parent of its decision, and, if the request is denied, to advise the parent of his or her right to a hearing on the matter. If, as a result of the hearing, a school decides not to amend the education records, then the parent has the right to insert a statement in the record commenting on the contested information or stating why the parent disagrees with the decision, or both. That statement must remain with the contested part of the education record for as long as the record is maintained and be included whenever the contested part is disclosed.

While a parent has the right to seek to amend non-substantive factual errors in the student's education records, the right is not unlimited, and a school is not required by FERPA to afford a parent the right to seek to change substantive decisions made by school officials, such as substantive decisions made in the context of grades given to a student based on their performance, other evaluations of the student's performance, or disciplinary decisions. These substantive decisions also include evaluations of whether a student has a disability and is eligible for special education and related services, disagreements about the content of a student's Individualized Education Program (IEP), or the student's educational placement under Part B of IDEA. While under FERPA a parent may seek amendment to correct a non-substantive factual error in an IEP, a parent should utilize the Part B of IDEA dispute resolution procedures (State complaints, mediation, or due process hearing procedures) to resolve disputes with a school regarding substantive matters. Each State has resources to help parents to participate effectively in their children's education and development. State contact information is available at <https://sites.ed.gov/idea/contacts/#state>.

- **Disclosure of Education Records**

Under FERPA, a school generally may not disclose PII from a student's education records to a third party unless the student's parent has provided prior written consent. However,

there are a number of exceptions to FERPA's general consent requirement, some of which are described below. Under these exceptions, schools are *permitted* to disclose PII from education records without consent, but they are not *required* to do so by FERPA.

### School Official

FERPA allows "school officials," including teachers, within the school to obtain access to PII from education records without consent, provided that the school has determined the officials have a "legitimate educational interest" in the information. The school's annual notification of rights under FERPA must specify the criteria for determining who constitutes a "school official" and what the school considers to be a "legitimate educational interest." Typically, a school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Also, under the "school officials" exception to the consent requirement, FERPA permits a school to disclose education records to contractors (e.g., software/application vendors, lawyers), consultants (e.g., nutritional or information technology consultants), volunteers (e.g., home room parent volunteers, field trip chaperones, student volunteers), or other third parties to whom the school has outsourced institutional services or functions, provided that the outside party:

1. Performs an institutional service or function for which the school would otherwise use employees;
2. Is under the direct control of the school with respect to the use and maintenance of education records;
3. Is subject to the requirements in FERPA that PII from education records may be used only for the purposes for which the disclosure was made, and which govern the redisclosure of PII from education records; and
4. Meets the criteria specified in the school's annual notification of FERPA rights for being a school official with a legitimate educational interest in the education records.

More information regarding the use of school volunteers and FERPA is available at <https://studentprivacy.ed.gov/training/school-volunteers-and-ferpa>.

### Seeks or Intends to Enroll

Another exception to FERPA's general consent requirement permits a school to disclose PII from a student's education records, without consent, to another school in which the student seeks or intends to enroll, or where the student is already enrolled, as long as the purpose of the disclosure is related to the student's enrollment or transfer. A school that discloses education records under this exception must make a reasonable attempt to notify the parent of the disclosure, unless the disclosure is initiated by the parent, or the school's annual notification of rights under FERPA includes a notice that it forwards education records to other schools that have requested the records and in which the student seeks or intends to enroll or is already enrolled, as long as the disclosure is for purposes related to the student's enrollment or transfer. A school that discloses education records under this exception also must provide the parent, upon request, a copy of the records that were

disclosed or, upon request, an opportunity for a hearing to amend the records that were disclosed. Under this exception, a school has the discretion to disclose academic, disciplinary, or any other PII from the student's education records to the new school. Further, a parent does not, under FERPA, have the right to prevent a school from disclosing such PII from the student's education records, or from communicating information about a student more generally, to the school in which the student seeks or intends to enroll.

### Directory Information

FERPA also permits a school to disclose PII from a student's education records, without consent, when such information has been appropriately designated as "directory information" and the parent has not opted out of the disclosure of such designated information. The FERPA regulations define directory information as information in a student's education record that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information may include information such as the student's name, address, telephone number, email address, photograph, date and place of birth, major field of study, grade level, enrollment status (e.g., undergraduate or graduate, full-time or part-time), dates of attendance (i.e., the period of time during which the student attends or attended the school), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received, and the most recent school attended. FERPA provides that a school may disclose, without consent, directory information if the school has given public notice to parents of the types of PII that it has designated as directory information and the process, including period of time, for parents to opt out of certain directory information disclosures. This notice is often included in the annual notification discussed below. For more information regarding directory information, visit <https://studentprivacy.ed.gov/training/b-cs-student-directory-information>.

### Dependent Student

FERPA provides ways in which a school may share education records on an eligible student with their parents. Schools may, but are not required to, disclose any and all education records to parents, without the consent of the eligible student, if the student is a "dependent student," as that term is defined in Section 152 of the Internal Revenue Code. Generally, if either parent has claimed the student as a dependent on the parent's most recent income tax return, a school may disclose the student's education records to either parent, without the eligible student's consent.

This exception to FERPA's general consent rule also permits institutions of postsecondary education to share information with parents of students who are enrolled in both a high school and a college or university (dually enrolled). In this situation, the parents retain the rights over the student's education records maintained by the high school, if the student is under the age of 18 years, and the student retains the rights over the education records maintained by the college or university.

### Other Exceptions

Provided certain conditions are met that are not included in the summary below, other exceptions to FERPA's general consent requirement that would permit the disclosure of PII from education records include, but are not limited to, the following:

- To authorized representatives of, among others, State and local educational authorities, such as a State department of education, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs
- To a representative of a State or local child welfare agency or Tribal organization regarding a child in foster care
- To State and local officials or authorities pursuant to a State statute concerning the juvenile justice system and the system's ability to effectively serve the student whose records are being disclosed
- To organizations conducting studies for, or on behalf of, the school for specified purposes including improving instruction
- To comply with a judicial order or a lawfully issued subpoena
- In connection with a health or safety emergency

### **Annual Notification of FERPA Rights**

Under FERPA, a school must annually notify parents of their rights under FERPA. There are separate annual notifications and other rights under IDEA. The FERPA annual notification must include information regarding a parent's right to inspect and review his or her child's education records, the right to seek to amend the records, the right to consent to disclosure of PII from the records (except in certain circumstances), and the right to file a complaint with SPPO regarding an alleged failure by a school to comply with FERPA. The notification must also inform parents of the school's criteria for the terms "school official" and "legitimate educational interest" in certain instances. A school is not required to notify parents individually, but rather is required to provide the notice by any means that are reasonably likely to inform parents of their rights. These means could include publication in a school activities calendar, newsletter, student handbook, or on a school's website.

### **Complaints of Alleged Violations with FERPA**

Parents who believe that their FERPA rights may have been violated may file a complaint with SPPO at <https://studentprivacy.ed.gov/file-a-complaint>. SPPO will review the complaint to ensure the complaint:

- Is filed, in writing, by a parent who maintains FERPA rights over the education records that are the subject of the complaint;
- Is submitted to SPPO within 180 days of the date of the alleged violation or of the date that the parent knew or reasonably should have known of the alleged violation; and
- Contains specific allegations of fact giving reasonable cause to believe that a violation of FERPA has occurred.

SPPO will then make a case-by-case determination to determine the best mechanism for resolving the underlying situation. Sometimes the action will be a formal investigation; for other complaints, consistent with the statute and applicable regulations, we will take other appropriate actions, such as acting as an intermediary or providing resolution assistance. More information regarding our complaint process is available at <https://studentprivacy.ed.gov/file-a-complaint>.

### **Additional Information**

For more information regarding FERPA and other student privacy issues, please visit our website at <https://studentprivacy.ed.gov>.

If you have questions about FERPA that are not addressed here, you may also submit a question through our website at <https://studentprivacy.ed.gov/contact> or write to SPPO for additional guidance at the following address:

Student Privacy Policy Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-8520