Camden Central School District
51 Third Street
Camden, NY 13316

Kindergarten Checklist

Elementary Schools

□CAMDEN □MCCONNELLSVILLE

Student's Name: _____ Date of Birth ____/____/____
Last First Middle

Kindergarten Checklist For:

- □ Registration Form
- □ Dental Screening Request
- □ Dental Screening Submitted
- □ Vaccination Requirements
- □ Allergy Sheet
- □ Physical Exam (School)
- □ Physical Exam (Private)
- □ Health History
- □ Lead Screening

Daily Medications: _____

Treatments: _____

Illnesses: _____

Dietary Needs: _____

Allergies: _____

Special Instructions: _____

KINDERGARTEN IMMUNIZATION CHECK SHEET

- □ DPT 4-5 DOSES
- □ POLIO (IVP OR OPV) 3 TO 4 DOSES
- □ HEPATITIS B 3 DOSES
- □ VARICELLA 2 DOSES
- □ MMR 2 DOSES
- □ HIB TYPE B 1-4 DOSES

Camden Central School District
51 Third Street
Camden, NY 13316

2020-21 Kindergarten Registration

Dear Parent/Guardian:

Many food allergies stated by parents are just parent preference and not a true allergy. If you prefer your student to not eat certain foods you must clarify that with your child. The school will only acknowledge doctor verified food allergies.

To insure that appropriate measures are taken, any student that has a food allergy will need doctor verification of that allergy. The doctor must document the allergen and any medications or diet restrictions. The school cafeteria will then implement the doctor's orders. A student on free or assisted meals that cannot have milk because of lactose intolerance needs a doctor's order for lactose free milk or juice. All orders should be sent to school nurse before the first day.

We thank you for your cooperation in this matter. The safety and well-being of our students is our goal.

Sincerely,
Building Principal/Nurse

Camden Central School District
51 Third Street
Camden, NY 13316

Dear Parent:

This is a reminder that certain **vaccinations are required** for your child to attend school. Please see your health care provider to obtain the necessary documentation of your child's vaccination status. There is no danger in giving these vaccines to a child who has received them in the past.

New York State Immunization Requirements for School Entrance/Attendance

Vaccines	Kindergarten
Diphtheria and Tetanus toxoid containing vaccine and Pertussis vaccine (DTaP, DTP or Tdap)	4-5 doses
Tetanus, Diphtheria and Pertussis Booster (Tdap)	Not applicable
Polio vaccine (IPV or OPV)	3-4 doses
Measles, Mumps and Rubella (MMR)	2 doses
Hepatitis B	3 doses
Haemophilus Influenzae type b (Hib)	Not applicable
Pneumococcal Conjugate Vaccine (PCV)	Not applicable
Varicella (Chickenpox)	2 doses

Blood tests which show immunity against measles, mumps, rubella, hepatitis B, varicella and polio are acceptable as proof of immunity. **Religious exemptions to these requirements must be submitted to school officials in writing. Medical exemption must be submitted to school officials in writing from your health care provider each school year.**

See your local health care provider about records of your child's vaccination. If you have any questions, you can call your school nurse, local health department, or your health care provider. We wish your child a happy, productive and healthy academic year.

Camden Central School District
51 Third Street
Camden, NY 13316

HEALTH HISTORY

(For New Entrants)

Student Name: _____ Date of Birth: ____/____/____ □Male □Female Grade: _____
Name of Family Doctor: _____ Doctor's Telephone#: _____

Check all of the following diseases or conditions which your child has had and give the approximate year of occurrence.

□ ADD/ADHD	□ Asthma	□ Chicken Pox	□ Concussion/Head Injury
□ Depression	□ Diabetes	□ Ear Infections	□ Eating Disorder
□ Fracture of Bone	□ Hearing Problem	□ Heart Problem	□ Low Blood Sugar
□ Mononucleosis	□ Pneumonia	□ Scarlet Fever	□ Seizure Disorder
□ Sleeping Disorder	□ Tuberculosis	□ Vision Problem	□ Whooping Cough

□ Bee Sting/Reaction Requiring ***NO*** medication □ Bee Sting Allergy ***REQUIRING MEDICATION***

Does your child have **ALLERGIES**? □NO □YES If YES, to what? _____

_____

Does this allergy require an **EPIPEN**? □ YES □ NO
Has your child had his/her tonsils removed? □ YES □ NO
Has your child been seen for lead? (Pre-K only) □ YES □ NO
Does your child wear either? □ GLASSES □FULL TIME □PART TIME □ CONTACT LENSES □FULL TIME □PART TIME
Does your child have a hearing problem? □ YES □ NO
Does he/she have a hearing aid: □ YES □ NO

Please describe any operations, serious injuries or accidents your child has had: _____

_____

Please describe any medication, treatment or special diet needed: _____

_____H

as any physician placed restriction on his/her full participation in scheduled programs such as physical education or playground activity? (**PLEASE EXPLAIN**) _____

_____

(IT IS THE PARENT'S RESPONSIBILITY TO PROVIDE A WRITTEN DOCTOR'S STATEMENT EXPLAINING THE RESTRICTIONS)

Is there anything else about your child that we should know to better help us to understanding him/her?

_____

Does your child take medication on a regular basis: □ NO □ YES **(If yes, complete the following:)**

MEDICATION	NUMBER OF TIMES TAKEN	REASON FOR TAKING

(If medication is needed at school, a medication form *MUST* be completed by *BOTH* the *PARENT* and the *DOCTOR*.)

_____ _____
Parent/Guardian/Foster Parent's Signature Date

IMMUNIZTION RECORD IS REQUIRED AND *MUST* BE SUBMITTED TO THE SCHOOL NURSE
FOR PRE-K – PROOF OF IMMUNIZATION IS REQURED WITH REGISTRATION PACKET

Camden Central School District
51 Third Street
Camden, NY 13316

A Note From The Nurse

Dear Parent/Guardian:

The State Education Department requires physical exams be provided for students in grades 1, 3, 5, 7, 9, 11 and all new entrants each year (including Pre-K and Kindergarten).

If your child has had a physical examination by your private health care provider, send a copy of the physical exam to your building nurse. If your child already has a physical scheduled for the upcoming school year of **2020-21**, please let your building nurse know within 30 days of the first day of school. If the building nurse is not contacted within this specified time, it will be necessary to have our school physician, Dr. Matthew McKay, provide a physical for your child.

Please discuss with your child that the doctor will listen to their chest, examine their teeth/ears and check their backs for curvature of the spine. Male students will be examined for hernias. Additionally, please explain that the doctor and the nurse are there to help them remain both healthy and strong.

As of September 2008, schools are required to request a dental assessment/examination as well as a physical examination. If your child has had or will have a physical examination, please request your doctor to complete page 6 of this packet and return to your building nurse. If your child has had or will have a dental assessment/examination, please request your dentist complete page 7 of this packet and return to your building nurse.

If there are any further questions or concerns regarding your child's physical and/or dental screening, please call your building nurse at: **Camden/Nurse Williams at (315) 245-2616**
McConnellsville/Nurse Haywood at (315) 245-3412

Sincerely,
School Nurses

2020-21 School Year

Child's Name: _____

□ School Physical □ Private Physical/Appointment Date: _____

A sample of New York State Schools each year will be required to participate in a survey that requires information about student's weight status groups. ***However, you may choose to have your child's information excluded from this mandated New York State Survey Report.***

PLEASE DO NOT include my child's weight status information in these school surveys.

_____ _____

Print Parent Name Parent Signature

PLEASE RETURN TO YOUR BUILDING NURSE

Camden Central School District
51 Third Street
Camden, NY 13316

☐ **CAMDEN ELEMENTARY** ☐ **MCCONNELLSVILLE ELEMENTARY**

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

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

STUDENT INFORMATION

Name:	Sex: □M □F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies □No □Yes, indicate type	□Medication/Treatment Order Attached □Anaphylaxis Care Plan Attached □Food □Insects □Latex □Medication □Environmental

Asthma □No □Yes, indicate type	□Medication/Treatment Order Attached □Asthma Care Plan Attached □Intermittent □Persistent □Other:_____

Seizures □No □Yes, indicate type	□Medication/Treatment Order Attached □Seizure Care Plan Attached □Type:_____ Date of last seizure: _____

Diabetes □No □Medication/Treatment Order Attached □Diabetes Medical Mgmt. Plan Attached
□Yes, indicate type □Type 1 □Type 2 □HbA1C results:_____ Date Drawn:_____
Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.
BMI_____kg/m2 Percentile (Weight Status Category): □<5th □5th–49th □50th–84th □85th–94th □95th–98th □99thand >
Hyperlipidemia: □No □Yes Hypertension: □Yes □No

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/PRN	□	□		One Functioning: □Eye □Kidney □Testicle
Sickle Cell Screen/PRN	□	□		□Concussion – Last Occurrence:_____
Lead Level Required Grades Pre-K & K	□Test Done	□Lead Elevated ≥ 10 ug/dL		□Mental Health: _____ □Other: _____

□**System Review and Exam Entirely Normal**

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

□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

Diagnoses/Problems (list)	ICD-10Code
_____	_____
_____	_____
_____	_____
_____	_____

Name:			DOB:	
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	□Yes □No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color □Pass □Fail				
Hearing	**Right** db	**Left** db	**Referral**	
Pure Tone Screening			□Yes □No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	□	□	□Yes □No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

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

□**Full Activity** without restrictions including Physical Education and Athletics.

□**Restrictions/Adaptions** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

□**No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball volleyball, and wrestling

□**No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field

□**Other Restrictions:**

□**Developmental State for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school lever **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage**: □I □II □III □IV □V

□**Accommodations:** Use additional space below to explain

□Brace*/Orthotic	□Colostomy Appliance*	□Hearing Aids
□Insulin Pump/Insulin Sensor*	□Medical/Prosthetic Device*	□Pacemaker/Defibrillator*
□Protective Equipment	□Sports Safety Googles	□Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain:_____
_

MEDICATIONS

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

List medications taken at home:		

IMMUNIZATIONS

□Record Attached □Reported in NYSIIS Received Today: □Yes □No

HEALTH CARE PROVIDER

Medical Provider Signature:
_____

Provider Name: (please print)
_____

Provider Address:
_____
_____
_

Phone:
_____

Fax:
_____

Date:

Stamp:

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

Camden Central School District
51 Third Street
Camden, NY 13316

Dental Health Certificate

Parent/Guardian: New York State Law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7 & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please completed Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1 – To be completed by Parent or Guardian (Please Print)

Child's Name: _____
Last First Middle

Birth Date: ____/____/____ Sex: ☐Male ☐Female Will this be your child's first visit to a dentist: ☐Yes ☐No

Name of School: _____ Grade: _____

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐Yes ☐No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature: _____ Date: _____

Section 2 – To be completed by the Dentist/Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment which needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

Note: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

_____ _____
Dentist's/Dental Hygienist's name and address (please print or stamp) Dentist's/Dental Hygienist's Signature

Optional Sections – If you agree to release this information to your child's school, please initial here: _____

II. Oral Health Status (check all that apply)

☐Yes ☐No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity?

☐Yes ☐No **Untreated Caries** – Does this child have an open cavity? (At lease 1/2mm 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.

Camden Central School District Student Registration Packet
for Parent/Legal Guardian/Foster Parent

SECTION 1: STUDENT DATA

Student's Legal Name: _____
Last First Middle Name
Date of Birth: (FORMAT AS MM/DD/YYY) ____/____/____ Sex: □ Male □ Female

Do you currently have housing? □ YES □ NO If NO, what are your living arrangements? _____
Physical Address of your residence/shelter: _____
Mailing address if different from your above physical residence/shelter: _____
Please indicate if any numbers given are "unlisted" by annotating with a "U": Home Phone Number: _____
Mother's Cell Phone Number: _____ E-mail Address: _____
Father's Cell Phone Number: _____ E-mail Address: _____
Other household member(s): Name & Cell Phone Number: _____ Student's Cell Phone Number: _____

If this is a **NEW Registration** LAST SCHOOL ATTENDED: _____ Address: _____
Phone Number of previous school: _____ Fax Number of previous school: _____ **Current Grade Level**: _____
COHORT DATA: First Year as a 9th Grader: _____ First Time in NYS High School? □ YES □ NO

EMERGENCY CONTACTS OTHER THAN MOTHER/FATHER/LEGAL GUARDIANS/FOSTER PARENTS – PLEASE LIST ANY ADDITIONAL CONTACTS ON BACK OF PAGE
(The emergency contacts are also authorized to pick student up from school in the absence of a Parent/Guardian/Foster Parent):
1._____ Relationship: _____ Home#_____ Cell#_____
2._____ Relationship: _____ Home#_____ Cell#_____

MEDICAL EMERGENCIES (List any physical/emergency information bus drivers and others need to know about your child, please list below):
_____

SECTION 2: FAMILY DATA (PLEASE USE THE LEGAL GUARDIAN/FOSTER PARENTS LINE FOR YOUR NAME IF YOU ARE NOT THE BIOLOGICAL PARENT)

Biological Father's Full Name: _____
CHECK STATUS: □LIVING □DECEASED □SEPARATED □DIVORCED
□COLLEGE GRADUATE □HIGH SCHOOL GRADUATE □GED □OTHER □NO DIPLOMA (ATTENDED DID NOT GRADUATE)
Biological Mother's Full Name: _____
CHECK STATUS: □LIVING □DECEASED □SEPARATED □DIVORCED
□COLLEGE GRADUATE □HIGH SCHOOL GRADUATE □GED □OTHER □NO DIPLOMA (ATTENDED DID NOT GRADUATE)
THE EDUCATION INFORMATION IS REQUESTED SO THAT THIS DISTRICT MAY PROVIDE ASSISTANCE TO ANY PARENT THAT HAS NOT RECEIVED A HIGH SCHOOL DIPLOMA OR EQUIVALENT
Student resides with: □BOTH PARENTS □MOTHER □FATHER □LEGAL GUARDIAN/FOSTER PARENT: Name: _____

If applicable, who has custody? _____ (OUR DISTRICT REQUIRES A COPY OF THE CUSTODY DECREE TO BE PROVIED AT ENROLLMENT)
COPY PROVIDED: □YES □NO If NO, explain why NOT provided: _____

Employment of Adults in Household (If parents are divorced, list any significant other's employment) THIS INCLUDES GUARDIAN/FOSTER PARENTS
Employer – Biological Father: _____ Phone#: _____
Employer – Biological Mother: _____ Phone#: _____
Employer – Other (include other's name on this line next to employer): _____ Phone#: _____

List other sibling(s) living in the household including date(s) of birth (especially those under the age of 5): _____
_____

I □DO or I□DO NOT give my permission for information regarding my child to be released for directory and/or recruitment purposes for the remainder of his/her school years.

Student's Name: _____ **Date:** _____

Parent/Guardian/Foster Parent Signature: _____

DO NOT WRITE BELOW THIS SPACE

SECTION 3: OFFICE USE ONLY Date Received by Central Registration:

Student ID#: _____ Date Entered: _____
Building where student will attend (please check) □CES □MES □CMS □CHS
Proof of Age: □Birth Certificate □Passport □Baptismal Certificate □DS2999 □Other_____
Anticipated grade level upon entry: _____ Is this enrollment a re-entry to the district? □YES □NO
Last grade attended in this District: _____ Last school attended in this District: □CES □MES □CMS □CHS
SPECIAL EDUCATION: □YES □NO ALL DAY BOCES: □YES □NO

DISTRIBUTION: White Copy-Main/Guidance Yellow Copy-Health/Nurse

Camden Central School District
51 Third Street
Camden, NY 13316

SCREENING REPORT – GRADES K-12

STUDENT DATA

Name: _____ Date of Birth: ____/____/____ Grade: ____ Building: _____ Date: _____

PARENT SURVEY

Describe specific problems, if any, your son/daughter has encountered in school: _____
_____

Has your child been referred to a Committee on Special Education or similar group for evaluation of a suspected handicapping condition? □NO □YES
If YES, when/why? _____

Has your child received any special education services/remediation services in previous schools? □NO □YES If YES, when and type of service: _____
_____

Does your child have any talents or abilities which you consider to be exceptional? □NO □YES If YES, please describe: _____
_____

Has your child received any special services for gifted and talented students in previous schools? □NO □YES If YES, when and type of service: _____
_____

Additional Comments: _____

DO NOT WRITE BELOW THIS SPACE – FOR OFFICE USE ONLY

REVIEW OF RECORDS (areas checked indicate screening has been conducted by a school in New York State or with the last year for those scoring below indicated levels on PEPs/PCTs)

Overall Achievement: □ Average □ Above Average □ Below Average
□ General Cognitive Dev. □ Receptive Language □ Articulation
□ Physical Development □ Motor Development

Third Grade PEP above level 2 in □Math □Reading Comparable PCT scores in □Math □Reading

(If all areas above are checked no further assessment is necessary. Appropriate referrals to CES or Superintendent should be made in accord with established criteria and procedures. In areas NOT checked, further measures are necessary.)

ADDITIONAL SCREENING RESULTS (Check appropriate responses)

Cognitive Development generally age appropriate? □NO □YES

Academic achievement commensurate with age and general cognitive ability? □NO □YES
Comment: _____

Language/Speech Development generally age appropriate? □NO □YES
Receptive Language? □NO □YES **Expressive Language?** □NO □YES **Articulation?** □NO □YES
Comment: _____

Motor Development is generally age appropriate? □NO □YES **Fine Motor?** □NO □YES **Gross Motor?** □NO □YES
Comment: _____

PHYSICAL EXAMINATION

Generally age appropriate? □NO □YES

General Physical Development age appropriate? Other: _____

Hearing: □Normal □Suspect **Vision:** □Normal □Suspect **Scoliosis:** □Present □Not Present
Comment: _____

TEACHER OBSERVATION SHEETS □No Problem □Problem
Concerns: _____

REFERRAL RECOMMENDAED □No Referral Necessary □CES □Superintendent □Other
Comments: _____

Screening Report Prepared By: _____ Date of Report: _____

Camden Central School District
51 Third Street
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PARENTAL PERMISSION FOR USE OF STUDENT PHOTOS/STUDENT WORK

During the course of the school year there are times when we take pictures of activities in the building and put them in the newspapers, on the school website and apps for publicity purposes. In addition, we often exhibit student's work. We need your permission to include your child(ren) in a photo and/or to display their projects. Please check one of the lines below, sign and return to applicable building as soon as possible.

Please check the appropriate box(es):

I ☐**DO** OR ☐**DO NOT** give permission to the following school buildings (as checked) to use my child(ren)'s likeness in the newspaper and/or on the school district website.

☐ **Camden High School** ☐ **Camden Middle School**

☐ **Camden Elementary School** ☐ **McConnellsville Elementary School**

Student Name: _____

Current Grade: _____

Signature of Parent/Guardian/Foster Parent: _____

Date: _____

Camden Central School District
51 Third Street
Camden, NY 13316
(315) 245-4096

STUDENT REGISTRATION/CHANGE FORM FOR TRANSPORTATION

(There is a 48 HOUR processing timeframe for establishing bus transportation, unless there is a special circumstance)

□ **New Enrollment** for □ Pick up □ Drop off □ Temporary

Student's Name: _____
Last Name First Name Middle

Date of Birth: ____/____/____ Sex: □ Male □ Female

PICK UP LOCATION: _____
Address **Name** **Phone #**

_____
Home Description

DROP OFF LOCATION: _____
Address **Name** **Phone #**

_____
Home Description

Home Phone #: _____ Mom's Cell #: _____ Dad's Cell #: _____

Parent's/Guardian's Name Printed: _____

911 Home Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Emergency Contact: _____
Name Address Phone Home#/Cell#

Emergency Contact: _____
Name Address Phone Home#/Cell#

List any physical/emergency medical information bus drivers need to know about your child: _____
_____

Home Building: □ CHS □ CMS □ CES □ MES Current Grade: _____

Is Student Special Education? □ YES □ NO

FOR OFFICE USE ONLY

Student ID# : _____ Date: _____

Please indicate if student will attend a building/school out of the attendance zone.

□ CES □ MES Outside District (BOCES): □ AM □ PM □ FULL DAY

If other location than above, please identify school: Name:_____

Only one regular pick up and drop off location is permitted. Any other location must be requested by a note 48 hours in advance stating the location, bus route, date, signed by parent/guardian and address to the school student attends.

DO NOT WRITE IN THIS SPACE – TRANSPORTATION USE ONLY

STUDENT ASSIGNED TO ROUTE: DATE TO START:

Camden Central School District
51 Third Street
Camden, NY 13316

HOUSING QUESTIONNAIRE

Name of LEA: **CAMDEN CENTRAL SCHOOL DISTRICT**

Name of School: _____

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

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

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

☐ In a shelter

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

☐ In a hotel/motel

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

☐ Other temporary living situation (Please describe): _____

☐ In permanent housing

_____ _____

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

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

_____
Date

NOTE TO SCHOOL/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Camden Central School District
51 Third Street
Camden, NY 13316

Are you the legal guardian of the child being enrolled?

☐ **YES** ☐ **NO** ☐ **FOSTER CARE**

Legal Guardianship

If you wish to enroll a minor student, you must show proof of legal guardianship.

- ✓ Legal guardianship of such students shall be documented by a copy of:

  a. legal documents showing that temporary or full legal guardianship has been applied for or awarded by a court of competent jurisdiction; or

  b. legal documentation showing that custody has been legally awarded to an extended family member; or

  c. documentation of placement under any court of competent jurisdiction or by any state agency having jurisdiction; or

  d. DDS 2999 if in foster care

This authority must be granted or legal proceedings initiated prior to enrollment of the student in the Camden Central School District. In addition, the requirements of proof of residency shall be met.

- ✓ Proof of the continuation of this status shall be required for each year the student is enrolled in Camden Central Schools.

- ✓ Such student shall be assigned to a school based upon the guardian's residence.

- ✓ Homeless children without a parent or legal guardian, or unaccompanied youth shall be granted an exemption from the requirements of this section on legal guardianship. If a child or unaccompanied youth attempts to register without a parent or legal guardian, school personnel shall attempt to determine whether the child is homeless in accordance with New York law.

I, the undersigned attest by my signature, that I am the legal guardian for the below named child.

_____ _____

Print Child's Name Date

_____ _____

Print Legal Guardian/Foster Parent's Name Legal Guardian/Foster Parent's Signature

Falsifying Records is punishable by law.

Presenting false information or records is a criminal offense under Penal Code 37.10. Enrolling the child under false documents makes the person liable for tuition or the cost.

ADMISSIONS OF NON-RESIDENT STUDENTS: The Policy No. 5016 of the Board of Education is that non-resident students may attend the Camden Central School District ONLY where such attendance is required by law, rule or contract.

Camden Central School District
51 Third Street
Camden, NY 13316

PROOF OF AGE AND IDENTITY

(Not applicable if Birth Certificate is provided)

Entrance into public school requires proof of both age and identity. The following documents are acceptable as proof of age and identity: (1) certified birth certificate, (2) certified record of baptism, (3) passport with date of birth, or (4) other documentation or legal record in existence for two years or more that is satisfactory to certification officer. I acknowledge that I am aware of the current requirement to provide proof of age and identity in order to enroll in the Camden Central School District.

Additionally, I am aware that I have 5 days to produce said document or my child will not be allowed to attend school.

_____

Signature of Parent/Legal Guardian/Foster Parent

_____

Today's Date

Further, I acknowledge that I have received a copy of this document and will provide the missing document within the five day timeframe.

_____

Signature of Parent/Legal Guardian/Foster Parent

_____

Today's Date

For office use only

As Central Registrar my signature below indicates that I have provided a copy of this document to the person(s) registering a student in the Camden Central School District.

_____

Signature of Central Registrar

_____

Today's Date

Camden Central School District
51 Third Street
Camden, NY 13316

Standard Residency Agreement

INSTRUCTIONS: Insert names and pertinent information where indicated. Although phrased in the plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. One form should be prepared for **each child**.

State of New York, County of Oneida:

_____ and _____

If both parents are living together, list mother and father on the above lines; OR If one parent lives with a significate other, list both names on the above lines;

_____ being duly sworn, deposes and state:

OR If you are a single parent living alone, use the above line to list your name.

We(I) are(am) the parent(s) of _____ who is an applicant for admission and is a resident of the Camden Central School District. We(I) presently reside with our(my) child at the below physical address which is also within the boundaries of the Camden Central School District.

_____

Please list your physical address on the above line (not your mailing address).

In order to induce the Camden Central School to accept our(my) child, we(I) duly CERTIFY that the foregoing physical address is our(my) legal domicile or place where we(I) intend to permanently reside with our(my) child both at the date of this affidavit and for the duration of his/her enrollment as a student in the Camden Central School District.

We(I) agree, upon request of District Officials, to furnish such Officials with written verification that the listed address is our(my) permanent place of residence. Such written evidence may include vehicle registration records or any other piece of evidence tending to verify that the foregoing address is our(my) domicile or permanent place of residence.

We(I) agree that in the event our(my) permanent residence changes during the period of our(my) child's enrollment in the Camden Central School District, we(I) shall immediately advise District Officials as to our(my) new place of residence.

_____
Parent/Legal Guardian/Foster Parent Signature

_____
Parent/Legal Guardian/Foster Parent Signature

For Office Use Only

Witnessed before me this ____ day of

_____, _____

_____
Witness

Camden Central School District
51 Third Street
Camden, NY 13316

STUDENT NAME: _____

FOR CURRENT SCHOOL YEAR

Verify Grade: _____

Does the student have an IEP? ☐ **YES** ☐ **NO**

Or any special needs? ☐ **YES** ☐ **NO**

Does the student require AIS? ☐ **YES** ☐ **NO**

or Resource? ☐ **YES** ☐ **NO**

Any additional help? ☐ **YES** ☐ **NO**
Please explain:

COMMENTS:

Camden Central School District
51 Third Street
Camden, NY 13316

Dear School Parents, Guardians, Foster Parents and Camden CSD:

The Camden Central School District uses Integrated Pest Management practices to limit our need to apply pesticides in the buildings and on the grounds.

In compliance with New York State Law, our district maintains and updates annually a list of staff and parents who wish to receive written notice 48 hours prior to a pesticide application at their school facility if the building will be occupied within 72 hours of an application. If you wish to be included on this notification list, or would like further information on our pesticide program, please contact the office of Assistant Superintendent for Business, Mr. Karl Keil, at **(315) 245-1024**, OR

Write him at:

Camden Central School District
51 Third Street
Camden, NY 13316

Camden Central School District
51 Third Street
Camden, NY 13316

DENTISTS

Dr. Elmasouri – 24 Mexico Street, Camden, NY (315) 245-4037
Medicaid Coverage – Yes
Ages 3-5 – Yes, if able to sit on lap
Accepting new patients – Yes

Dr. Modgil – 68 Main Street, Camden, NY (315) 245-1445
Call office for insurance accepted
Ages 3-5 – Yes, complete exams, but refers elsewhere for treatment
Accepting new patients – Yes
Open Monday – Wednesday

Dr. Mazzaferro – 610 North George Street, Rome, NY (315) 336-9140
Medicaid Coverage – No
Ages 3 and up
Accepting new patients – Depends on insurance

Dr. Racha – 114 West Thomas Street, Rome, NY (315) 337-0890 OR
120 Memorial Parkway, Utica, NY (315) 733-5722
Medicaid Coverage – No
Accepts CHP only if has Durrell dental attached (pink card)
Ages 3-5 – Yes, if able to sit on lap
Accepting new patients – Yes
Open Tuesday and Thursday – Rome
Open Wednesday and Friday – Utica

Rome Family Dental – 215 North Washington Street, Rome, NY (315) 339-5830
Accepts most self-pay. No Medicaid
Ages 3-5 – Yes, if able to sit on lap
Accepting new patients – Yes

Dr. Ruff – 500 North George Street, Rome, NY (315) 336-3270
Medicaid Coverage – Ages 6 and under
Ages 3-5 – Yes, if able to sit on lap
Accepting new patients – Yes

Dr. Patel – 107 West Hinds Avenue, Sherrill, NY (315) 363-2733
Accepts CHP, Fidelis and Excellus. Not United
Ages 3-5 – Yes, if able to sit on lap
Accepting new patients – Yes
Closed Thursday

Sitrin Dental Clinic – 221 Broad Street, Oneida NY (315) 363-6432 OR
2050 Tilden Avenue, New Hartford, NY (866) 274-8746 Registration Office
Medicaid Coverage – No
Age 3-5 – Yes, if able to sit on lap
Accepting new patients - Yes

Camden Central School District
51 Third Street
Camden, NY 13316

Requested Demographics for State Education Department

Camden Central School District
51 Third Street
Camden, NY 13316

To the Parent/Guardian: The *CAMDEN CENTRAL SCHOOL DISTRICT* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *CAMDEN CENTRAL SCHOOL DISTRICT* in accordance with the federal categories and definitions. The information will be used to:

- ✓ **Report information to the State and Federal Education Departments.**
- ✓ **Plan educational programs and make sure that they are readily available to all students.**
- ✓ **Analyze differences in academic performance, attendance and completion of school.**

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the next page (page 3). Put a check (✓) in the box for the category or categories which best describes your child. The *CAMDEN CENTRAL SCHOOL DISTRICT* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

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

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS PAGE.

Camden Central School District
51 Third Street
Camden, NY 13316

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed, or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: **CAMDEN CENTRAL SCHOOL DISTRICT** FOR OFFICE USE ONLY SID#: _____

Student Name: _____
LAST FIRST MIDDLE

Date of Birth: _____/_____/_____ Birth Place: _____ Current Grade Level: _____
Month Day Year City/State/Country

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. (For question (1) Check (✓) the box that best describes your Child.) Check (✓) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or Spanish Culture or origin, regardless of race.

□ YES, Hispanic
□ NO, not Hispanic

2. **Select one or more races from the following five (5) racial groups** (For questions (2) Check (✓) all groups that apply to your child: check (✓) **at least** ONE box.):

□ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
□ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
□ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
□ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
□ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ _____
Signature of Parent/Guardian/Other Date

Relationship to student (please Check (✓) only ONE box) □MOTHER □FATHER □GUARDIAN
□OTHER (please specify) _____

See previous page (page 9) for important message to Parents/Guardians/Foster Parents regarding Confidentiality Procedures and Regulations.

Camden Central School District
51 Third Street
Camden, NY 13316

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:_____
First Middle Last

DATE OF BIRTH:_____ GENDER: □Male
Month Day Year □Female

PARENT/PERSON IN PARENTAL RELATION INFO:

_____
Last Name First Name Relation to Student

HOME LANGUAGE CODE _____

Language Background

(Please check (✓) all that apply.)

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

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 Phone Number School Address

Camden Central School District
51 Third Street
Camden, NY 13316

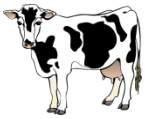
ELIGIBILITY SCREEN FOR MIGRANT EDUCATION SERVICES

Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed.

Has your family moved to a different school district in the last 3 years: □NO □YES

In the last 3 years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) □NO □YES

If yes, what farm did you work on?_____ Where?_____ When?_____




If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

PARENTS/GUARDIANS

Mother's Name: _____

Father's Name: _____

Home Address: _____
_____
_____

Home Phone Number: _____
Cell, Work or Message Number: _____
_____

Other Useful information (directions, farm names, best time to contact, etc.): _____
_____

FOR OFFICE USE ONLY

Home Building: □ CHS □ CMS □ CES □ MES

CAMDEN CENTRAL SCHOOL DISTRICT

District Office, 51 Third Street, Camden, NY 13316 (315) 245-2500

To submit this referral please fax to the Herkimer BOCES at (315) 867-2087 or mail to the address above. For more information please call the Migrant Program at (315) 867-2079.

Thank you for your assistance.