

WAPPINGERS

Central School District

REGISTRATION PACKET

Prior to July 1, parents registering their child for **Kindergarten** should contact their neighborhood school to schedule an appointment. Children must be 5 years old by December 1 in order to register. All other grades must contact Central Registration.

After July 1, parents/guardians wishing to register their child/children in the Wappingers Central School District should begin the **process by calling the *Central Registration Office* at 25 Corporate Park Drive, PO Box 396, Hopewell Junction, NY 12533 (298-5000 x 40132) and scheduling an appointment.** Hours of operation are Mondays – Fridays from 8:00 a.m. – 3:30 p.m.

Brinckerhoff Elementary School: 897-6800 ext. 10001
James. S. Evans Elementary School: 298-5240 ext. 11001
Fishkill Elementary School: 896-6780 ext. 12001
Fishkill Plains Elementary School: 227-1770 ext. 13000
Gayhead Elementary School: 227-1756 ext.14005
Myers Corners Elementary School: 298-5260 16003
Oak Grove Elementary School: 298-5280 ext. 17000
Sheafe Road Elementary School: 298-5290 ext. 18000
Vassar Road Elementary School: 463-7860 ext. 19000

In the Event of Inclement Weather:

If there is a school cancelation or delayed opening due to inclement weather, your appointment will automatically be canceled, and you will need to call to reschedule. Information on cancelations or delays will be announced on the following local radio stations beginning at 6:00 a.m.

WBNR – 1260 AM	WRWD – FM 107.3
WCZX – FM 97.7	WSPK – FM 104.7
WHUD – FM 100.7	WPDH – FM 101.5
WRNQ – FM 92.1	WEOK – 1390 AM
WKIP – 1450 AM	WGNV – 1200 AM

You may also get school closing/delay information on our district website:

www.wappingersschools.org

WAPPINGERS CENTRAL SCHOOL DISTRICT GUIDELINES FOR REGISTERING YOUR CHILD

Proof of Residency

All new students seeking enrollment in the Wappingers Central School District must provide proper documentation and/or information to establish residency.

Within three (3) business days of your child's initial enrollment, your documentation and/or information will be reviewed to make a final residency decision. If a determination of non-residency is made, you will be notified in writing.

The following is documentation that may be used to establish residency (**Note: This is not intended to be an exhaustive list, and the District may consider other documentation and/or information, as appropriate**):

- A copy of a residential lease or proof of ownership of a home, such as a deed or mortgage statement.
- A notarized or signed statement by a third-party landlord, owner or tenant from whom the parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property within the District.
- Other forms of documentation include:
 - Pay Stubs
 - Federal or NYS Income Tax, W-2 or Earnings Statement
 - Utility Bill
 - Voter Registration Notification Card
 - Official driver's license, learner's permit or non-driver identification
 - Documents issued by federal, state or local agencies (such as social services agency)
 - Government issued identification
 - Membership document based on residency

Warning: Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition-free education from the Wappingers Central School District may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant's child resides outside of the Wappingers Central School District, the District may take legal action to collect tuition charges. The tuition of \$9,495.00 (Regular Ed. K-6); \$10,324.00 (Regular Ed. 7-12); \$35,090.00 (Special Ed. K-6); \$35,919.00 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student's residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

Parent/Guardian Signature & Date

Signature of Witness (WCSD)

Signature of parent/guardian will confirm that they have read and understand the residency policy of the Wappingers Central School District and the consequences they might incur if false information is wrongfully provided.



Wappingers Central School District

Registration Data Sheet (Omit if completing [Online Pre-Registration](#))

(Shaded areas to be completed by WCSD Personnel)



Student's Last Name First Middle			Student ID #	Yr. Grad.	Building	HR	Entry Date	N OR R
Student Address Street Apt. No. City State Zip Code		House No. (Lot)						
Mailing Address (If Different) Street Apt. No. City State Zip Code								
Sex	Evidence of Birth	Handicapped	Special Education	Gifted	ESL	1st Polio Date	Home Phone #	
<input type="checkbox"/> Birth Cert.	<input type="checkbox"/> Bap. Cert.	<input type="checkbox"/> Other	Parent/Guardian email address:					
Birth Date	Country	State/Province	City	Zip				
School Name		Grade	Teacher		Date Student First Entered 9th Grade			
Mother's (Guardian) Name			Mother's (Guardian) Address – If different than child			Emer. Phone #		
Mother's (Guardian) Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Father's (Guardian 2) Name			Father's (Guardian 2) Address – If different than child			Emer. Phone #		
Father's (Guardian 2) Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Child Living with Natural Parents		Language of Home			Language of Student			
Custody Clarified	LTD Release	O T H E R <input type="checkbox"/> Social Service Form DSS – 2999 Completed; Agency _____ <input type="checkbox"/> Foster Child Report Completed <input type="checkbox"/> Designation for Homeless Child Form Completed <input type="checkbox"/> Migrant <input type="checkbox"/> Exchange Student				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
What Are Your Living Arrangements?		Verification of Legal Residency				Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Schools Previously Attended	City, State, Country		Dates		Grade (s)		LEP Program <input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previously Retained <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade(s)?		If Previously Attended School in Wappingers Central School District, What School and When Attended?					
Comments								
ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO								
OTHER CHILDREN								
Name	Birth Date	School	Grade	Name	Birth Date	School	Grade	
Signatures:								
_____ Administrator			_____ Parent (Signature indicates you are aware that a general screening of all new students is required in NYS)					
_____ Counselor			_____ Student					
REV.15/16								

IMMUNIZATIONS

New York State Law Section 2164 requires these immunizations for admission to school K-12
(Born on or after 1/1/2005)

Immunization	Number of Doses
Polio	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten
Hepatitis B	3 doses at specific intervals*
Diphtheria/Tetanus/Pertussis	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten
Measles/Mumps/Rubella	2 doses received prior Kindergarten
Tdap: <ul style="list-style-type: none"> • Boostrix (licensed for use with 10-64-year-olds) • Adacel (licensed for use with 11-64-year-olds) 	Age 11: Must receive the Tdap booster or provide proof of an appointment for the booster dose within 14 days. Required for entrance into 6 th grade once child turns 11 years of age.
Varicella	2 doses for incoming Kindergarteners, 2 nd dose required prior to admission to 6 th grade
Menactra	1 st dose required prior to admission into 7 th grade and 2 nd dose required prior to entrance into 12 th grade.

*Hepatitis B doses must be given with 4 weeks between 1st and 2nd doses, 8 weeks in between 2nd and 3rd doses, 16 weeks between 1st and 3rd dose, with the entire series not finishing before the age of 24 weeks.

PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.

Proof of immunization must be any of 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.



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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> 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? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Mother | _____ specify | <input type="checkbox"/> Father _____ specify |
| | <input type="checkbox"/> Guardian(s) | _____ specify | _____ specify |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> Does not read |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> 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 (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

<i>Educational History</i>	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

_____	Month: _____	Day: _____	Year: _____
<i>Signature of Parent or of Person in Parental Relation</i>	<i>Date</i>		
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

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

WAPPINGERS CENTRAL SCHOOL DISTRICT
School Health Services

_____ SCHOOL

HEALTH DATA SHEET

Student _____ Date of Birth _____ Gender ____
Mother's Name _____ Father's Name _____
Mother's Phone # Home _____ Work _____
Father's Phone # Home _____ Work _____
Mother's Address _____
Father's Address _____

With whom does this child live? Both Parents Mother Father Guardian

Other _____

Emergency Contact if parent/guardian cannot be reached:

Name _____ Relationship to Student _____

Phone # _____

Student's Physician _____ Phone # _____

PRENATAL AND DEVELOPMENTAL HISTORY

Did the mother have any unusual problems/illness during the pregnancy or the birth such as breech, forceps or Cesarean delivery? Yes No If yes, please explain briefly:

Was this infant born: Full term Premature Post mature

What was this infant's birth weight? _____ lb. _____ oz.

Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea spells or convulsions? Yes No If yes, please explain briefly: _____

Please give an approximate age at which this child: sat up alone _____ walked _____
said single words _____ said sentences _____ was toilet trained _____

Please briefly describe this child's overall development in relation to his/her other siblings:

HEALTH CONDITIONS

Please check any that are a chronic problem.

- Diabetes High Fevers Eye Problems Poor Vision Epilepsy
- Poor Hearing Crossed Eyes Tubes in Ears Bowel Problems
- Toothaches Seizures Dental Infections Bed wetting Heart Problems
- Frequent Ear Infections Frequent Headaches Frequent Nosebleeds
- Frequent Sore Throats Other _____

Has your child ever had the chicken pox? Yes No

If yes, when? _____

MEDICAL INFORMATION

Does this child have any allergies? Yes No

If yes, to what? _____

What treatment or medication does this child require for this/these allergies?

Does this child have asthma that has been diagnosed by a physician? Yes No

If yes, what treatment and/or medication has been prescribed? _____

Does this child have any medical condition other than listed above? Yes No

If yes, please explain. _____

INJURIES, ILLNESSES, AND SURGERIES

Please list any severe injuries, illnesses and/or surgeries: _____

Injuries, Illnesses, Surgeries	Age of Child	If hospitalized, how long?
--------------------------------	--------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

Is this child on daily medication? Yes No

If yes, please list. _____

Is this child on medication on a regular basis, but not daily? Yes No

If yes, please list. _____

Do any family members have any long-term illness, such as diabetes, cancer, high blood pressure, etc.? Yes No

If yes, please list the illness and the relationship of the person to this child. _____

For girls only: If applicable, give age of first menstrual period ____ Problems? Yes No

If yes, please explain. _____

Do you have any other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? Yes No

If yes, please explain. _____

Completed by: _____ Date: _____

Relationship to child: _____

Would you like a conference with the school nurse? Yes No

WAPPINGERS CENTRAL SCHOOL DISTRICT
25 Corporate Park Drive
Hopewell Junction, NY 12533
TEL 845-298-5000

KINDERGARTEN SOCIAL - HOME SURVEY

Please complete this survey and return to your child's kindergarten teacher. It will be placed in your child's permanent record folder and limited to use by the school staff. This survey will be removed from your child's folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.

Date: _____ Signature: _____

Child's Name: _____

What name does your child prefer to be called? _____

With whom does your child live? (Check all that apply)

Mom Dad Siblings Grandparents Other _____

Where does your child fall in the family order?

First Child Middle Child Last child Only child Other _____

Do other family members live elsewhere? Yes No

Has your child attended nursery school or daycare? Yes No

Name _____ Phone Number _____

May we call for information? Yes No

CHILD DEVELOPMENT

Can your child dress him/herself? Yes No

Can your child take care of his/her bathroom needs? Yes No

Can your child follow directions? Yes No

Can your child attend to a story or activity for 15 – 20 minutes? Yes No

Has your child chosen which hand he/she prefers to use? Yes No

If yes, which hand? Left Right

Can you and/or others understand your child's speech? Yes No

Do you think your child will require special assistance in any of the areas listed below?

- 1. Speech Yes No
- 2. Behavior Yes No
- 3. Rate of Learning Yes No
- 4. Health Yes No
- 5. Coordination Yes No

How often do you read to your child? _____

Are there any hobbies or interests that you or your family would be willing to share with your child's kindergarten class?

Please share any other information about your child that you feel would be helpful for his/her teacher to know. Some examples are: special interests, unusual experiences, and fears, family history – which may include custody and/or health issues – such as food allergies, problems with eating or sleeping. If you prefer, you may share specific information by speaking directly to your child's teacher.

WAPPINGERS CENTRAL SCHOOL DISTRICT
25 Corporate Park Drive
Hopewell Junction, NY 12533
TEL 845-298-5000

Welcome to the Wappingers Central School District. We would like to take every opportunity to know you and your child better and extend the opportunity for you to provide any information you think is important. This optional form is one way to share your thoughts or concerns with us. Thank you for your input.

STUDENT INFORMATION PROFILE

Student's Name: _____ Grade Level: _____

Parents' Signature: _____

Academic Strengths/Needs:

Behavioral Strengths/Needs:

Social/Emotional Strengths/Needs:

Work/Organizational Skills Strengths/Needs:

Additional Comments, Information and Suggestions:

Academic Records

Examples: copy of most recent report card, marks given up to last date of attendance in former school, and any special education records you can provide.

WAPPINGERS CENTRAL SCHOOL DISTRICT
Central Registration
25 Corporate Park Drive
PO Box 396
Hopewell Junction, NY 12533
(845) 298-5000 x 40132

RELEASE OF STUDENT INFORMATION

Date: _____

Dear Principal,

The following student has enrolled in the Wappingers Central School District. **Please forward copies of records, including cumulative records, psychological evaluations, test scores, health, and any other pertinent information to the address indicated below.**

ELL Students – If this student was previously enrolled in a New York State school, and was in an ELL or Bilingual Program, please include LAB-R or NYSESLAT test score.

Thank you for your attention to this request.

Student Name: _____ Date of Birth: _____

Current Address: _____

School: _____ Grade: _____

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT _____ DATE _____

.....
Wappingers Central School District Central Registration

25 Corporate Park Drive-PO Box 396
Hopewell Junction, NY 12533

Check all that apply

- Birth Certificate
- Immunizations
- Transcript
- IEP/504

Please fax records to 845-896-1459

If you need to call the Central Registrar, please dial **845-298-5000 x 40132**.

Previous school information:

Name of School: _____

Address: _____

Telephone (_____) _____ Fax: (_____) _____

WAPPINGERS CENTRAL SCHOOL DISTRICT
Central Registration
25 Corporate Park Drive
PO Box 396
Hopewell Junction, NY 12533
(845) 298-5000 x 40132

Dear Parents:

Please do not send medication of any kind to school with your child. This includes all medication such as aspirin or any type you may obtain without a prescription. This not only applies to medication that may be taken by mouth but any type that is applied to any area of the body. If a child arrives at school with medication, we are required to confiscate it, and it will be the responsibility of the parent to claim it. Under certain unusual circumstances when it is necessary for a child to take medication at school, the school nurse may cooperate with the physician and the parents, but certain definite requirements must be met. These standards are set up by New York State Educational Law.

All the following regulations must be met.

1. The School nurse must have a written order signed by a physician giving the following information:
 - Name of medication and possible side effects
 - Reason for giving it
 - Dosage
 - Time
 - Number of days
2. It must have a professional label (either a drug store or Drug Company, if a proprietary).
3. It should be delivered directly to the school nurse by the parent.
4. The parent or guardian must submit a written request to the school nurse to give the medication as directed.

**NEW PRESCRIPTIONS ARE REQUIRED AT THE BEGINNING OF EACH SCHOOL YEAR
IN SEPTEMBER.**

It is also the responsibility of the parent to come to the Health Office to obtain any unused medication. If unused medication is not picked up, it will be discarded seven days after the date of final dosage. Medication that has been prescribed for a period extending to the end of the school year will be discarded on the last day of school in June if it has not been picked up. If at any time the physician wishes to increase the dosage, s/he must submit this request in writing. A verbal or telephone request from the parent or physician is not acceptable from the standpoint of protection for the nurse and the school. Medication in the care of children is a serious hazard and endangers the lives of other children. If you have any questions or concerns, please call the school nurse.

WAPPINGERS CENTRAL SCHOOL DISTRICT
School Health Services

_____ SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I give permission to the school nurse or designated school personnel to administer _____ as prescribed by the physician.
(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to the medication order from the physician will need to be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber-related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the school nurse or designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please indicate times and dosage of any and all medications taken at home in the space below.

**WAPPINGERS CENTRAL SCHOOL DISTRICT
School Health Services**

_____ SCHOOL

Dear Parent/Guardian:

Beginning September 2008, New York State will request Kindergarten, second, fourth, seventh and tenth-grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months before the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

DENTAL HEALTH CERTIFICATE

Student Name: _____

Date of Comprehensive Dental Examination: _____

No Treatment Required Treatment in Progress Treatment Completed

Student is in fit condition of dental health to permit school attendance: Yes No

Print Name of Dentist: _____

Signature of Dentist: _____

Address of Dentist: _____

Telephone Number of Dentist: _____

WAPPINGERS CENTRAL SCHOOL DISTRICT
25 Corporate Park Drive
Hopewell Junction, NY 12533
TEL 845-298-5000
Department of Special Education and Student Services
(845) 298-5000 ext. 40135 Fax (845) 897-2482

HOMELESS REFERRAL (MCKINNEY-VENTO)

Student Name: _____ Grade: _____ Start Date: _____
Assigned School: _____ ID: _____
Date of Birth: _____
Parent/Guardian: _____ Telephone Number: _____
Current Address: _____ Previous Address: _____

1. What best describes student's current living situation? Check one box:
- Shelter
 - Transitional Housing
 - Doubled up, with more than one family in house or apartment
 - Hotel/Motel
 - Unsheltered, in a car, or campsite
 - Awaiting Foster Care
 - With friends or family members (other than a parent or guardian)
 - Choices in section do not apply

Please describe current situation below. (Must be filled in)

2. Reason for current living condition: _____

3. Is family/student involved with outside agencies? Yes No
If so, please indicate contact person: _____

Phone #: _____ Title/Agency: _____

4. Is transportation required? Yes No
5. Previous School District: _____ Address: _____
6. Have records been received? Yes No
7. Does the student have a disability? Yes No If yes, please indicate: _____

Name of Person Completing the Form Title Date

Cc: Executive Director of Special Education
Food Service
Transportation

Guidance Office
Main Office



WCSD Bus Transportation to and from a Babysitter or Daycare for the 2017-2018 School Year

Students in Grades K-8 are eligible for bus transportation to or from a Babysitter or Daycare location. A student may be transported to or from the location of a child care provider if the student's legal residence and the Child Care provider's location are both located within the boundaries of the District.

Parents must request child care transportation no later than April 1st of the current school year for the 2017 - 2018 school year. Child Care requests must be filed every year, even if there is no change to your student's Child Care provider. Forms are not carried over from year to year.

Daycare facilities registered under Section 390 of the New York State Dept. of Social Services are entitled to transportation to and from Daycare centers within the Wappingers Central School District, provided the application is received by the April 1st deadline. Requests received after the April 1st deadline will be considered a late file and you may not get the bus stop you request. Any requests received after August 15th will be held for processing until after September 30th, meaning you will not have babysitter or daycare transportation set up for the month of September. Babysitter locations NOT licensed or registered under Section 390 of the NYS Dept. of Social Services are restricted to the attendance zone of the school the child attends.

Daycare locations must be set up for five (5) days a week in and/or out. Otherwise a daily note to school is required, and only to or from an existing stop.

All bus routing is completed by the time school starts. For your child's safety, the bus driver, teacher, school and Transportation Department need to know your child's proper bus and bus stop. For this reason, all alternate transportation requests for the start of the school year must be processed by August 15th. Late requests made after this date will not be processed until after September 30th AND there may not be a bus available to and/or from your chosen daycare provider.

Childcare Transportation Request Forms are available in each school's Main Office and on our Transportation Website. Please fill out one form per student and return it to your child's school. The Principal or his/her designee must sign the form. Main Office personnel will send it to the Transportation Office to be processed. Please allow five (5) days for processing. Any time a change is made, a new form must be submitted to school.

If you are new to the District, you must go to our Central Registrar to register your child before transportation can be arranged. For families who become district residents after April 1st, a transportation request should be submitted within thirty (30) days of establishing district residency.

Central Registration is located at the WCSD District Office, 25 Corporate Park Drive, Hopewell Junction, NY 12533. Call ahead for an appointment at (845) 298-5000, ext. 40132. Please bring proof of residency to your scheduled appointment.



REMINDER FOR THE 2017 – 2018 SCHOOL YEAR

Daycare and Babysitter transportation forms received after August 15th will not be processed until after September 30th. The safety of transporting our students (close to 12,000 in all!) is top priority. Late daycare requests cause unnecessary confusion during the first weeks of school which puts children at risk. If you haven't turned your request in on time, your child will be transported to and from school on their assigned neighborhood bus until notified by the Transportation Dept.



WAPPINGERS

Central School District



Middle States Association
of Colleges and Schools

OFFICE OF TRANSPORTATION

55 MAJOR McDONALD WAY
WAPPINGERS FALLS, NEW YORK 12590
(845) 298-5225 x44104
FAX (845) 298-5210
KIM CATALANO - SUPERVISOR

Member

CHILDCARE TRANSPORTATION REQUEST FORM

(WCSD STUDENTS IN GRADES K-8 ARE ELIGIBLE FOR CHILDCARE TRANSPORTATION)

Day Care/Babysitter requests must be received no later than April 1st of the preceding school year or transportation may not be available. Requests must be filed every year, even if there is no change. Day Care facilities registered under section 390 of the New York State Department of Social Services are entitled to transportation **WITHIN the district**, provided application is received by the **April 1st deadline**. Day Care locations must be for **five (5) days a week** in and/or out. Otherwise a **daily note** to school is required and only to or from an existing bus stop. Babysitter locations **NOT** licensed or registered **are restricted to the attendance zone** of the school the child attends. **Day Care/Babysitter transportation forms will not be accepted after AUGUST 15th. Those requests will be processed after September 30th.**

Date _____ Current School Year _____ **OR** Next School Year _____ Child's School _____

Student Name _____
(Last Name) (First Name) (MI)

WCSD Student ID # _____ Date of Birth _____ Grade: _____ Gender: M F

Address: _____ E-Mail: _____
(Number & Street – No P.O. Boxes)

(City) (Zip) (Home Phone) (Cell)

Parent/Guardian's Name (Print): _____

Day Care or Babysitter Information – Submit a new form each time changes are made. Change

<u>Pick Up (AM)</u>	<u>Drop Off (PM)</u>
Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider
Provider's Name: _____	Provider's Name: _____
Provider's Address: _____	Provider's Address: _____
Provider's Phone: _____	Provider's Phone: _____
<input type="checkbox"/> Cancel Old Information	<input type="checkbox"/> Cancel Old Information

Parent/Guardian Signature: _____ Date: _____

Verification – School Representative Signature: _____ Date: _____

Parents/Guardians: One Student per Form Please -- Return to the Main Office of your child's School.

NOTE TO SCHOOL STAFF: PLEASE FAX (298-5210) OR SCAN COMPLETED FORM TO TRANSPORTATION OFFICE UPON RECEIPT.
PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING.

WAPPINGERS CENTRAL SCHOOL DISTRICT
Student Records/Directory Information (FERPA Rights)
Annual Notification

The Board of Education recognizes the legal requirement to maintain the confidentiality of student records. The procedures for ensuring the confidentiality of student records shall be consistent with state and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing regulations.

The Board also recognizes its responsibility to ensure the orderly retention and disposition of the district's student records in accordance with Schedule ED-1 as adopted by the Board in policy 1120.

The Superintendent of Schools shall be responsible for ensuring that all requirements under federal statutes and Commissioner's Regulations be carried out by the district.

Annual Notification

At the beginning of each school year, the district will publish a notification that informs parents, guardians and eligible students currently in attendance of their rights under FERPA and the procedures for exercising those rights. This notice may be published in a newspaper, handbook or other school bulletin or publication. This notice will also be provided to parents, guardians, and eligible students who enroll during the school year.

The notice will include a statement that the parent or eligible student has a right to:

1. inspect and review the student's education records;
2. request that records be amended to ensure that they are not inaccurate, misleading, or otherwise in violation of the students privacy or other rights;
3. consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent; and
4. file a complaint with the U.S. Department of Education alleging failure of the district to comply with FERPA and its regulations; and

In addition, the annual notice will inform parents/guardians and eligible students:

1. that it is the district's policy to disclose personally identifiable information from student records, without consent, to other school officials within the district whom the district has determined to have legitimate educational interests. For purposes of this policy, a school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a member of the Board of Education; a person or company with whom the district has contracted to perform a special task such as an attorney, auditor, medical consultant, or therapist; or a parent or student serving on an official

committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks). A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his/her professional responsibilities.

2. that, upon request, the district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.
3. of the procedure for exercising the right to inspect, review and request amendment of student records.

The district shall arrange to provide translations of this notice to non-English speaking parent(s) or guardian(s) or eligible student(s) in their native language or dominant mode of communication.