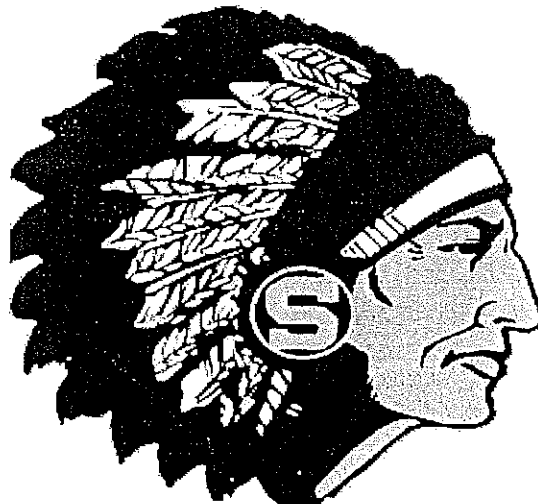


# Stillwater Central School District

## Enrollment/Registration

*"To guide and prepare our students academically, socially, emotionally and physically to reach their full potential."*



1068 Hudson Avenue

Stillwater, N.Y. 12170

(518) 373-6100

# Registration Checklist

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Grade*

| <i>Enrollment/Registration</i>                    | <i>Date</i> | <i>Received/Approved by:</i> | <i>Other Notes</i> |
|---|-------------|------------------------------|--------------------|
| Packet Given                                      |             |                              |                    |
| Proof of Age (Birth Certificate etc)              |             |                              |                    |
| Copy Of License                                   |             |                              |                    |
| Initial Proof of Residency                        |             |                              |                    |
| Custody/Legal Documents                           |             |                              |                    |
| Immunizations                                     |             |                              |                    |
| Physical  |             |                              |                    |
| Registration/Transportation Form                  |             |                              |                    |
|   |             |                              |                    |
| <b>Enrollment Status: Yes      No</b>             |             |                              |                    |
|   |             |                              |                    |
| <b>Additional Information Needed:</b>             |             |                              |                    |
| Homeless Questionnaire                            |             |                              |                    |
| Academic Information Sheet<br>(MS/HS Only)        |             |                              |                    |
| Records Request                                   |             |                              |                    |
| Health History Update                             |             |                              |                    |
| Acceptable Use Policy                             |             |                              |                    |
| HLQ   |             |                              |                    |
| Free/Reduced Lunch                                |             |                              |                    |
| Sport/Physical Form<br>(MS/HS only if applicable) |             |                              |                    |
|   |             |                              |                    |
| Administrator Approval                            |             |                              |                    |
| Transfer to Guidance<br>(MS/HS Only)              |             |                              |                    |
| Transfer to Elementary                            |             |                              |                    |
|   |             |                              |                    |
| Counselor's Meeting<br>(MS/HS Only)               |             |                              |                    |

# New Student Registration



The information below is designed to answer frequently asked questions about the school registration process for new students.

Only children who are at least 5 years old as of December 1<sup>st</sup> of the year of enrollment, under 21 and do not possess a high school diploma may enroll. In addition, children seeking to enroll must be residents of the District. Generally, a student is resident of the place that his/her parent(s) reside.

## **Where is new student registration held?**

Registration takes place in the Student Center (373-6100, ext 30040) for students that are currently enrolled in Kindergarten and Grades 1-12. Children entering kindergarten must be five years old by December 1 of the year they begin school. Registration for kindergarten is held at the elementary school during the month of April of the year prior to entrance.

To ensure someone is available to assist you, please call before visiting. Parents or guardians must accompany all new students.

## **What information is needed to register?**

1. Proof of Age: Original documentation of birth, in the form of an original, state issued birth certificate, baptismal certificate or passport. Other forms of documentation may be offered if the above are not available.
2. Proof of Residency: Please provide a copy of the deed to the home in which you reside, a purchase contract, showing you are purchasing a home in the District, with a letter from your attorney stating the approximate date and time of closing, your Lease Agreement or statement from your landlord, home owner and /or Tenant from whom you lease or live with, or a statement from a third party establishing the physical presence of the parent(s)/ guardian(s) in the school district.
3. Official immunization record signed by a physician or clinic staff.
4. Health Appraisal Form, Dental Health Certificate (within 12 months of the year enrolled).
5. Custody papers, if applicable. If the student is not the biological child, documentation must be presented which proves a permanent and total transfer of custody and control has been achieved.

## **Helpful Information**

Please register as early as possible. In cases where students are registered 2 days or less before school begins, they may be unable to begin school or have bus transportation on opening day.

Only documents using the student's legal name (the name that appears on the original birth certificate or name change document) will be included in the student's official record. The complete name and mailing address of the student's previous school must be provided to the registrar. Academic records, including transcripts or most recent report cards, should be presented to the school after registration is completed.

## Stillwater Central School District Registration Guidelines

It is the duty of the administration of Stillwater Central Schools to establish clear guidelines for the registration of new students. In an effort to ensure that all students are properly placed, we ask that parents/guardians prove residency.

Parents/Guardians must provide the following for review:

Drivers License: with physical address of residence will also require 1 additional document.  
(see list below)

**OR**

Drivers License: with PO Box will require 2 additional documents.  
(see list below)

- Proof of residency within the school district should include the name and address of the legal parent/guardian.
- Utility bills must be no more than 30-days old and show current service address.
- Registration documentation can be subject to a final review by the building administrator.

### Additional Acceptable Documents:

- Utility Bill-Gas, Electric, Waste, Cable, Landline(non-cell)
- STAR Exemption
- Assistance letter
- Voter Registration (most recent election)
- Automobile Insurance
- Mortgage statement (matching utility bill)
- Lease Agreement
- Homeowner's Insurance
- Renter's Insurance

**Enrollment Acknowledgement**

Name of Student (s):

I hereby acknowledge that I, \_\_\_\_\_ on \_\_\_\_\_ at

*(Print Name of Parent/Guardian)*

*(Date)*

\_\_\_\_\_ a.m./p.m. has officially enrolled my child(ren) in the Stillwater Central School District.

*(Time)*

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Individual Enrolling: \_\_\_\_\_

Ethnicity for Reporting Purposes (Please check appropriate line):

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander

# Stillwater Elementary School

1068 Hudson Avenue

Stillwater N.Y. 12170

Elementary Interim Principal: Dr. Ray Colucciello

Phone: (518) 373 - 6100

Fax: (518) 373 - 6194

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

Dear Principal:

\_\_\_\_\_ has enrolled in the Stillwater Elementary School District and has been assigned to a \_\_\_\_\_ grade classroom.

In order to serve the student in the most efficient manner, please forward the following documents to the Stillwater Central School District: copies of health and immunization records, academic records, results of standardized tests, psychological records, RTI plans and any other information pertinent to this student

Thank you for this as we all work to make this transition as smooth as possible on the student's behalf.

Sincerely,

Ray Colucciello  
Interim Elementary Principal

Authorization is hereby granted to the Stillwater Elementary School to request all health, academic and psychological records for the following student:

Student Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Stillwater Central School District  
Guidance Office

Transfer of Information – Request of Records

I give permission to the Stillwater Central School District to request information concerning my child,

\_\_\_\_\_ Grade \_\_\_\_\_

**From:**

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

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**

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

As per the Buckley Amendment, reg. 9931, under the following conditions prior consent is not required to disclose information.

- (1) An educational agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is...
- (2) To officials of another school or school system in which the student seeks or intends to enroll...

**We are requesting:**

- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Current Report Card
- \_\_\_\_\_ Standardized Test Scores
- \_\_\_\_\_ Regents Competency Test(s) (NY students only)
- \_\_\_\_\_ PSAT, ACT, ACH, AP Results
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Psychological Records
- \_\_\_\_\_ Special Education Records, including most recent I.E.P. (Please send directly to our special education office at the same address)
- \_\_\_\_\_ Science Labs (if applicable)
- \_\_\_\_\_ Exit grade up to the date this student left your district
- \_\_\_\_\_ Discipline Records

# Stillwater Central School District Homeless Questionnaire

Name of LEA: Stillwater Central School District

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

Name of Student: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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): \_\_\_\_\_

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

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

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

\*\*The answer you give 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, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.



**STILLWATER CENTRAL SCHOOL  
REGISTRATION/TRANSPORTATION SHEET**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Teacher: \_\_\_\_\_

|  |   |
|--|---|
| Home Address (physical location):<br>_____<br>_____<br>_____ | Mailing Address, if different (i.e. PO Box #):<br>_____<br>_____<br>_____ |
|--|---|

Describe the exact location of your residence using as many references as possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student lives with:

Mother & Father  Mother  Father  Guardian/Other \_\_\_\_\_  
Custody Papers on file?  Yes  No Duplicate Mailing?  Yes  No

Mother's Information or (Female Guardian):

|                            |                     |
|----------------------------|---------------------|
| Name: _____                | Home Phone #: _____ |
| Address: _____             | Cell Phone #: _____ |
| Place of Employment: _____ | Work Phone #: _____ |
| Email: _____               |                     |

Father's Information or (Male Guardian):

|                            |                     |
|----------------------------|---------------------|
| Name: _____                | Home Phone #: _____ |
| Address: _____             | Cell Phone #: _____ |
| Place of Employment: _____ | Work Phone #: _____ |
| Email: _____               |                     |

In accordance with Chapter 549 of the Education Law of 1986, I am providing the following list of people to whom my children, upon my written authorization, may be released from Stillwater Elementary School. These people may also be contacted in the event of an emergency and I cannot be reached:

|                     |                              |
|---------------------|------------------------------|
| Name: _____         | Relationship to child: _____ |
| Home Phone #: _____ | Cell Phone #: _____          |
|                     | Work Phone #: _____          |

|                     |                              |
|---------------------|------------------------------|
| Name: _____         | Relationship to child: _____ |
| Home Phone #: _____ | Cell Phone #: _____          |
|                     | Work Phone #: _____          |

|                     |                              |
|---------------------|------------------------------|
| Name: _____         | Relationship to child: _____ |
| Home Phone #: _____ | Cell Phone #: _____          |
|                     | Work Phone #: _____          |

|                     |                              |
|---------------------|------------------------------|
| Name: _____         | Relationship to child: _____ |
| Home Phone #: _____ | Cell Phone #: _____          |
|                     | Work Phone #: _____          |

(over)

If your child is going to be picked-up or dropped off at a location other than home, please fill in the following information. **Please remember that Kindergarten children need to be picked-up and dropped off at the same place every day.**

|                            |                     |
|----------------------------|---------------------|
| Sitter's Name: _____       | Home Phone #: _____ |
| Address: _____             | Cell Phone#: _____  |
| Place of Employment: _____ | Work Phone #: _____ |

Name and address of previous school attended:

|                       |                |
|-----------------------|----------------|
| Name of School: _____ | Phone #: _____ |
| Address: _____        | Fax #: _____   |

Does your child receive Special Education Services or have they in the past?     Yes     No

Does your child have a current Section 504 Plan?     Yes     No

If you have any questions about the Special Education Program or process, please refer to the following link:  
<http://www.p12.nysed.gov/specied/publications/policy/parentsguide.pdf> or call the Pupil Personnel Services Director at (518) 373-6100 ext. 31180.

Please list all children living with you now who are attending school or will in the future.

|              |       |               |   |       |
|--------------|-------|---------------|---|-------|
| _____        | _____ | _____         | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Child's Name | Age   | Date of Birth |   | Grade |
| _____        | _____ | _____         | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Child's Name | Age   | Date of Birth |   | Grade |
| _____        | _____ | _____         | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Child's Name | Age   | Date of Birth |   | Grade |
| _____        | _____ | _____         | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Child's Name | Age   | Date of Birth |   | Grade |

**RELEASE**

If emergency treatment is required and the parents or legal guardian cannot be reached immediately your signature in the space provided below empowers the school authorities to exercise their own judgment to transport the child to a hospital emergency room. This release also allows school physical examinations as required by State Law. Likewise your signature below is not sufficient for the release of confidential information protected by Federal Law.

|                                    |               |
|------------------------------------|---------------|
| _____<br>Parent/Guardian Signature | _____<br>Date |
| _____<br>Parent/Guardian Signature | _____<br>Date |

For office use only:

|  |
|--|
| Transportation _____ Nurse _____ Nutri-kids _____ /student # _____ |
|--|

# Stillwater Central School District Academic History

## Middle/High School Students ONLY

Has school personnel indicated that your child is having any school related difficulties?

Please explain \_\_\_\_\_  
\_\_\_\_\_

Describe your child's strengths \_\_\_\_\_  
\_\_\_\_\_

Describe areas of difficulty \_\_\_\_\_  
\_\_\_\_\_

Age your child entered school \_\_\_\_\_

Did your child attend preschool? \_\_\_\_\_

Has your child repeated any grades? \_\_\_\_\_ What grade? \_\_\_\_\_

Describe your child grades up until now (Low/Average/Superior)  
\_\_\_\_\_  
\_\_\_\_\_

Subjects your child has found difficult \_\_\_\_\_  
\_\_\_\_\_

Subjects/areas of special skills or talent \_\_\_\_\_  
\_\_\_\_\_

Has your child received tutoring or been in any special programs to help with schoolwork?

Please explain \_\_\_\_\_  
\_\_\_\_\_

List any other schools your child has attended and the approximate dates they attended

| SCHOOL | Date Attended |
|--------|---------------|
| _____  | _____         |
| _____  | _____         |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

## STILLWATER CENTRAL SCHOOL - STUDENT HEALTH HISTORY UPDATE

|   |        |             |  |
|---|--------|-------------|--|
| Name:   | DOB:   | Age:        | Gender:<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Parent/Guardian:<br>(person completing this form) | Grade: | Home Phone: | Date:  |
|   |        | Cell Phone: |  |

| Has your child ever:                                   | YES                      | NO                       | If Yes, please explain and include date:  |
|--|--------------------------|--------------------------|---|
| Had an ongoing medical condition                       | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Seen a medical specialist                              | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had allergies:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other |
| Been hospitalization                                   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had an operation                                       | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had an injury requiring an Emergency Room visit        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Missed 5 days of school in a row due to illness/injury | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had a bone/muscle injury                               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Passed out, had a concussion or serious head injury    | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had a convulsion/seizure                               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had a vision problem or condition                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> glasses <input type="checkbox"/> contacts  |
| Had a hearing problem or condition                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant  |
| Worn dental bridge, braces or mouthpiece               | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Have any family members under the age of 50 ever:      | YES                      | NO                       | If Yes, please specify:   |
| Had a heart attack                                     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Had other serious health problems                      | <input type="checkbox"/> | <input type="checkbox"/> |   |

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADHD<br><input type="checkbox"/> Asthma/trouble breathing<br><input type="checkbox"/> Autism/Asperger<br><input type="checkbox"/> Dental Injuries<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)<br><input type="checkbox"/> Headaches/migraines<br><input type="checkbox"/> Heart Conditions<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Mental Health Condition<br>(depression, eating disorder,<br>anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis<br><input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle)<br><input type="checkbox"/> Skin Condition<br><input type="checkbox"/> Speech Condition<br><input type="checkbox"/> Urinary Condition |
|--|---|---|

| CURRENT MEDICATIONS         | YES                      | NO                       | Please list name, dose, time(s)  |
|-----------------------------|--------------------------|--------------------------|--|
| Given at school             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Taken at home               | <input type="checkbox"/> | <input type="checkbox"/> |  |
| ASSISTIVE EQUIPMENT         | YES                      | NO                       | Please check all that apply  |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:                              |
| TREATMENTS                  | YES                      | NO                       |  |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring<br><input type="checkbox"/> special diet |

Is there any condition that would prevent your child from participating in physical education or sports?

No  Yes: \_\_\_\_\_

Please list any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

### RELEASE

If emergency treatment is required and the parents or legal guardian cannot be reached immediately your signature in the space provided below empowers the school authorities to exercise their own judgment to transport the child to a hospital emergency room. This release also allows school physical examinations as required by State Law. Likewise your signature below is not sufficient for the release of confidential information protected by Federal Law.

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

**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"/> Medication/Treatment Order Attached  | <input type="checkbox"/> Anaphylaxis Care Plan Attached |
| <input type="checkbox"/> Yes, indicate type  | <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication | <input type="checkbox"/> Environmental                  |

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

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

|   |   |   |
|---|---|---|
| <b>Diabetes</b> <input type="checkbox"/> No | <input type="checkbox"/> Medication/Treatment Order Attached  | <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached |
| <input type="checkbox"/> Yes, indicate type | <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ | 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 >

**Hyperlipidemia:**  No  Yes      **Hypertension:**  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

**Height:** \_\_\_\_\_      **Weight:** \_\_\_\_\_      **BP:** \_\_\_\_\_      **Pulse:** \_\_\_\_\_      **Respirations:** \_\_\_\_\_

| TESTS  | Positive  | Negative                 | Date        | Other Pertinent Medical Concerns  |
|--|---|--------------------------|-------------|---|
| PPD/ PRN   | <input type="checkbox"/>                          | <input type="checkbox"/> |             | One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle |
| Sickle Cell Screen/PRN                           | <input type="checkbox"/>                          | <input type="checkbox"/> |             | <input type="checkbox"/> Concussion – Last Occurrence: _____  |
| <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 > 10 µg/dL |                          |             | <input type="checkbox"/> Other: _____   |

**System Review and Exam Entirely Normal**

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

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

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

Additional Information Attached

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

**SCREENINGS**

| Vision   | Right                    | Left                     | Referral   | Notes |
|--|--------------------------|--------------------------|--|-------|
| Distance Acuity  | 20/                      | 20/                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Distance Acuity With Lenses  | 20/                      | 20/                      |  |       |
| Vision – Near Vision   | 20/                      | 20/                      |  |       |
| Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail |                          |                          |  |       |
| Hearing  | Right dB                 | Left dB                  | Referral   |       |
| Pure Tone Screening  |                          |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Scoliosis  | Negative                 | Positive                 | Referral   |       |
| Required for boys grade 9<br>And girls grades 5 & 7                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Deviation Degree:  |                          | Trunk Rotation Angle:    |  |       |

**Recommendations:**

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

- Full Activity** without restrictions including Physical Education and Athletics.
  - Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications
    - No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
    - No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
    - Other Restrictions:**
  - Developmental Stage for Athletic Placement Process ONLY**  
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports  
 Student is at **Tanner Stage:**  I  II  III  IV  V
  - Accommodations:** Use additional space below to explain
 

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Brace*/Orthotic              | <input type="checkbox"/> Colostomy Appliance*       | <input type="checkbox"/> Hearing Aids             |
| <input type="checkbox"/> Insulin Pump/Insulin Sensor* | <input type="checkbox"/> Medical/Prosthetic Device* | <input type="checkbox"/> Pacemaker/Defibrillator* |
| <input type="checkbox"/> Protective Equipment         | <input type="checkbox"/> Sport Safety Goggles       | <input type="checkbox"/> Other:                   |
- \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: \_\_\_\_\_

**MEDICATIONS**

- Order Form for Medication(s) Needed at School attached**

|                                 |  |  |
|---------------------------------|--|--|
| List medications taken at home: |  |  |
|---------------------------------|--|--|

**IMMUNIZATIONS**

- Record Attached       Reported in NYSIIS      Received Today:  Yes  No

**HEALTH CARE PROVIDER**

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

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

## Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. 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:  Male                      Will this be your child's first oral health assessment?     Yes     No  
                   Month    Day    Year                       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 Dentist's/Dental Hygienist's Signature  
 (please print or stamp)

|  |  |
|--|--|
|  |  |
|--|--|

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.

## Stillwater Central School District Computer Acceptable Use Policy Purpose

The Board of Education provides access to various computerized information resources through the District's Computer System (DCS hereafter), consisting of software, hardware, computer networks and electronic communication systems. All use of the DCS, including off school premises, is subject to this policy, and such use must be in support of education and/or research consistent with the goals and purposes of Stillwater Central School District (SCSD hereafter).

In accordance with this policy, and the Children's Internet Protection Act, it is the responsibility of all members of the SCSD staff to educate students on proper awareness and response to cyberbullying, and how to avoid personal exploitation from use of social networking and chat room sites. All staff will supervise and monitor student access of the DCS for accessing the Internet.

The District is not responsible for inappropriate content accessed via a student's own personal technology or electronic device via an unfiltered Internet connection. Access to any computer resource in SCSD is a revocable privilege. District device and Internet access requires that the user has received a copy of this policy, and a district user account.

### As authorized users students and staff have access to:

1. Electronic mail (Students and staff have worldwide communication available.) **All email transmissions are centrally archived and retrievable.**
2. Internal and external access to DCS network shared resources and may include: a public drive, home folder, network applications, and district approved educational software.
3. Internet browsing and data storage are regularly monitored and filtered. **All internet user connections are recorded and retrievable.**

### Responsibilities (Internet Etiquette)

#### ALL authorized DCS users will:

- Maintain confidentiality of their username and password.
- Protect privacy of other users' electronic data.
- Report intentional/unauthorized attempts to "hack" network security.
- Use appropriate language and avoid forwarding inappropriate material to others.
- Not attempt to use proxy sites to bypass district firewalls.
- Desist from using personal operating systems contained on a flash or mobile drive.
- Use district technology for educational, school related matters only.
- Protect the network from viruses by scanning documents before introducing them into the network.
- Respect others' intellectual property and will refrain from plagiarizing.
- Work within the confines of the Internet web filter device.
- Post only web content that positively reflects district goals and culture.
- Obtain permission to use non-district digital resources (data storage devices are acceptable).

#### In addition, no student will attempt, use or access:

- Any electronic device during class until given explicit permission to do so.
- Verizon, AT&T, Sprint or other Internet provider for personal or shared Internet use on school grounds.
- Internet music streaming, non-educational games via CD, USB device, computer or web-browser.
- External social networking, or instant messaging sites.
- Synchronizing of school iPods, iPads or Chromebooks to personal or other iTunes accounts.
- Deleting or adding applications to school provided iPads, iPods, Chromebooks, or any district computer.
- District mobile computing devices for home use without proper permission and signed paperwork.
- Cameras on mobile devices to take or store a picture of anyone, without first obtaining that person's explicit permission, and teacher's permission.
- Any electronic device to intimidate, harass or threaten others.

#### Enforcement /consequences

Any person using the DCS in violation of this policy may lose access to the DCS, and be subject to further discipline under the District Code of Conduct.



## SIGNATURE OF UNDERSTANDING AND AGREEMENT

I have read and understand the Stillwater Central School District Computer Acceptable Use Policy. By signing this document, I indicate my willingness to abide by the Computer Acceptable Use Policy. I further understand that any violation of the regulations of the policy may result in suspension of my privileges, and/or disciplinary action in accordance with the SCSD Code of Conduct. I understand that school disciplinary and/or legal action may be taken.

In consideration for the privilege of using the Stillwater Central School District network to access the Internet and internal resources, I hereby release and agree to indemnify and hold harmless Stillwater Central School District from any and all claims or damages arising from my access or use of the network.

Student Name (print) \_\_\_\_\_ Grade \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo/Video Consent Form

At various times throughout the school year, students may be photographed/videotaped in classrooms, at special programs, or through their involvement in various activities. Pictures or videotapes may be used for orienting new parents to our school, for sharing special programs or projects with the school community, or informing others outside of our school about our programs. Individual children are not identified in any photos or videos released to the public.

Please indicate your preference below pertaining your child being photographed/videotaped while at school.

I give consent for my child to be photographed/videotaped while at school.

I do not give consent for my child to be photographed/videotaped while at school.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*If no box is checked, the default will be that your child can be photographed/videotaped.

\*\*\*\*Let us sign you up for the School News Notifier (SNN)! This service sends you up to date district and building news directly to your email inbox. Write your email(s) address(es) below and stay up to date on all the latest Stillwater News!

Parent email: \_\_\_\_\_

If you already subscribe and your child's building has changed, please go to the district website under quick links and update your preferences for SNN.



# 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 English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

**TO BE COMPLETED BY SCHOOL PERSONNEL**

DISTRICT \_\_\_\_\_ *Please print or type clearly*

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

COUNTRY OF BIRTH / ANCESTRY \_\_\_\_\_

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. \_\_\_\_\_

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION \_\_\_\_\_

DETERMINATION:  Possible LEP  
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student understand?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student speak?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student read?  English  Other \_\_\_\_\_  Does Not Read *specify*
- What language(s) does the student write?  English  Other \_\_\_\_\_  Does Not Write *specify*

7. In your opinion, how well does the student understand, speak, read and write English?

|                     | <i>Very well</i>         | <i>Only a little</i>     | <i>Not at all</i>        |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
*Signature of Parent/Guardian/Other*

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

Date Withdrew \_\_\_\_\_

Attachment Va F \_\_\_ R \_\_\_ D \_\_\_

**2018-2019 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **518-373-6100** if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Stillwater Central School District**  
**1068 Hudson Avenue**  
**Stillwater, NY 12170**

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

| Student Name | School | Grade/Teacher | Foster Child             | Homeless Migrant, Runaway |
|--------------|--------|---------------|--------------------------|---------------------------|
|              |        |               | <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 4, and sign the application.**

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

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

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 will get 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: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**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 Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: \_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

---

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

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

---

### **PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people 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.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

---

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **USE OF INFORMATION STATEMENT**

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### **DISCRIMINATION COMPLAINTS**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).



# TRANSFER NOTIFICATION

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

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

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

\_\_\_\_\_ **Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer.*

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

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

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

\_\_\_\_\_ **Other:** Refer to By-Law #30 and state applicable exemption. \_\_\_\_\_

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

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

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

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

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Student/Family Previous Address: \_\_\_\_\_

Student/Family Present Address: \_\_\_\_\_

Parent's Names and Current Address(es)  
**(Parent #1's name & address)** \_\_\_\_\_

**(Parent #2's name & address)** \_\_\_\_\_

Name of Sending School \_\_\_\_\_

Did student participate in athletics at sending school? Yes No

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

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

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

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

Name of Student \_\_\_\_\_ Date entered 9<sup>th</sup> grade \_\_\_\_\_

Did student repeat any grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Name of School(s) Attended Prior to Transfer \_\_\_\_\_

Date of entrance to this school \_\_\_\_\_ Date of withdrawal from this school \_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_

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

Relationship of this (these) person(s)? \_\_\_\_\_

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

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

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

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

# STILLWATER CENTRAL SCHOOL DISTRICT 2018-2019 SCHOOL CALENDAR

| JULY 2018 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | T  | F  | S  |
|           |    |    | 4  | 5  | 6  | 7  |
| 1         | 2  | 3  |    |    |    |    |
| 8         | 9  | 10 | 11 | 12 | 13 | 14 |
| 15        | 16 | 17 | 18 | 19 | 20 | 21 |
| 22        | 23 | 24 | 25 | 26 | 27 | 28 |
| 29        | 30 | 31 |    |    |    |    |

| JANUARY 2019 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | T  | F  | S  |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

|                 |                             |
|-----------------|-----------------------------|
| July 4          | Independence Day            |
| September 3     | Labor Day                   |
| September 4 & 5 | Supt. Conference Days       |
| September 6     | Classes Begin               |
| October 8       | Columbus Day                |
| November 9      | Emergency Release Day       |
| November 12     | Veterans' Day Observed      |
| November 21-23  | Thanksgiving Recess         |
| December 21     | Holiday Recess Begins       |
| January 2       | Classes Resume              |
| January 21      | Martin Luther King, Jr. Day |
| January 22-25   | Regents Testing Days        |
| February 18-22  | Mid-Winter Recess           |
| April 19        | Good Friday                 |
| April 22-26     | Spring Recess               |
| May 27          | Memorial Day                |
| June 3          | Regents Testing Day         |
| June 18-26      | Regents Testing Days        |
| June 26         | Regents Rating Day          |

| AUGUST 2018 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| S           | M  | T  | W  | T  | F  | S  |
|             |    |    | 1  | 2  | 3  | 4  |
| 5           | 6  | 7  | 8  | 9  | 10 | 11 |
| 12          | 13 | 14 | 15 | 16 | 17 | 18 |
| 19          | 20 | 21 | 22 | 23 | 24 | 25 |
| 26          | 27 | 28 | 29 | 30 | 31 |    |

| FEBRUARY 2019 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | T  | F  | S  |
|               |    |    |    |    | 1  | 2  |
| 3             | 4  | 5  | 6  | 7  | 8  | 9  |
| 10            | 11 | 12 | 13 | 14 | 15 | 16 |
| 17            | 18 | 19 | 20 | 21 | 22 | 23 |
| 24            | 25 | 26 | 27 | 28 |    |    |

| SEPTEMBER 2018 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| S              | M  | T  | W  | T  | F  | S  |
|                |    |    |    |    |    | 1  |
| 2              | 3  | 4  | 5  | 6  | 7  | 8  |
| 9              | 10 | 11 | 12 | 13 | 14 | 15 |
| 16             | 17 | 18 | 19 | 20 | 21 | 22 |
| 23             | 24 | 25 | 26 | 27 | 28 | 29 |
| 30             |    |    |    |    |    |    |

| MARCH 2019 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | T  | F  | S  |
|            |    |    |    |    | 1  | 2  |
| 3          | 4  | 5  | 6  | 7  | 8  | 9  |
| 10         | 11 | 12 | 13 | 14 | 15 | 16 |
| 17         | 18 | 19 | 20 | 21 | 22 | 23 |
| 24         | 25 | 26 | 27 | 28 | 29 | 30 |
| 31         |    |    |    |    |    |    |

- Classes Not in Session
- Regents Testing Days
- Supt. Conference Day
- Professional Development Day

| OCTOBER 2018 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | T  | F  | S  |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

| APRIL 2019 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | T  | F  | S  |
|            |    | 1  | 2  | 3  | 4  | 5  |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 |
| 13         | 14 | 15 | 16 | 17 | 18 | 19 |
| 20         | 21 | 22 | 23 | 24 | 25 | 26 |
| 27         | 28 | 29 | 30 |    |    |    |

|                                   |            |
|-----------------------------------|------------|
| September                         | 17         |
| October                           | 21         |
| November                          | 18         |
| December                          | 14         |
| January                           | 21         |
| February                          | 15         |
| March                             | 20         |
| April                             | 16         |
| May                               | 22         |
| June                              | 17         |
| <b>Total Number of Pupil Days</b> | <b>181</b> |
| Professional Development Day      | 1          |
| Supt. Conference Day:             | <u>4</u>   |
|                                   | <b>186</b> |

| NOVEMBER 2018 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | T  | F  | S  |
|               |    |    |    | 1  | 2  | 3  |
| 4             | 5  | 6  | 7  | 8  | 9  | 10 |
| 11            | 12 | 13 | 14 | 15 | 16 | 17 |
| 18            | 19 | 20 | 21 | 22 | 23 | 24 |
| 25            | 26 | 27 | 28 | 29 | 30 |    |

| MAY 2019 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | T  | F  | S  |
|          |    |    |    | 1  | 2  | 3  |
| 4        | 5  | 6  | 7  | 8  | 9  | 10 |
| 11       | 12 | 13 | 14 | 15 | 16 | 17 |
| 18       | 19 | 20 | 21 | 22 | 23 | 24 |
| 25       | 26 | 27 | 28 | 29 | 30 | 31 |

| DECEMBER 2018 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | T  | F  | S  |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 | 29 |
| 30            | 31 |    |    |    |    |    |

| JUNE 2019 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | T  | F  | S  |
|           |    |    |    |    |    | 1  |
| 2         | 3  | 4  | 5  | 6  | 7  | 8  |
| 9         | 10 | 11 | 12 | 13 | 14 | 15 |
| 16        | 17 | 18 | 19 | 20 | 21 | 22 |
| 23        | 24 | 25 | 26 | 27 | 28 | 29 |
| 30        |    |    |    |    |    |    |

Adopted 2/27/2018

# Sign up for SNN and receive news right in your email inbox!



Questions? Call the  
Communications Office  
at 373-6100, ext. 32418.

All members of the Stillwater community are encouraged to sign up for "School News Notifier" (SNN)—a system designed to help keep parents, students, grandparents, taxpayers and others more in touch with what is happening in our schools.

You can choose to receive one or more of the following notifications: District News (includes information about board meetings, budget and the district's e-newsletter), Elementary School News, Middle School News, High School News, and Special Education News.

To sign up, go to [www.scsd.org](http://www.scsd.org) and click on the SNN logo as shown at left. Or, go directly to <https://snn.neric.org/stillwater> to register.