

# EDWARDS-KNOX CENTRAL SCHOOL



Dear Parent/Guardian:

*Welcome to Edwards-Knox Central School!*

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

## **Instructions to Register a Student in the Edwards-Knox Central School District:**

1. Parent/Guardian must print and complete one (1) Registration Packet per student. Packets can also be obtained from the school website at [www.ekcsk12.org](http://www.ekcsk12.org) or from any office in the school building.

**It is important that packet(s) be completed BEFORE attending the registration appointment!**

2. Parent/Guardian must bring completed Registration Packet(s) AND the following documentation to the registration appointment:

- ☐ Parent/guardian photo I.D.
- ☐ Birth Certificate
- ☐ Custody paperwork or proof of guardianship (if applicable)
- ☐ Immunization records
- ☐ Current physical no later than 12 months old signed by licensed physician
- ☐ Previous school records or completed records Release Form (included in this packet)
- ☐ Proof of residency (**one** of the following is required):

**\*If homeowner:** original tax bill, title, mortgage statement, or piece of mail

**\*If renter:** original lease (parent/guardian's name must appear on this lease) or piece of mail

**\*If living with a homeowner or renter of the EK District:** resident of the District must provide a letter stating that you and your child(ren) reside at such address, along with proof of residence above.

**Please note: all of the above documentation is necessary to complete the registration process.**



**EDWARDS-KNOX CENTRAL SCHOOL  
ENROLLMENT OFFICE**

2512 County Route 24  
Hermon, NY 13652

Phone: (315) 562-8130  
Fax: (315) 562-2477 (Pre-K-6)  
Fax: (315) 562-8137 (7-12)

**PUPIL REGISTRATION FORM**

Registration Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year student first entered Kindergarten: \_\_\_\_\_ Grade level repeated (if any): \_\_\_\_\_

Last school attended: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ City/State: \_\_\_\_\_

Is your child presently under a suspension order from any other school district? ☐ Yes ☐ No

Has your child ever received any of the following services? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Special Ed. (Resource Room, Option Programs) | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Vocational Education (BOCES)                 | <input type="checkbox"/> Physical Therapy       |
| <input type="checkbox"/> Individualized Education Program (IEP)       | <input type="checkbox"/> Speech Therapy         |
| <input type="checkbox"/> 504 Plan                                     | <input type="checkbox"/> School Counseling      |
| <input type="checkbox"/> Academic Intervention Services               | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Gifted/Talented Services                     | _____   |

Is a second parent to receive school-related information? ☐ Yes ☐ No

If yes, please include second parent name and address:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY: Student ID#: \_\_\_\_\_ Planned Start Date: \_\_\_\_\_

☐ Teacher: \_\_\_\_\_ ☐ Nurse ☐ Library ☐ Bus Garage ☐ Cafeteria ☐ CSE



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**RECORDS TRANSFER REQUEST FORM**

**Must be filled out even if previous school records are hand carried.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I HEREBY AUTHORIZE: \_\_\_\_\_

\_\_\_\_\_  
(Previous School)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

TO RELEASE ALL ACADEMIC AND CONFIDENTIAL INFORMATION PERTAINING TO THE  
ABOVE-NAMED STUDENT TO:

EDWARDS-KNOX CENTRAL SCHOOL  
2512 CR 24  
Hermon, NY 13652  
Phone: (315) 562-8130  
Fax: (315) 562-2477 (Pre-K-6)  
Fax: (315) 562-8137 (7-12)

THIS CONFIDENTIAL INFORMATION INCLUDES:

- Academic Information
- Standardized Test Results
- Health and Attendance Records
- CSE/Psychological Records
- Birth Certificate
- Custody Information
- Discipline Records
- Screening Information

*According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials in school systems in which the student intends to enroll, may receive a student's record without a written consent for such release.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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**FOR OFFICE USE ONLY:**

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

Grade: \_\_\_\_\_

Teacher/Homeroom: \_\_\_\_\_

**EMERGENCY INFORMATION SHEET – 20\_\_-20\_\_**

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

Gender: ☐ M ☐ F Date of Birth: \_\_\_\_\_ Bus #/Driver: \_\_\_\_\_

Resident 911 Address: \_\_\_\_\_

Resident Mailing Address: \_\_\_\_\_

Language Spoken at Home: ☐ English ☐ Other (specify): \_\_\_\_\_

**Is there a current custody arrangement?** ☐ Yes ☐ No *If yes, paperwork must be provided. If changes occur at ANY time during the school year, updated documentation is required.*

**Father:** \_\_\_\_\_ Legal Guardian: ☐ Yes ☐ No Receives Mail: ☐ Yes ☐ No

Lives in household: ☐ Yes ☐ No If no, address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Mother:** \_\_\_\_\_ Legal Guardian: ☐ Yes ☐ No Receives Mail: ☐ Yes ☐ No

Lives in household: ☐ Yes ☐ No If no, address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Other Legal Guardian IF NOT FATHER/MOTHER:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Sibling(s) living in same household:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact Information** (people to contact if parent not available AND to whom we may release your child to):

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No: \_\_\_\_\_

If there is an **early dismissal**, child should be sent to: \_\_\_\_\_

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

**Medication and/or special medical needs to share with staff:** \_\_\_\_\_

**Permission to (please check):** ☐ Provide Treatment ☐ Call Ambulance ☐ Call Doctor

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**HOUSING QUESTIONNAIRE**

Student Name: \_\_\_\_\_ Gender: ☐M ☐F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

During the time the student resides at the current location, who is responsible for:

(a) Receiving and responding to academic and other reports concerning the student?  
\_\_\_\_\_

(b) Making decisions regarding the student's education?  
\_\_\_\_\_

(c) Releasing records for the student?  
\_\_\_\_\_

(d) Providing other necessary consents for the student?  
\_\_\_\_\_

The answers you give below will assist the district in determining what services you or your child may be able to receive under the McKinney-Vento Act 42 U.S.C. 11435. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not 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.

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

☐ In permanent housing

Answer question  
2 if not in  
permanent housing

☐ In a shelter

☐ With another family or other person because of loss of housing or as a result of economic hardship sometimes referred to as "doubled-up")

☐ In a hotel/motel

☐ In a car, park, bus, train, or campsite

☐ Other temporary living situation (please describe): \_\_\_\_\_

2. Last permanently housed location: \_\_\_\_\_

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)d).

**I certify that all the information I provided is true and accurate. I understand that:**

**\*if I provide false information to the Edwards-Knox Central School District, I may be committing the crime of Perjury in the Third Degree (a Class A Misdemeanor);**

**\*if I provide false information to the Edwards-Knox Central School District with the intent to defraud the Edwards-Knox Central School District, I may be committing the crime of Perjury in the Second Degree (a Class E Felony); and**

**\*I may be prosecuted on criminal charges for such false information.**

\_\_\_\_\_  
Printed Name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

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

\_\_\_\_\_  
Date



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**STUDENT RACIAL AND ETHNIC IDENTIFICATION LETTER**

To Parents/Guardians:

In accordance with federal categories and definitions, the Edwards-Knox Central School District is required to collect and record ethnic identity of students in the district. 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.
- Study the movement of students in different ethnic groups as they move from school to school.
- 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. Put a check (✓) in the box for the category or categories which best describe your child. The Edwards-Knox 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.

**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 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.





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**STUDENT RACIAL AND ETHNIC IDENTIFICATION LETTER**

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.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE ANSWER BOTH QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.**

**1. Is your child 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.) Check (✓) the one box that best describes your child:

- ☐ YES: Hispanic.
- ☐ NO: Not Hispanic.

**2. Select one or more races from the following five racial groups. Check (✓) at least one box but choose all groups that apply to your child:**

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (i.e. Cherokee, Mohawk, Inuit).
- ☐ **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:** 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): ☐ Mother ☐ Father ☐ Guardian ☐ Other: \_\_\_\_\_



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**TECHNOLOGY GUIDELINES FOR ACCEPTABLE STUDENT USE  
GRADES PRE-KINDERGARTEN-12  
USER AGREEMENT AND PARENT PERMISSION FORM - 2022-2023**

As a user of the Edwards-Knox Central School computer network, I hereby agree to comply with the stated rules on the reverse side- communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

**Student Name (please print)** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to use networked computer services at Edwards-Knox Central School as outlined in this document. I understand that my son or daughter will be held liable for the aforementioned violations.

**Parent Name (please print)** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Town** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

**Parents' Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

In order to keep your network account enabled, **this form must be returned by Friday, September 9<sup>th</sup>** to your homeroom teacher or the Elementary or High School Office. If this form is not returned by the specified deadline, your computer privileges will be revoked.

\*\*\*\*\*

**PHOTO RELEASE**

Please submit in writing to the Superintendent if you do not wish for your child to have his/her photo taken at school for publication in local newspapers and on the school website at any time during the school year.





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**TECHNOLOGY GUIDELINES FOR ACCEPTABLE STUDENT USE**

We are pleased to offer the students of Edwards-Knox Central School access to the district computer network for Internet access. To gain independent access (the use of the Internet during a student's free time) all students must obtain parental permission and must sign and return this form to the school.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, and inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Edwards-Knox Central School teachers who utilize the Internet for instruction will review the guidelines for its use. Parents and guardians should help set and convey the standards that their children should follow when using media and information sources. To that end, Edwards-Knox Central School supports and respects each family's rights to decide whether or not to apply for independent access. However, by not approving Internet access a student's ability to research information will be limited.

**Guidelines for Acceptable Use - Users are expected to follow these rules of network etiquette:**

1. Users are to be polite and use appropriate language. Abusive and/or vulgar messages are not allowed.
2. Users are not to engage in illegal activities including sexually explicit material, gambling, and hate websites.
3. Users are not to reveal anyone else's address, phone number or personal information out over the Internet.
4. Users cannot hold the district responsible for materials that he/she acquires on the network.
5. Users files are NOT private. The District has access to all files and can monitor computer activity at all times.
  - Any messages relating to or in support of illegal activities may be reported to the authorities.
6. Users are not to use the network in any way that will be disruptive to other users.
7. Users are not to access, alter, or destroy any files.
8. Users may access the network ONLY for educational intent.
9. Users are not to investigate, download or play Internet games that are not approved by a teacher, use chat rooms (ICRs) or use Multi-Dimensions (MUDS).
10. Users are not to download or install any software to the computers.
11. Users are not to give out their username and password to anyone, nor are they to use another person's username and password to access the network.
12. Users will credit all materials in their work in keeping with copyright laws.
13. Users are not to employ the network for commercial purposes.
14. Users are to report any misuse of the system according to these rules to the administration.
15. Users are to treat the equipment with care and not abuse it.
16. Users are to follow printing guidelines and ARE NOT allowed to print in color unless given permission by an EK staff member and should only be done for academic purposes.
17. Users are not to use Proxy servers to access the Internet.
18. Users in grades 7-12 will have access to a school provided e-mail account and are expected to use this account within the intent of these guidelines. Grades K-6 will not have permission to access or use any e-mail accounts.
19. If you have any questions about using a computer not consistent with these guidelines, please ask a staff member.

**The following are possible consequences depending on the severity of the offense and the impact it may have on others:**

- \* Loss of privileges for 30 days.
- \* Loss of privileges for remainder of semester or 60 days.
- \* Loss of privileges for remainder of the year or 90 days.
- \* Students may be removed from the Network by the Network Administrator for inappropriate use of the network/Internet.
- \* A discipline referral needs to be filled out by faculty/staff to report violations.

**Additional disciplinary action may be determined at the building level for infractions that may violate existing practices (i.e. inappropriate language.) When applicable, law enforcement agencies may be involved.**



# NEW YORK STATE MIGRANT EDUCATION PROGRAM

## IDENTIFICATION & RECRUITMENT OFFICE

### PARENT SURVEY

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

Please take few minutes to complete this questionnaire.

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

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



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

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

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

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

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

To submit this referral please fax to 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.





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

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

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

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

## Home Language Questionnaire (HLQ)

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

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <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"/> Mother	<input type="checkbox"/> Father	_____ specify
	<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
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write

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

**SCHOOL DISTRICT INFORMATION:**

Edwards-Knox Central School 2512 CR 24, Hermon, NY 13652

District Name (Number) & School

Address

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

--

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> _____ MO. DAY YR.	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> _____ MO. DAY YR.	<b>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</b> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

# 2022-23 School Year

## New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

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

**Dose requirements MUST be read with the footnotes of this schedule**

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



**Department  
of Health**

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
  - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
  - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. PCV is not required for children 5 years or older.
  - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

For further information, contact:

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

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



**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM****TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

**STUDENT INFORMATION**

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

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached Date Drawn: _____

**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): ☐ <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 >

Hypertension: ☐ No ☐ Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

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

**System Review and Exam Entirely Normal****Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

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

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

Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <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>Accommodations:</b> Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic         </div> <div> <input type="checkbox"/> Colostomy Appliance*         </div> <div> <input type="checkbox"/> Hearing Aids         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insulin Pump/Insulin Sensor*         </div> <div> <input type="checkbox"/> Medical/Prosthetic Device*         </div> <div> <input type="checkbox"/> Pacemaker/Defibrillator*         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Protective Equipment         </div> <div> <input type="checkbox"/> Sport Safety Goggles         </div> <div> <input type="checkbox"/> Other:         </div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:				<b>Date:</b>
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				

Ms. Erin E. Woods  
Superintendent of Schools  
(315)562-8130  
Fax: (315)562-2477

Mrs. Amy Sykes  
7-12 Principal  
(315)562-8131  
Fax: (315)562-2477

Ms. Lura Hughes  
PK-6 Principal  
(315)562-8132  
Fax: (315)562-2477

**EDWARDS-KNOX CENTRAL SCHOOL DISTRICT**

2512 COUNTY ROUTE 24  
HERMON, NEW YORK 13652

BUS GARAGE: (315) 562-8133  
MAIN OFFICE FAX: (315) 562-2477  
[www.ekcsk12.org](http://www.ekcsk12.org)

**BOARD OF EDUCATION**

Penny Allen, Pres.  
Todd Wells, Vice-Pres.  
Malissa Hale  
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Krista Krull-Goss  
Dustin Lottie  
Thomas O'Brien  
Roger Tresidder  
Brandi Graham, Clerk

Dear Parent or Guardian:

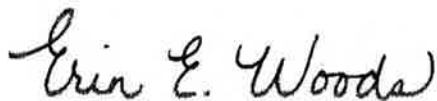
Each school district is mandated by law (section 904) to provide an examination by the school physician of those pupils whose parents do not provide these reports from their family physician. Consequently, a parent does have the right to have their child examined by either their own family physician (at their own cost) or by the school's physician. Alana Stevenson, FNP-C, or Dr. John Duffy, MD does all the physical exams that are done within the school setting. Physicals are required by New York State on all pupils attending grades Prekindergarten, Kindergarten, 1, 3, 5, 7, 9 and 11. Physicals are also required for any pupil playing sports, for Special Education Students, for all referrals to the Committee on Special Education, for all CSE students who are having a triennial evaluation, for all BOCES first year students who are attending the Health Occupations class, for all entrants from out of state, for all new students attending our school (including Pre-Kindergarten students), and for those requiring working papers.

During the required examination, the PA and/or MD checks the skin, eyes, nose, throat, heart, lungs, checks for structural deformities, abdomen, and external genitalia (all males). This examination does not include a vaginal exam nor a breast exam. Height, weight, BMI, blood pressure, pulse, vision, and hearing are done by the school nurse prior to the physical exam.

A parent has the right to be present for any physical examination given at the school. If a parent so desires to be present, they must notify the school nurse.

It is mandatory that we have a permission slip signed by the parent and returned to the school nurse prior to the scheduled physicals, indicating your decision regarding this physical.

Sincerely,



Erin E. Woods  
Superintendent of Schools

EW/bg

\* \* \* \* \*

I give my permission for my child, \_\_\_\_\_ to have a physical by the school physician.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Edwards-Knox Central 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 (315) 562-8130, 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. Skip to Part 5, and sign the application.

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 Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	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

CEPI/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 FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDIPIR (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 FDIPIR 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.

PRIVACY ACT STATEMENT

Insert your LEA's privacy policy statement here.

(This summary gives a brief description of the full contents of the thirty-seven page document and should not be used for a full understanding. Page numbers are include as a reference to the full plan)

The Edwards-Knox Board of Education is committed to providing a safe and orderly school environment where students may receive and district personnel may deliver quality educational services without disruption or interference. Responsible behavior by students, teachers, coaches, other district personnel, parents and other visitors is essential to achieving this goal and will be enforced.

The district has definite expectations for conduct on school property and at school functions. These expectations are based on the principles of respect/tolerance, citizenship, character, honesty and integrity.

In accordance with the Dignity for All Students Act, School District policy and practice must ensure that no student is subject to discrimination or harassment, based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender/gender identity or sex by school employees or students on school property, on a school bus, or at a school function.

The Board of Education recognizes the need to clarify these expectations for acceptable conduct on school property, to incorporate the possible consequences of unacceptable conduct, and to carryout discipline when necessary, and to ensure that discipline is administered promptly and fairly.

This summary of the school district Code of Conduct has been developed as required by the New York State SAVE Act and will be distributed to students and parents at the beginning of the school year. The entire code is available on the Edwards-Knox website ([www.ekcsk12.org](http://www.ekcsk12.org)), under NYS required links. A copy can be obtained from the District Office upon request. This Code has been adopted by the Board of Education annually at an open meeting and is submitted to the New York State Education Department as required by law. The code clearly defines a multitude of terms to ensure and promote a safe and healthy atmosphere.(p.3-6)

The Code contains the following provisions:

\* Students rights and responsibilities to assure the safety and security of all students and personnel while on school property henceforth to include a school bus or attending extracurricular events. (p.6-7)

\*Essential partners are thoroughly explained and include: parents, guardians, teachers, all school personnel, administration and the Board of Education. (p.8-10)

\*Appropriate conduct, dress and language when on school property, including school functions and extracurricular activities as well as appropriate range of disciplinary procedures that may be imposed for violations of the Code. (p.11-23)



\*Provisions for the removal from the classroom, school property (including school functions and extracurricular activities and sports, including off campus events) detention, suspension of students or other persons who violate the Code or who possess or use illegal substances or weapons, use of physical force, vandalize school property, or violate another student's civil rights, or threaten violence. Provisions are outlined to ensure continued educational programming occurs while a determination can be made. (p.16-23)

\*Provisions that ensure that enforcement of the Code is in compliance with state and federal laws relating to students with disabilities. (p.23-26)

\*Procedures regarding notifying local human service agencies and or law enforcement agencies of Code violations which constitute a crime and or a referral is necessary. (p.15-16, p.27-28)

\*Provisions for notifying persons in parental relation to the student of Code violations by the student and the right to due process. (p.16-27)

\*Provisions and procedures by which a complaint will be fixed whether in criminal court, a juvenile delinquency petition or person in need of supervision petition as defined in Article Three and Seven of the Family Court Act. (p.17, p.21-23)

\*Detailed explanations regarding disciplinary procedures, suspensions from transportation, events, extracurricular activities, sports, the educational process and loss of other privileges. Consequences vary depending on the frequency and or severity of the behavior involved. (p.16-22)

\*Provisions by which students may be searched and or questioned by school administration are outlined. (p.26-28)

\*Proper reporting procedures for all conduct including Corporal Punishment. (p.26-27)

\*Procedures, guidelines and paperwork required for volunteers and chaperones. (p.29-30)

\*Acceptable use policy for all students and personnel for technology and electronic devices. (p.32-33)

\*The publication, dissemination and review of the Code. (p.33-34)

Please feel free to contact the Main or District Office to inquire about the plan or request a full copy of the Code of Conduct.