

## Welcome to Alfred-Almond Central School

### Elementary/Jr/Sr High School Enrollment Packet

The following documentation needs to be submitted prior to your child entering Alfred-Almond School District. Your child will not be eligible to attend until all paperwork has been submitted and approved.

- ☐ Completed Enrollment Packet
- ☐ Copy of original Birth Certificate
- ☐ Proof of Residency
- ☐ Current physical, one that is dated one year or less from the date of enrollment
- ☐ Immunization Record with all immunizations up to date or letter of medical exemption from Physician
- ☐ Interval Health History Form completed by Parent/Guardian

#### For Jr/Sr High School Enrollment Only

- ☐ Sports Sign up Form if planning to participate

<b><u>For Office Use Only</u></b>	
Documentation Received By:	
Date Documentation Received:	
Date Approved:	



# ALFRED-ALMOND CENTRAL SCHOOL

## STUDENT HOUSING QUESTIONNAIRE

Name of District: \_\_\_\_\_

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

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

Gender: ☐ Male  
☐ Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
☐ Non-binary Month Day Year (preschool-12)

Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(or Student Identification Number)

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

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

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

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

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

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

\_\_\_\_\_  
Date

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subject the person to liability for tuition or other costs. TEC Sec. 25.002(2)(d).*



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

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

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

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

## Home Language Questionnaire (HLQ)

**Dear Parent or Person in Parental Relation:**

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

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
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

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<b>Language Background</b> (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 _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 _____ <input type="checkbox"/> Guardian(s) _____	<input type="checkbox"/> Parent 2 _____ <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

Alfred-Almond School District

STUDENT ENROLLMENT FORM

Today's Date \_\_\_\_\_

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

Student's Legal Name \_\_\_\_\_  
Please Print Last Name First Name Middle

Office Use Only
Student ID _____
Teacher/HMRM _____

Name Called \_\_\_\_\_

**FAMILY HEAD OF HOUSEHOLD**

Home Telephone: \_\_\_\_\_ Unlisted: ☐ Yes ☐ No

Parent Status: Married: ☐ Separated: ☐ Divorced: ☐ Single: ☐

Student Resides With: Both Natural Parents ☐ One Natural Parent ☐ Natural Parent/Step Parent ☐ Guardian ☐ Foster ☐

Is there a Court Ordered Custody Document? ☐ Yes ☐ No IF Yes, please provide the school with a copy

Dwelling Address:	
Apt: _____	Lot: _____
County: _____	
Subdivision/Apt Complex	

Mailing Address (if different):

Parent/Guardian 1:	Relationship:	Type	Day	Ext.
Last Name First Name Middle				
Does student live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone 1			
Occupation/Employer: _____	Phone 2			
	Phone 3			
Address (if different): _____		Email: _____		

Parent/Guardian 2:	Relationship:	Type	Day	Ext.
Last Name First Name Middle				
Does student live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone 1			
Occupation/Employer: _____	Phone 2			
	Phone 3			
Address (if different): _____		Email: _____		

Do you: own ( ) rent ( ) or share ( ) residence with another family?

If you share this residence with another family, list family/owner's name here: \_\_\_\_\_

Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes ☐ No ☐

**STUDENT INFORMATION**

Male: ☐ Female: ☐ Birth Date \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
MM / DD / YYYY

Ethnic Group/Race:

Alaskan Native ☐ American Indian: ☐ Asian: ☐ Black/African American: ☐ Pacific Islander/Hawaiian ☐ White: ☐

Is the student Hispanic, Latino or of Spanish origin? Yes ☐ No ☐

Ninth grade entry date: \_\_\_\_\_ Entry Date in US \_\_\_\_\_

Birth Place: \_\_\_\_\_ Entry Date to Public School: \_\_\_\_\_  
City State County MM / DD / YYYY

What was the first language your student learned? \_\_\_\_\_ Language spoken most often \_\_\_\_\_

Alfred-Almond School District

STUDENT ENROLLMENT FORM

Today's Date \_\_\_\_\_

Pre-K Experience (Choose One): \_\_\_\_\_  
(For all students)

1. Pre-K Program – Public School	5. Private – Not for profit
2. Publicly Sponsored (including Title I)	6. Private – For profit
3. Headstart	7. Did not attend a Pre-K program
4. Other Public School	

High School Program of Study: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

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

County + State –OR– Country of last school attended: \_\_\_\_\_

Has the student you are enrolling today EVER attended Alfred-Almond school before? Yes \_\_\_\_ No \_\_\_\_

If yes, list the grade/year enrolled: \_\_\_\_\_

Names and ages of siblings under 18:

_____ Last	_____ First	_____ Middle	_____ Age	_____ Last	_____ First	_____ Middle	_____ Age
_____ Last	_____ First	_____ Middle	_____ Age	_____ Last	_____ First	_____ Middle	_____ Age

Does your student need to take medication at school? Yes \_\_\_\_ No \_\_\_\_ Medication \_\_\_\_\_

Special medical problems/drug allergies? \_\_\_\_\_

Licensed Health Care Provider: \_\_\_\_\_ Licensed Health Care Provider Phone: \_\_\_\_\_

**SPECIAL SERVICES PARTICIPATION**  
Does your student receive any of these services?

Accelerated Learning \_\_\_\_\_ ESL \_\_\_\_\_ Special Education/IEP \_\_\_\_\_ Speech \_\_\_\_\_  
504 Plan \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

**OFFICE USE ONLY**

Entry Date: _____	Proof of Residency: _____	W/D Date: _____	W/D Code: _____
Birth Certificate: _____		School: _____	
Registered by: _____	Withdrawal Form: _____	Address: _____	
Handbook/Parent Information Guide: _____		Date Records Sent: _____	
Bus Number: _____		Date Records Requested: _____	
Immunization Records Received: _____		Date Records Received: _____	

Please fill out the following information in case of an emergency:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List two people that we can contact in the event of an emergency and you cannot be reached:

Person 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Person 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Please provide a list of people authorized to pick your child up from school. This is a list of any person you may send to pick your child up (grandparent, babysitter, sibling, etc.)

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If there is anyone that is not allowed to pick up your child please list them below. If you have a court order please provide the school with a copy.

Do not release my child to:

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## Physical Education Grading Decision

The Board of Education approved a resolution which puts the decision making ability about Physical Education grades in the hands of students and their parents. This resolution gives parents and students the option to add the Physical Education grade to the student's cumulative grade point average for grades 9-12. The choice of including the Physical Education grade as a part of their cumulative grade point average or not including it is a decision which should be carefully weighed because it is made only one time in a student's high school career. This decision **cannot** be changed. Please fill out the choice below and both parent and student need to sign.

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\_\_\_\_\_  
(Student Name)

\_\_\_\_\_ Yes, include the Physical Education grade in my cumulative grade point average.

\_\_\_\_\_ No, do not include the Physical Education grade in my cumulative grade point average.

We have read and understand the above statements and realize that our decision is irreversible.

\_\_\_\_\_  
(Parent/Guardian Signature)

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

\_\_\_\_\_  
(Student Signature)

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





# Alfred-Almond Central School District

I am an Eagle, watch me soar!

*Superintendent Office*  
6795 State Route 21  
Almond, NY 14804  
Telephone: 607-276-6501  
Fax: 607-276-6556

*Middle/High School (7-12)*  
6795 State Route 21  
Almond, NY 14804  
Telephone: 607-276-6555  
Fax: 607-276-6556

*Elementary School (UPK-6)*  
6795 State Route 21  
Almond, NY 14804  
Telephone: 607-276-6525  
Fax: 607-276-6556

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

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

Dear Parents/Guardians,

By New York State Law, we are required to administer screening tools to new students who are entering New York State public education for the first time. The purpose of this screening is to discover whether or not a child has any special learning needs.

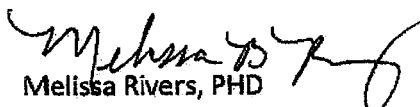
The following tests will be administered by our educational staff during screening sessions:

Kaufman Brief Intelligence Test (K-BIT)  
iReady Benchmarking Assessments (Reading and Math)

Please sign and return the permission slip to the Elementary Office at your earliest convenience. Each testing session will last approximately 30-45 minutes and will be scheduled within two (2) weeks following receipt of your permission. There will be minimal instructional interference during these assessments. If specific learning differences are identified, you and the appropriate personnel will be contacted to see what needs, if any, are met.

If you have any questions about the screening process or the results, please feel free to contact me to discuss your questions or concerns.

Sincerely,

  
Melissa Rivers, PHD  
Middle/High School Principal

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I grant permission for my child, \_\_\_\_\_ to be screened as described above.

Student Grade Level \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (print)

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

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



Alfred-Almond Central School  
Health History to be completed by Parent/Guardian  
Please Return Completed Form

Student Name:	DOB:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (Name of person completing this form)	Phone: Email:	Date:	

Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Has an Epi-Pen	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation or hospitalization	<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
Ever diagnosed with a heart condition/murmur	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever	<input type="checkbox"/> YES	<input type="checkbox"/> 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:**

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
  
- ☐ GI Condition
- ☐ Headaches/migraines
- ☐ High Blood Pressure
- ☐ Urinary Condition
- ☐ Mental Health Condition
  
- ☐ Scoliosis
- ☐ Single Organ (☐kidney, ☐testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Other: \_\_\_\_\_

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school (Doctor's Order Needed)	<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

Alfred-Almond Central School  
Health History to be completed by Parent/Guardian  
Please Return Completed Form

		<input type="checkbox"/> special diet
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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) \_\_\_\_\_

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

Reviewed by School Nurse: \_\_\_\_\_

## 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." 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 must 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	Pre-Kindergarten (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

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. 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 through 10: 10 years; minimum age for grades 11 and 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 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 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 New York State 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, must 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 pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - d. Rubella: At least one dose is required for all grades (pre-kindergarten 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 through 11: 10 years; minimum age for grade 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.
  - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.
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 CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

For further information, contact:

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

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

New York State Department of Health/Division of Vaccine Excellence  
health.ny.gov/immunization



**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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

**STUDENT INFORMATION**

Name	Sex: <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	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type:      Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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

BMI \_\_\_\_\_ kg/m2

**Percentile (Weight Status Category):** ☐ <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    ☐ Not Done      **Hypertension:** ☐ No    ☐ Yes    ☐ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>List Other Pertinent Medical Concerns</b> (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$				

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

<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

☐ **Assessment/Abnormalities Noted/Recommendations:**

Diagnoses/Problems (list)

ICD-10 Code\*

☐ **Additional Information Attached**

\*Required only for students with an IEP receiving Medicaid

Name:				DOB:	
<b>Vision &amp; Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, &amp; 11</b>					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Done <input type="checkbox"/>
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
<b>Developmental Stage for Athletic Placement Process</b> <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <b>Age of First Menses (if applicable) :</b> _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
<b>IMMUNIZATIONS</b>					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIS					
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: (please print)					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					

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

**Please complete the form even if you do not plan to participate. Circle one per season.**

**Fall Sports**

Boys Soccer

Girls Soccer

Girls Tennis

Cross-Country (Arkport)

I don't plan to participate

**Winter Sports**

Boys Basketball

Girls Basketball

Indoor Track (Arkport)

Skiing

Swimming

Wrestling

I don't plan to participate

**Spring Sports**

Baseball

Softball

Boys Tennis

Girls Track

Boys Track

I don't plan to participate



## Alfred-Almond Parent/Guardian Permission Form

### Grades 4-7

### Google Apps for Education

What Google tools will my child be using?

Grades 4-6: Google Drive, Google Calendar, Google Contacts, and Google Sites. Google Photos will be allowed. Google Drive combines unlimited cloud storage with 4 applications: Docs, Sheets, Slides, and Forms. **Please note:** Google Email and Google Hangout will be disabled for elementary students. They will only be able to interact with people within our school community.

Grade 7: Students entering Jr. High school will have access to all elementary programs, as well as the addition of Gmail.

While providing online services to children under 13, schools and parents/guardians must be aware of the Child Online Privacy Protection Act (COPPA) and Family Educational Rights and Privacy Act (FERPA). COPPA is a law that requires parental consent for the online collection of information of underage users.

For more information regarding COPPA and FERPA visit [www.coopa.org](http://www.coopa.org) and <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

As the parent/guardian of \_\_\_\_\_

☐ I ALLOW my child to be part of Alfred-Almond's Google Apps for Education program.

☐ I DO NOT allow my child to be part of Alfred-Almond's Google Apps for Education program.

Parent/Guardian name (printed): \_\_\_\_\_

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

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

It is important to note that children who do not have permission to use Google Apps for Education will never be academically penalized. We support a parent's decision to choose. However, on occasion, unauthorized students may experience more difficulty collaborating, sharing, and completing schoolwork that students who do have complete access. If you have any questions, please feel free to contact the school's principal or the technology department.



## Acceptable Use Policy

I, \_\_\_\_\_ the student, have read the district's Acceptable Use Policy and agree to abide by their provisions. I understand that violation of these provisions may constitute suspension or complete loss of system access and related privileges.

\_\_\_\_\_  
(Student's Signature)

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

\_\_\_\_\_  
(Grade)

I, the parent/guardian of \_\_\_\_\_, have read the district's Acceptable Use Policy in consideration for the privilege of using the district's computer network and in consideration for having access to the public networks. I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the system including, without limitations, the type of damage identified in the district's policies and regulations.

\_\_\_\_\_  
(Parent/Guardian Signature)

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

The Acceptable Use Policy is included in this packet. Please read and sign this page. Detach the Policy your records. Thank you.





## **ALFRED-ALMOND CENTRAL SCHOOL STUDENT ACCEPTABLE USE POLICY**

As Alfred-Almond Central School gains access to new technological resources we also assume new responsibilities. Our goal is to provide access to diverse technology, to support learning and enhance instruction, and to do so in a manner that is both ethical and consistent with promoting educational excellence.

### **I Purpose of Acceptable Use Policy**

This Acceptable Use Policy establishes a set of guidelines for students, teachers, administrators, and all other users of the Alfred-Almond Central School computer networks and technological equipment. It is designed to reinforce honesty, integrity, respect for the rights of others, and respect for the law. Violations of the Acceptable Use Policy will result in loss of access, as well as other disciplinary or legal action, if applicable.

### **II. Terms and Conditions**

Alfred-Almond Central School is now providing access to various computerized information resources through the use of the district's computer system. This may include access to electronic mail, on-line services, and the Internet. Unlike most traditional instructional or library media materials, our district will allow access to external computer networks not controlled by the school district, where it is impossible to screen or review all of the available materials. Use of this system is conditioned upon written agreements by both the user and parent/guardian that uses of our system will conform to the requirements of this policy.

It should be noted that use of the AACS computer equipment, Internet accounts, and networks and information is a privilege, not a right. As such, these privileges can be restricted, denied, revoked or suspended.

All data files stored on district equipment, like school lockers, remain the property of the school district and are subject to control and inspection. Student e-mail is subject to search under Federal Law. Any messages transmitted are under school jurisdiction and should be considered private.

### **III. Standards of Behavior**

- Use of the district computer resources for non-academic reasons will only be allowed with authorization from proper school personnel.
- Diskettes, paper, ribbons, etc. are the property of Alfred-Almond Central School and should not be wasted, treated improperly, or removed from their designated areas.
- Software and hardware are the property of Alfred-Almond Central School and should not be treated improperly or removed from their designated areas.

There should be no violation of privacy and personal safety. Do not give out personal information such as age, phone number, address, etc. over the AACS computer network. Violations of the privacy of others will be considered a severe offense.

#### **IV. Lawful Use of Copyright Materials**

Unlawful duplication of computer related material or violations of copyright laws is prohibited.

- No person is allowed to install personal software on district computers without proper authorization.
- No person is allowed to install district software without proper authorization.

Only public domain files (files available for public use) and files in which the author has given expressed written consent may be uploaded to the system. Individuals may download copyrighted material only for their own use following the provisions set forth in the U.S. Copyright law.

#### **V. Illegal and Commercial Uses of the Internet**

- Use of AACS computer networks for political, illegal, commercial, obscene, or other inappropriate purposes is not acceptable and will be addressed under the severe clause.
- Do not abuse computer or network hardware.
- Do not fraudulently use another person's name to send or receive messages. Violation will be considered a severe offense.

#### **VI. Accessing Information Inappropriate for Students**

Speech and actions that are inappropriate in an educational setting and violate current school policy are prohibited. These include:

- Inappropriate Language or Graphics — obscene, offensive, disrespectful, harassing, threatening, prejudicial, false, defamatory, or disrupts the educational process/environment.
- Dangerous Information - Information that, if acted upon, could cause damage or danger.

#### **VII. Use For Work or Activity That is Consistent With Educational Purpose**

- Material accessed from Alfred-Almond Central School computer networks will be used to promote educational excellence.
- Internet usage will be guided by the educational objectives of Alfred-Almond Central School.

#### **VIII. Use of Unauthorized Software**

- Do not copy or modify server or network system files.
- Do not copy any software or files that are property of AACS.

- No attempt should be made to infiltrate a computing system or damage or alter the software components or network.

#### **IX. Unauthorized Access to Files**

- All files stored on the district technology systems are the property of Alfred-Almond Central School and may be viewed by the network administrator and/or school administrators at any time.
- Keep passwords confidential.
- Do not try to learn the passwords of others.
- Do not try to read, modify, or delete files of other individuals.

#### **X. Disclaimer of Responsibility**

Alfred-Almond Central School will take caution and make reasonable efforts to monitor proper technology use; however, the student and parent/guardian must also accept responsibility. There are areas of the Internet which may contain questionable material and inaccurate information. As a result, Alfred-Almond Central School disclaims any responsibility for any inappropriate or objectionable materials that a student may obtain through school use of the Internet. Any information furnished by an individual to another user via the Internet is at the user's own risk. Alfred-Almond Central School specifically denies any responsibility for the accuracy or quality of Information obtained through its Internet services. In addition, Alfred-Almond Central School is not responsible for loss of data caused by the negligence or the users errors or omissions.

#### **XI. Internet Violations**

Inappropriate use of the Alfred-Almond Central School computer information networks will result in the following school disciplinary action. In addition to the conditions set forth below, users may also face other consequences if applicable. These may include equipment repair or replacement, debugging charges, suspension, or legal action.

1st violation - Loss of access for 2 school weeks

2nd violation - Loss of access for 4 school weeks

3rd violation - Loss of access for 10 school weeks

Severe Clause - If the violation is of such a serious degree that the individual will harm others or breach the intent of the Acceptable Use Policy, the individual will immediately have all access terminated until proper assessment of the situation. These include, but are not limited to, such things as illegal acts, violating the privacy of others, and modifying server software.

## **Parent Portal Information**

Parent Portal provides you with 24/7 access to your child's academic information. With a parent portal account, you may log on at any time to view information regarding your child's schedule, grades, and attendance.

**To create a new account**, please visit our site at [www.aacsapps.com](http://www.aacsapps.com) and select the Portal login link. Underneath the login button, first time users can use the **click here** to create a new account.

- Type your name as it appears on correspondence sent from the school (do not use nicknames like Ed for Edward)
- Obtain student ID # from report card or student schedule
- Only sign up for one child, once your account is approved you will automatically gain access to all of your children.
- Use an email address that is not likely to change. If your email address changes, you will need to request a new account.

Once you have successfully submitted your account request, district personnel will review your request and approve or deny it. Once an account is approved, you will receive an email containing a link to activate that account. Once you have activated your account, you are ready to login and view your child's information.

**To use your portal account after creation**, please visit our site ([www.aacsapps.com](http://www.aacsapps.com)) and follow the link to the parent portal login page. Once at the login page, use the email address and password that were used to create the account and click **Login**. Finally, you must agree to the terms and conditions of the site before gaining access to student information.

Once you are successfully logged into the parent portal, you will be brought to your homepage. The home page will contain links to each of your children as well as district wide announcements. You will also see a *My Account* link at the top of the page. Use that link to change your password at any time you feel your password needs to be changed.

To view academic information about your child, you must first select the child from the list on the home page. Once a child is selected, a tabbed browsing screen will display. Each tab corresponds to specific reporting that is generated from the eSchoolData student management system. These tabs include Report Cards, Assignments, Schedules, Attendance, and Transcripts. Depending on the way information is managed, some tabs may not be available to all students. To view information, simply click on the tab containing the information you are looking for.

The parent portal will allow you instant access to your child's academic information. However, grades may take some time to appear as it is up to the teacher when they post this information. Please be considerate and patient at times.