Westbury Union Free School District
Office of Central Registration 545 Dryden Street, Westbury, NY 11590
(516) 876-5100

Registration Checklist

- Registration Application (only a parent or guardian can register a student, unless the student is an emancipated minor)
- School Records Request
- Home Language Questionnaire (K-12 only)
- Emergent Multilingual Learners Language Profile (Pre-K only)
- Health Forms
  - Student Health History Form
  - Health Examination Form
  - Immunization Forms
  - Dental Form
- Student Proof of Age
  - Certified birth or baptismal certificate; if not available,
  - Passport (including a foreign passport)

If neither of these are available, the District will consider other documentation if you have had them for two years, including but not limited to: valid driver’s license, state or other government-issued ID, school photo ID with date of birth, consulate ID card, hospital or health records, military dependent ID card, documents issued by the Federal, State or local agencies, court orders or other court-issued documents, Native American tribal documents, records from non-profit international aid agencies or voluntary agencies, or other documentary evidence which can be used to determine a child’s age.

- Parent/Guardian Verification
  - Photo ID valid driver’s license, passport, military ID, resident card, or other government issued ID; or
  - Custodian Affidavit (if a judicial custody order is not available), if you are not the child’s parent or
  - DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)

- Proof of Residency
  - Homeowners
    - proof of ownership (deed, closing statement, tax bill, home insurance, or mortgage statement); and
    - Two (2) documents verifying full name and address
  - Renters
    - Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
    - Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency: pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver’s license, learner’s permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

13532955.1 1/3/2022
Westbury Union Free School District
Office of Central Registration 545 Dryden Street, Westbury, NY 11590
(516) 876-5100

REGISTRATION APPLICATION

Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: ______________________   Gender: __________      Grade: _________
Address: ___________________________________________________________________
Home Phone: _____________________________

Student resides with:  ☐ both parents    ☐ one parent  ☐ one parent and another adult  ☐ foster parents  ☐ a guardian(s)    ☐ alone with no adults

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)
☐ Shelter
☐ Hotel/motel
☐ Car, park, bus, train, or campsite
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
☐ Other temporary living situation (please describe): _________________________________
☐ In permanent housing

Support Services

Check off any services that your child is currently receiving (check all that apply):
☐ Math support    ☐ Reading support    ☐ English support (ELL)    ☐ Other __________________________

Does your child have an Individual Educational Plan (IEP)?  ☐ Yes  ☐ No

Check off any services that your child is currently receiving (check all that apply):
☐ Special education    ☐ Speech/language    ☐ Physical therapy    ☐ Occupational therapy

13532955.1 1/3/2022
Student's Siblings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
</tr>
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<tbody>
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</tbody>
</table>

Parent/Guardian 1:
Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: _______________ Gender: _________ Marital Status: ______
Address: ___________________________________________________________________
Home Phone: _______________ Cell Phone: _______________
Relationship: ______________ Email Address: ________________________________

Parent/Guardian 2:
Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: _______________ Gender: _________ Marital Status: ______
Address: ___________________________________________________________________
Home Phone: _______________ Cell Phone: _______________
Relationship: ______________ Email Address: ________________________________

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.
Foster Parent’s Last Name: ___________________________
First Name(s): ___________________________
Address: ___________________________________________________________________
Home Phone: _______________ Cell Phone: _______________
Email Address: ______________

Name of Agency: ___________________________ Caseworker: _______________________
Phone: ___________________________ Email Address: ___________________________
Emergency Contact #1
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________ Gender: _____ Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________ Email Address: ____________________________________

Emergency Contact #2
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________ Gender: _____ Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________ Email Address: ____________________________________

Emergency Contact #3
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________ Gender: _____ Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________ Email Address: ____________________________________

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?
_____________________________________________________________________________
Transportation:

Student Name: _____________________________________   DOB: ________________
Address: _______________________________________________________________________

To School:  ☐ Child will take bus to school from home address
            ☐ Child will take bus to school from childcare address*
            ☐ Parent will provide own transportation to school
            ☐ Walker/other arrangement: ________________________________________

From School: ☐ Child will take bus from school to home address
            ☐ Child will take bus from school to childcare address*
            ☐ Parent will provide own transportation from school
            ☐ Walker/other arrangement: ________________________________________

* Childcare Information (if applicable)
    Childcare provider’s name: _______________________________________________
    Childcare provider’s address: _____________________________________________
    Childcare provider’s phone: ______________________________

The following people have my permission to pick up my child from school or the bus stop:
Name: ____________________________________  Phone: _________________________
Name: ____________________________________  Phone: _________________________
Name: ____________________________________  Phone: _________________________

Parent or Guardian Oath:
I certify that I do not maintain a residence outside the boundaries of the Westbury Union Free School District (WUFSD). I understand that if the child set forth in these student registration materials is found not to be a resident of WUFSD, I may be legally responsible for paying the District’s tuition rate for the period of improper enrollment, retroactive to the first day of admission, along with any costs associated with enrolling such child. I further understand that it is my responsibility to notify the district if I change my residence. I understand that the district reserves the right to make announced and unannounced home visits for any lawful purpose, including the verification of residency.

Name of parent/guardian completing this form: ___________________________________________

Signature of parent/guardian: ____________________________________ Date: ______________
**School Records Request**

I hereby give consent to Westbury Union Free School District to obtain all necessary academic, health, medical, psychological, psychiatric or report/evaluation records, if any, pertaining to my child from my child’s former school.

I understand that the information requested will be treated as confidential and protected from disclosure, to the extent possible. I understand that I have the right to cancel my permission to release information at any time before it is released. I also understand that my consent to release information will expire in 90 days from the date indicated if not acted upon prior to that time.

Student’s Name: _____________________________________________________________________

Gender:  □ M  □ F  Date of Birth: _____________________  Last Grade Attended: __________

Former School’s Information

School Name:  _____________________________________________________________________

Address:  _________________________________________________________________________

Telephone: __________________________ Fax #: __________________________

Contact Person: __________________________ Title: __________________________

Please forward requested records to checked-off school/office

☐ Westbury High School  Grades 9-12  Tel #: 516-876-5047  Fax#: 516-876-5079

☐ Westbury Middle School  Grades 6-8  Tel #: 516-876-5082  Fax#: 516-876-2342

☐ Drexel Avenue School  Grades 1-5  Tel #: 516-876-5030  Fax#: 516-876-5032

☐ Dryden Street School  Grades PK-K  Tel#: 516-876-5039  Fax#: 516-876-5172

☐ Park Avenue School  Grades 1-5  Tel#: 516-876-5109  Fax #: 516-876-5190

☐ Powells Lane School  Grades 1-5  Tel#: 516-876-5124  Fax#: 516-876-5160

☐ Pupil Personnel  Special Ed  Tel#: 516-876-5119  Fax#: 516-876-5118

______________________________  __________________________
Parent/Guardian Signature  Date
AUTOMATED ALERT SYSTEM

Blackboard Connect is a town-wide, automated, emergency call system used to alert families to a variety of EMERGENCY and COMMUNITY OUTREACH (non-emergency) notifications. The telephone numbers provided in the Emergency contact form will be placed in Blackboard Connect, unless you notify us otherwise.

An EMERGENCY might be an early release from school for bad weather, school cancellations, or a town wide emergency such as natural disaster information. This call would go to ALL telephone numbers you provide.

A non-emergency COMMUNITY OUTREACH might be a reminder of important school happenings, town meetings, etc. This type of call will go to only one telephone number that you designate as your main contact number.

I will notify the school of all telephone number and/or email changes.

______________________________          ____________________
Signature of Parent or Guardian          Date
1. **Introduction**

Internet access is available to all students and teachers in the Westbury School District. We are very pleased to bring you this service and believe that the Internet offers vast, diverse, and unique resources for both students and teachers. Our goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The key concept underlying the Internet is interconnectivity; something that will allow administrators, teachers, and more importantly students to access an unparalleled array of communication and information resources. Students and teachers have access to general Internet tools including, but not limited to: electronic mail (e-mail); Listservs; UseNet News; File Transfer Protocol (FTP); Telnet; various search engines such as Yahoo, and Google; and the World Wide Web. These electronic search tools enable students and teachers to:

- Communicate with people all over the world
- Access information and news from various governmental agencies and research institutions
- Join discussion groups on a plethora of topics
- Access University Library Catalogs, the Library of Congress, etc.

With access to people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting.

On a global network it is impossible to control all materials and an industrious user may discover controversial information. We strongly believe, however, that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the district.

2. **It is the adopted policy of the Westbury School District to:**

- Prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications;
- Prevent unauthorized access and other unlawful online activity;
- Prevent unauthorized online disclosure, use, or dissemination of personal identification
- Provide age-appropriate training for ALL students who use the Westbury School District Internet facilities. The training provided is designed to promote the Westbury School District’s commitment to:
The standards and acceptable use of Internet services as set forth in this Westbury School District Policy;

Student safety with regard to:

- Safety on the Internet;
- Appropriate behavior while on online, on social networking Web sites, and in chat rooms; and
- Cyberbullying awareness and response.

- Compliance with the E-rate requirements of the Children’s Internet Protection Act (“CIPA”).

Following receipt of this training, the student will acknowledge that he/she received the training, understood it, and will follow the provisions of the District's acceptable use policies.

- Comply with the Children’s Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254 (h)]

3. **Definitions:** Key terms are as defined in the Children’s Internet Protection Act.

   a. **Access to Inappropriate Material:** To the extent practicable, technology protection measures are in place to block Internet, or other forms of electronic communications, access to inappropriate information.

   Specifically, as required by the Children’s Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene and/or child pornography, or to any material deemed harmful to minors.

   Subject to staff supervision, technology protection measures shall be disabled upon a request to do so by an adult patron or, in the case of minors, minimized for bona fide research and/or other lawful purposes.

   b. **Inappropriate Network Usage:** To the extent practicable, steps have been taken to promote the safety and security of users of the Westbury School district online network. All non-district electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications are blocked and not accessible within the district.

   Children do NOT have email accounts on the district’s email system. Specifically, as required by the Children’s Internet Protection Act, prevention of inappropriate network usage includes, but is not limited to: (a) unauthorized access, including so-called ‘hacking’ and other unlawful activities; and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

   c. **Supervision and Monitoring:** It shall be the responsibility of ALL members of the Westbury School District staff to supervise and/or monitor usage of the online computer network and access to the Internet in accordance with this policy and the Children’s Internet Protection Act.

   d. **Adoption:** Adopting procedures for the disabling and/or modifying of any technology protection measures shall be the sole responsibility of the Westbury School District Board of Trustees and/or their designated representatives.
Guidelines: Internet access is coordinated through a complex association of governmental agencies and regional state networks. In addition, the smooth operation of the network relies upon the proper conduct of end users who must adhere to the following guidelines listed under Internet terms and conditions. These guidelines are provided here so that you are aware of the responsibility you are about to acquire. In general, this requires efficient, ethical and legal utilization of the network resources. If a Westbury School District user violates any of these provisions his or her account will be terminated and future access can be denied. The signature at the end of this document is legally binding and indicates the party who signed it has read the terms and conditions carefully and understands the significance.

The Westbury School District requires all parents/Person in Parental Relations, teachers, and students to execute the following release-user agreement based on the guidelines listed under the following Internet terms and conditions.

Internet - Terms and Conditions:

1. Acceptable Use –
The purpose of the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the Westbury School District. Use of another organization’s network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of United States or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, expressions of bigotry, racism, or hate, or material produced by trade secret. Use of commercial activities is generally not acceptable. Use of product advertisement or political lobbying is also prohibited.

2. Privileges –
The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student who receives an account will be responsible for that account and its usage. Therefore, under no circumstances should your account be shared with anyone other than the Technology Department staff. Each student will also be required to attend an orientation session with a Westbury faculty member pertaining to the proper use of the Internet. The Building Administrator will deem what is inappropriate use and their decision is final. This may result in a revocation or suspension of specific user accounts.

1. Network Etiquette –
You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- Be polite. Do not get abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
- Do not reveal your personal address or telephone number.
- Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be
reported to the authorities.

- Do not use the network in such a way that you would disrupt the use of the network by other users. All communication and information accessible via the network should be assumed to be property of the Westbury School District.

2. Security –
Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a Westbury administrator or the Technology Department. Do not demonstrate the problem to other users. Attempts to log onto the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems, may be denied access to the Internet.

3. Vandalism –
Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses.

I understand and will abide by the above Internet Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked, school disciplinary actions may be taken, and/or appropriate legal action.

Student’s Name (please print): ________________________________

Student’s Signature: ________________________________ Date: __________

(If you are under the age of 18, a parent or Person in Parental Relation must also read and sign this agreement.)

PARENT OR PERSON IN PARENTAL RELATION

As the parent or Person in Parental Relation of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Westbury School District to restrict access to all controversial materials and I will not hold them responsible for materials my child may acquire on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give permission to the Westbury School District to issue an account for my child and certify that the information contained on this form is correct.

Parent/Person in Parental Relation (please print): ________________________________

Parent/Person in Parental Relation Signature: ________________________________

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

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**Home Language Questionnaire (HLQ)**

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

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<tbody>
<tr>
<td>1. What language(s) is(are) spoken in the student's home or residence?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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<td>2. What was the first language your child learned?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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<tr>
<td>3. What is the Home Language of each parent/guardian?</td>
<td>Mother</td>
<td>Father</td>
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<td>specify</td>
<td>specify</td>
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<td></td>
<td>Guardian(s)</td>
<td>specify</td>
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<tr>
<td>4. What language(s) does your child understand?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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<tr>
<td>5. What language(s) does your child speak?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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<td>6. What language(s) does your child read?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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<td>7. What language(s) does your child write?</td>
<td>English</td>
<td>Other</td>
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<td>specify</td>
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**Please write clearly when completing this section.**

**STUDENT NAME:**

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<th>First</th>
<th>Middle</th>
<th>Last</th>
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**DATE OF BIRTH:**

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<th>Month</th>
<th>Day</th>
<th>Year</th>
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**PARENT/PERSO IN PARENTAL RELATION INFO:**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
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**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

**SCHOOL DISTRICT INFORMATION:**

| District Name (Number) & School | Address |

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

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ENGLISH
## Educational History

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

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

   - Yes* 
   - No 
   - Not sure

   *If yes, please explain: ________________________________________________________________

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

10a. Has your child ever been referred for a special education evaluation in the past? 

   - No 
   - Yes*  *Please complete 10b below

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

   - No 
   - Yes – Type of services received: ______________________________________________________

   Age at which services received (Please check all that apply):
   - Birth to 3 years (Early Intervention) 
   - 3 to 5 years (Special Education) 
   - 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? 

   - No 
   - Yes

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

   ____________________________________________________________________________________

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

   ________________________________________________________________

   Signature of Parent or of Person in Parental Relation 
   ____________________________

   Relationship to student: 
   - Mother 
   - Father 
   - Other: _______________________

   Date: _________________________

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**Official Entry Only - Name/Position of Personnel Administering HLQ**

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<th>Name:</th>
<th>Position:</th>
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If an interpreter is provided, list name, position and credentials:

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**Name/Position of Qualified Personnel Reviewing HLQ and Conducting Individual Interview**

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<tr>
<th>Name:</th>
<th>Position:</th>
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</thead>
</table>

Oral interview necessary: 

- No 
- Yes

**Date of Individual Interview:**

[ ] Mo. [ ] Day [ ] Yr.

Outcome of Individual Interview:

- [ ] Administer NYSITELL
- [ ] English Proficient
- [ ] Refer to Language Proficiency Team

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**Name/Position of Qualified Personnel Administering NYSITELL**

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<th>Name:</th>
<th>Position:</th>
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</thead>
</table>

Date of NYSITELL Administration:

[ ] Mo. [ ] Day [ ] Yr.

Proficiency Level Achieved on NYSITELL:

- [ ] Entering
- [ ] Emerging
- [ ] Transitioning
- [ ] Expanding
- [ ] Commanding

For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE recommendation:

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ENGLISH
Westbury Union Free School District  
Office of Central Registration 545 Dryden Street, Westbury, NY 11590  
(516) 876-5100

STUDENT HEALTH HISTORY

Providing the information contained in this form is not a requirement for your child’s enrollment. If you cannot provide such information prior to your child’s enrollment, please submit this form as soon as practical.

Student’s Name: _________________________________________________ Date of Birth: ___________________

Is your child under medical care now? □ yes □ no If yes, explain? _____________________________

Allergies: __________________________________________________________________________

Is student taking any medication? □ yes □ no During regular school hours? □ yes □ no

Medication___________________________ Dosage ___________ Frequency _____________________

Has your child ever had wheezing, shortness of breath or frequent day or night coughing? □ yes □ no

Have you heard your child wheeze or cough after active playing? □ yes □ no

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING?

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<tr>
<th>Category</th>
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<th>NO</th>
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<tr>
<td><strong>BLOOD</strong></td>
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<td>Anemia</td>
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<td>Lead Problems</td>
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<td>Sickle Cell</td>
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<td>Other</td>
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<td><strong>HEAD / NERVOUS SYSTEM</strong></td>
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<td>Head Injuries/Frequent Headaches</td>
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<td>Hyperactivity</td>
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<td>Seizures</td>
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<td><strong>LUNGS</strong></td>
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<tr>
<td>Asthma</td>
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<td>Chronic Cough/Pneumonia/Bronchitis</td>
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<td>Tuberculosis</td>
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<td><strong>MOUTH</strong></td>
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<tr>
<td>Dental Problems</td>
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<td><strong>EAR, NOSE, THROAT</strong></td>
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<td>Frequent Ear Infections/Tubes</td>
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<td>Frequent Sinus Infections/Nose Bleeds</td>
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<td>Hearing Problems</td>
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<td><strong>STOMACH / INTESTINE</strong></td>
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<tr>
<td>Bowel Problems</td>
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<td><strong>MUSCLE / BONES</strong></td>
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<td>Bone problems/Broken Bones</td>
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<tr>
<td><strong>EMOTIONAL / SOCIAL PROBLEMS</strong></td>
<td></td>
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<tr>
<td>Behavior Problems</td>
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<tr>
<td>Emotional Problems</td>
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<tr>
<td>Psychological Testing</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>SKIN</strong></td>
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<tr>
<td>Allergies/Eczema</td>
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<tr>
<td><strong>ENDOCRINE</strong></td>
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<tr>
<td>Diabetes/Hypoglycemia</td>
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<tr>
<td>Growth Problems</td>
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<tr>
<td>Thyroid</td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
<td><strong>STOMACH / INTESTINE</strong></td>
<td></td>
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<tr>
<td>Bowel Problems</td>
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<tr>
<td><strong>URINARY / REPRODUCTIVE SYSTEM</strong></td>
<td></td>
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<tr>
<td>Kidney Problems/ Urinary Tract Problems</td>
<td></td>
<td></td>
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<tr>
<td>Testicles: Injury/Surgery/Hernia</td>
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<td></td>
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<tr>
<td>Wetting/Frequent Urination</td>
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<td><strong>EYES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SURGERIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SERIOUS INJURIES</strong></td>
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<tr>
<td><strong>HEART</strong></td>
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<tr>
<td>Kidney Problems/Urinary Tract Problems</td>
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<tr>
<td>Wetting/Frequent Urination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have any physical or emotional condition(s) requiring restrictions of his/her participation in physical education or any other school activity? □ yes □ no

If yes, please contact the principal or school nurse at once.

Signature of parent/guardian: ____________________________________________ Date: ___________________
**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).

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Sex: □ M □ F</td>
</tr>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
<tr>
<td>Exam Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Anaphylaxis Care Plan Attached</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>□ Intermittent</td>
</tr>
<tr>
<td>□ Persistent</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Asthma Care Plan Attached</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Date of last seizure:</td>
</tr>
<tr>
<td>□ Seizure Care Plan Attached</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type:</td>
</tr>
<tr>
<td>□ 1</td>
</tr>
<tr>
<td>□ 2</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Diabetes Medical Mgmt. Plan Attached</td>
</tr>
</tbody>
</table>

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

**BMI** ________ kg/m2

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

**Hyperlipidemia:** □ No □ Yes □ Not Done

**Hypertension:** □ No □ Yes □ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<table>
<thead>
<tr>
<th>Laboratory Testing</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
<th>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB-PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen-PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lead Level Required Grades Pre-K & K**

<table>
<thead>
<tr>
<th>Date</th>
<th>Lead Elevated &gt; 5 µg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**☐ HEENT**
- □ Lymph nodes
- □ Abdomen
- □ Extremities
- □ Speech
- □ Social Emotional
- □ Musculoskeletal

**☐ Dental**
- □ Cardiovascular
- □ Back/Spine
- □ Skin
- □ Neurological

**☐ Neck**
- □ Lungs
- □ Genitourinary

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

**☐ Additional Information Attached**

*Required only for students with an IEP receiving Medicaid.
SCREENINGS

<table>
<thead>
<tr>
<th>Vision (w/correction if prescribed)</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Near Vision Acuity</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Perception Screening</td>
<td>[ ] Pass [ ] Fail</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Pure Tone Screening

<table>
<thead>
<tr>
<th>Right</th>
<th>Pass</th>
<th>Fail</th>
<th>Left</th>
<th>Pass</th>
<th>Fail</th>
<th>Referral</th>
<th>Yes</th>
<th>No</th>
<th>Not Done</th>
</tr>
</thead>
</table>

Notes

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
<th>Referral</th>
<th>Yes</th>
<th>No</th>
<th>Not Done</th>
</tr>
</thead>
</table>

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

☐ Student may participate in all activities without restrictions.

☐ Student is restricted from participation in:

☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.


☐ Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : ____________

☐ Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prostectic, 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.

MEDICATIONS

☐ Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: (please print)

Provider Address:

Phone: Fax:

Please Return This Form To Your Child’s School When Completed.
NYS Dental Health Certificate (Form D-2)

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination 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 dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist 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)

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date</td>
<td><em><strong><strong>/</strong></strong></em>/________</td>
<td>Sex:</td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

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

I. The Dental Health condition of ______________________________on ______________________ (date of exam) The date of the exam 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.

<table>
<thead>
<tr>
<th>Dentist’s Name and Address (pls print or stamp)</th>
<th>Dentist’s Signature</th>
</tr>
</thead>
</table>

### Optional Sections - If you agree to release this information to your child’s school, please initial here.

**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):__________________________________________________________

### III. 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.
CUSTODIAN AFFIDAVIT

AFFIDAVIT BY PERSON IN CUSTODIAL RELATIONSHIP SEEKING TO ENROLL A CHILD

Instructions

Please complete this form, sign it, have your signature notarized, and return it to the District’s Central Office. Proof of your own residency in the Westbury Union Free School District must be submitted with this affidavit.

This is a legal document. Any person giving false information may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you enroll a child knowing that s/he does not meet the legal standards for enrollment, you may be liable for the payment of tuition costs for the student. The information provided by you will be used by Westbury Union Free School District to determine whether a child is entitled to a free public education in the District’s Schools.

If you have a court order granting you custody or legal guardianship, you do not need to complete this form. Instead, bring a copy of the court order to the District’s Central Office.

Please answer all questions.

IN THE MATTER OF THE RESIDENCY OF: _____________________________________

Student name

STATE OF NEW YORK )

) ss.: COUNTY OF NASSAU)

The undersigned individual(s), being duly sworn, depose(s) and say(s), under penalties of perjury, as follows:

1. My name is (our names are): _______________________________.

2. I (we) are requesting that the following student be admitted to the public schools of Westbury Union Free School District (insert name of student here): ________________________________.

3. I (we) live at the following address: ________________________________

4. My (our) home telephone number is: ________________________________

5. My (our) occupation(s) is (are): ________________________________

6. The student whom I (we) seek to enroll lives with me (us) during the following days each week and months each year: ________________________________
7. If the student lives someplace else during some of the days or the week or some of the months of the year, please explain (if not applicable, fill in “N/A”): ______________________________________________________________

8. The student’s date of birth is: ____________________________________________

9. The grade in which I (we) seek to enroll the student is _______________________

10. The name of the student’s natural parent(s) is (are) ____________________________

11. The address(es) of the student’s natural parent(s) is (are) ________________________

12. The reason why the student does not live with his/her natural parent(s) is ____________________________

13. The reason why the student lives with me (us) is: ________________________________

14. The student has lived with me (us) continuously since ___________________________

15. The student will continue to live with me (us) until ________________________________

16. I am (we are) authorized to make decisions about the following (check all that are applicable):

   - ☐ The student’s medical treatment
   - ☐ The student’s psychological/psychiatric treatment/counseling
   - ☐ The student’s class placement and program
   - ☐ The student’s special education placement, if applicable
   - ☐ The student’s class trips and activities
   - ☐ None of the above.

17. The student’s natural parent(s) continue(s) to be authorized to make decisions about the following (check all that are applicable):

   - ☐ The student’s medical treatment
   - ☐ The student’s psychological/psychiatric treatment/counseling
   - ☐ The student’s class placement and program
   - ☐ The student’s special education placement, if applicable
   - ☐ The student’s class trips and activities
   - ☐ None of the above.
18. I (we) expect to consult with the student’s natural parent(s) about the following decisions: ____________________________

__________________________________________________________________________

__________________________________________________________________________. Final authority for these decisions will be with ____________________________

__________________________________________________________________________.

19. I (we) are responsible for paying the following expenses:

☐ The cost of providing housing for the student
☐ The cost of providing food for the student
☐ The cost of medical care/health insurance for the student
☐ The cost of providing clothes for the student
☐ The cost of providing school supplies for the student
☐ The cost of providing recreational opportunities and equipment (or toys) for the student
☐ Other expenses: __________________________________________________________

20. The student’s natural parent(s) continue(s) to be responsible for paying the following expenses:

☐ The cost of providing housing for the student
☐ The cost of providing food for the student
☐ The cost of medical care/health insurance for the student
☐ The cost of providing clothes for the student
☐ The cost of providing school supplies for the student
☐ The cost of providing recreational opportunities and equipment (or toys) for the student
☐ Other expenses ____________________________

21. I (we) expect to receive reimbursement from the student’s natural parent(s) for the following expenses: ____________________________

__________________________________________________________________________.

22. The student will spend time with his/her natural parent(s) as follows: ____________________________

__________________________________________________________________________

__________________________________________________________________________.

23. I (we) understand that Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.
24. I (we) further understand that Westbury Union Free School District does not have authority to confer legal custody or guardianship status on me (us) with respect to the student, and that I (we) should secure legal counsel of my (our) own if I (we) wish to obtain such legal custody or guardianship status.

____________________________________
Signature

____________________________________
Printed name

Sworn to before me this _____
day of ____________, 20___

___________________________
Notary Public

____________________________________
Signature

____________________________________
Printed name

Sworn to before me this _____
day of ____________, 20___

___________________________
Notary Public
ACKNOWLEDGMENT OF CUSTODIAL RELATIONSHIP

To Be Completed By The Student’s Natural Parent(s):

I (we), _________________________, acknowledge that the statements made in the Affidavit By Person In Custodial Relationship Seeking To Enroll A Child, completed and signed by __________________________
_________________________________ [Insert the full name(s) of Custodian(s)], are accurate and true.

I (we), _______________________________________________, have authorized ______________________
________________________________________ 
[Insert the full name(s) of Custodian(s)] to have custody of __________________________
[Insert Name of Student] under the terms described in the Affidavit By Person In Custodial Relationship Seeking To Enroll A Child.

____________________________________
Signature

____________________________________
Printed name

____________________________________
Signature

____________________________________
Printed name
LANDLORD AFFIDAVIT
AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

Instructions
This is a legal document. Any person giving false information may be subject to prosecution for the crimes of perjury and/or offering a false instrument.
Please answer all questions.

STATE OF NEW YORK )

ss:

COUNTY OF NASSAU )

I, ____________________________________________,

[Please check the appropriate box below]

☐ am the recorded owner (or authorized master tenant/leaseholder) of the property

☐ am duly designated agent for the owner of the property

☐ am a relative, family member, or family friend renting my home

at: ____________________________ which is located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on _________ and will end on ________________

☐ there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

Parent/Guardian

Parent/Guardian

Child(ren)

Seeking to Enroll
☐ This statement is submitted unsworn

  or

☐ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

____________________________
Signature

____________________________
Printed name

Sworn to before me this ____
  day of _____________, 20___

____________________________
Notary Public
THIRD-PARTY AFFIDAVIT
AFFIDAVIT BY THIRD PARTY TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving false information may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you make untruthful statements knowing that the student does not meet the legal standards for enrollment, you may be liable for the payment of tuition costs for the student. The information provided by you will be used by the Westbury Union Free School District to determine whether a child is entitled to a free public education in the District’s Schools.

Please answer all questions.

IN THE MATTER OF THE RESIDENCY OF:

_____________________________________
Student’s Name

STATE OF NEW YORK )
                     ) ss.: 
COUNTY OF NASSAU   )

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

1. My name is: _____________________________________________________________.

2. My telephone number is: ________________________________________________.

3. My current home address is: ____________________________________________.

4. My relationship to the student’s family is: ________________________________.

5. The name(s) of the student’s natural parent(s) is (are):

   _______________________________________________________________________

6. The name(s) of the student’s legal guardian(s) or custodian(s) is (are) [answer only if applicable]: _______________________________________________________________________

7. The student lives at: ________________________________________________ in Westbury
   (Address of Residence) (City, State, Zip Code)
   with ________________________________________________________________.
   (Insert the names of parent(s)/legal guardian(s)/custodian(s))
8. _______________________ lives at this residence with the following persons:

(Student’s Name)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>______________________</td>
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<td>______________________</td>
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<td>______________________</td>
<td>______________________</td>
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<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

9. I know the student lives at this residence with the following persons listed in Question 8 because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________.

10. The student has lived at this residence since ________________________________.

11. I expect the student to live at this residence until: ____________________________.

    Date. If you do not know. Write “Indefinitely.”

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

    ______________________
    Signature

    ______________________
    Printed name

    Sworn to before me this ___
    day of ____________, 20___

    ______________________
    Notary Public
### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex:</th>
<th>M</th>
<th>F</th>
<th>DOB:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>School:</th>
<th>Grade:</th>
<th>Exam Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### HEALTH HISTORY

<table>
<thead>
<tr>
<th><strong>Allergies</strong></th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Anaphylaxis Care Plan Attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Asthma</strong></th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Intermittent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Persistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Asthma Care Plan Attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Seizures</strong></th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of last seizure:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Seizure Care Plan Attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diabetes</strong></th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Diabetes Medical Mgmt. Plan Attached</td>
</tr>
</tbody>
</table>

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

BMI ________ kg/m2

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

**Hyperlpidemia:** □ No □ Yes □ Not Done

**Hypertension:** □ No □ Yes □ Not Done

#### PHYSICAL EXAMINATION/ASSESSMENT

<table>
<thead>
<tr>
<th>Laboratory Testing</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
<th>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB-PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen-PRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Level Required Grades Pre- K &amp; K</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ Test Done □ Lead Elevated > 5 µg/dL

□ System Review and Abnormal Findings Listed Below

□ HEENT □ Lymph nodes □ Abdomen □ Extremities □ Speech
□ Dental □ Cardiovascular □ Back/Spine □ Skin □ Social Emotional
□ Neck □ Lungs □ Genitourinary □ Neurological □ Musculoskeletal

□ Assessment/Abnormalities Noted/Recommendations:

□ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

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**SCREENINGS**

<table>
<thead>
<tr>
<th>Vision (w/correction if prescribed)</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Near Vision Acuity</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Perception Screening</td>
<td>☐ Pass</td>
<td>☐ Fail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Pure Tone Screening**

<table>
<thead>
<tr>
<th>Right</th>
<th>Pass</th>
<th>Fail</th>
<th>Left</th>
<th>Pass</th>
<th>Fail</th>
<th>Referral</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Notes**

**Scoliosis** Screen Boys in grade 9, and Girls in grades 5 & 7

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
<th>Referral</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Notes**

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

☐ Student may participate in all activities without restrictions.

☐ Student is restricted from participation in:

☐ **Contact Sports**: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ **Limited Contact Sports**: Baseball, Fencing, Softball, and Volleyball.

☐ **Non-Contact Sports**: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.

☐ **Other Restrictions**:

**Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage**: ☐ I ☐ II ☐ III ☐ IV ☐ V  
**Age of First Menses (if applicable)**: ____________

☐ **Other Accommodations**: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggles, 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.

**MEDICATIONS**

☐ **Order Form for Medication(s) Needed at School Attached**

**IMMUNIZATIONS**

☐ **Record Attached**  ☐ **Reported in NYSIIS**

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:  Fax:

Please Return This Form To Your Child’s School When Completed.
Section 1 ~ To be completed by Parent or Guardian (Please Print)

Child's Name: ____________________________ Last __________ First __________ Middle ______

Birth Date _____/_____/__________  Sex:  □ Male  □ Female  Will this be your child's first visit to a dentist? □ Yes  □ No

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

I. The Dental Health condition of ____________________________ on ___________ (date of exam) The date of the exam 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 schools does not preclude the student from attending school.

Dentist's Name and Address (pls print or stamp) ____________________________

Dentist’s Signature ____________________________

Optional Sections - If you agree to release this information to your child's school, please initial here.

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): ____________________________

III. 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.