



KINDERGARTEN REGISTRATION

Welcome to Kindergarten! In order to safeguard the health of your child/children, to place your child/children and to conform with New York State law and District Policy, we will need certain information and records.

Please contact **Ms. Victoria Friedman, District Registrar**, at 914-763-7050 or vfriedman@klschools.org to set up an appointment to register your child(ren) and submit all required documents and forms. The Registrar will make copies of original documents during the meeting. The District Registrar is located at the District Office on the John Jay High School Campus (on the left side of the building), 60 North Salem Road, Cross River, New York.

1. Documentation of age - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing one of the following:
 - a. An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; or
 - b. passport (including foreign passport) giving the date of birth

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are the following:

- official driver's license
 - state or other government issued identification
 - school photo identification with date of birth
 - consulate identification card
 - hospital or health records
 - military dependent identification card
 - documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
 - court orders or other court-issued documents
 - Native American tribal document
 - records from non-profit international aid agencies and voluntary agencies
 - Note: The School District may need to verify these documents/record
2. **Proof of Residency is required. According to NY State Law, in order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.**

You should provide at least one item from Section A and two items from Section B; if you cannot provide an item from Section A, you will need to provide three items from Section B.

Section A	Section B
<ol style="list-style-type: none"> 1) <i>Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement</i> 2) <i>A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district (Attached Property Owner/Landlord Statement)</i> 3) <i>Such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District (Attached Third Party Residency Statement)</i> 4) <i>other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District. For instance: current property tax bill, current homeowner's/renter's insurance policy statement, see also list from Section B</i> <p><i>Note: The Katonah-Lewisboro School District reserves the right to contact any individual who provides a statement attesting to the physical presence in the School District of the parent(s) or person(s) in parental relation to the student requesting enrollment.</i></p>	<ol style="list-style-type: none"> 1) <i>Pay stub</i> 2) <i>Income tax form(s)</i> 3) <i><u>Current</u> utility bill or other bills (e.g., power company, cable, etc.).</i> 4) <i>Membership documents that are based upon residency</i> 5) <i>Voter registration document(s)</i> 6) <i>Official driver's license, learner's permit or non-driver identification</i> 7) <i>Documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)</i> 8) <i>Evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers</i> 9) <i>Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.</i>

If you have any questions regarding the fulfillment of the District's residency requirements or are homeless, please contact the District Registrar.

3. **Immunizations:** Details of all public health requirements are outlined in the registration packet. The school nurse will review and approve immunization records prior to the enrollment of new students.
4. **Screenings:** As per New York State requirements Details all new students from out-of-state, private schools or from out of the country will be screened in the areas of health, motor skills, language skills and cognitive concepts. These short screeners are administered by staff members from your child's school during regular school hours.
5. **Parent(s)/Guardian(s) shall provide proper proof of parental relationship** - The School District may require the parent(s) or person(s) in parental relation to provide the School District with an affidavit either: (1) indicating that they are the parent(s) with whom the child/children lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child/children, over whom they have a total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise. The School District may also accept other proof, such as documentation indicating that the child/children resides with a sponsor with whom the child/children has been placed by a federal agency. Please contact the District Registrar for additional information.

6. **Parent Portal Agreement** (*for new families to the District*) – If you already have a child enrolled in the Katonah-Lewisboro School District, and have previously activated your parent portal account, your kindergarten child will automatically be added to your account. If you have a child in the Katonah-Lewisboro School District, but have not activated your parent portal account, please include this document with your kindergarten registration.

PLEASE BE ADVISED that in order for your child/children to attend the Katonah- Lewisboro School District (“School District”), you must be a resident of the School District.

Section 210.45 of the Penal Law of the State of New York prohibits the making of a false written statement. Therefore, your statements contained in your registration application must be true and accurate.

If the School District determines at any time that you are not a resident of the School District, your child/children will be excluded from the School District. Further, you will be liable to the School District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.



KINDERGARTEN REGISTRATION

Please complete all questions. (Please Print)

Check the school and grade you are registering your child for: GRADE: _____

<input type="checkbox"/> Increase Miller Elementary School	<input type="checkbox"/> Katonah Elementary School	<input type="checkbox"/> Meadow Pond Elementary School
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Child's Legal Name: _____ Gender: M / F / Nonbinary
Last First Middle

Home Address: _____
Street & Number Town State Zip

Mailing Address: _____
(If different from above) Street & Number Town State Zip

Date of Birth: _____ Birthplace: _____ Home Phone: _____

Student resides with:

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Mother/*Stepfather ☐ Father/*Stepmother
☐ Foster Parents ☐ Other _____ (See Special Home Circumstance Section)

* Please indicate Stepparent name: _____

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our District determine which services your child may be eligible to receive

1. Is your current address a temporary living arrangement?
_____ Yes _____ No
2. If so, is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

If you answered **YES**, please complete the bottom portion of this form.

If you answered **NO**, please **STOP HERE and proceed to the following page.**

Please check what best describes where this student is currently living:

<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a rented garage due to loss of housing
<input type="checkbox"/> In a motel or hotel	<input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian of child, due to loss of housing
<input type="checkbox"/> In a transitional housing program	<input type="checkbox"/> In a single room occupancy building
<input type="checkbox"/> In a car, trailer or campsite	<input type="checkbox"/> Temporarily in another family's house or apartment due to loss of housing
<input type="checkbox"/> In a rented trailer/motor home on private driveway	
<input type="checkbox"/> Awaiting foster placement	
<input type="checkbox"/> Other place unfit for human habitation	<input type="checkbox"/> NONE OF THESE CHOICES APPLY

PARENT/GUARDIAN INFORMATION:

Guardian 1 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

Guardian 2 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

SIBLINGS:

Name (Last, First, Middle)	Date of Birth	School/Grade

EMERGENCY CONTACTS: (Other than Parents/Guardians listed above)

Name (First Name , Last Name)	Relationship to Student	Phone Number	
1.		Home:	Cell:
2.		Home:	Cell:

PREVIOUS SCHOOL INFORMATION:

Schools Attended	Dates To/From (most recent first)	Grade(s)	Location: Country/City/State

PREVIOUS HOME ADDRESS: (Most recent first - include dates to/from and full address)

1.

2.

SPECIAL HOME CIRCUMSTANCES:

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with _____

Is there a custody agreement? (If so, please provide a copy) ____ Yes ____ No

List any restrictions other parent has regarding child _____

List type and date of legal document provided _____

If you are a Guardian, please complete the following:

Name of child's natural parent(s) _____

Address or whereabouts of natural parent(s) _____

Official document indicating custody and restrictions, etc., if any _____

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent _____

Name of Agency _____ Agency Code # _____

Agency Address _____ Type of Agency _____

Case Worker and/or Social Worker _____ Phone No. _____

DSS Case # _____ CIN # _____ CB# _____

Date child was placed at current location: _____ Date at previous location: _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

DIRECTIONS TO PARENT/GUARDIAN:

Please answer both questions (1) AND (2).

For question (1) Check (✓) the one 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 other Spanish culture or origin, regardless of race.

☐ YES, Hispanic

☐ NO, Not Hispanic

(2) Please check one or more races from the following five racial groups.

Check all groups that apply to your child. Please check (✓) at least **ONE** box.

<input type="checkbox"/>	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 cultural identification through tribal affiliation or community attachment (e.g. Cherokee, Mohawk, Inuit).
<input type="checkbox"/>	Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Black or African American A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	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 one of the boxes below):

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____ (Please specify)
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Parent/Guardian Oath:

I, _____ say that I am the
parent/guardian of _____, and that I have read the foregoing application, and
know the contents thereof; that the same are true to my own knowledge and that I have given the
answers set forth above knowing that the Katonah-Lewisboro School District will rely upon them in
determining whether the child is to be admitted to its school system.

Signature of Parent/Guardian

Date

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

Lisette 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

☐ Male

☐ 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

☐ Father

☐ Guardian s)

specify

specify

specify

4. What language(s) does your child understand?

☐ English

☐ Other

specify

5. What language(s) does your child speak?

☐ English

☐ Other

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English

☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English

☐ Other

☐ 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

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? _____

Month: Day: Year:

**Signature of Parent or of Person in
Parental Relation**

Date

Relationship to student: ☐ Mother ☐ Father ☐ 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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: POSITION: _____

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:



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.





Katonah-Lewisboro School District

Preschool Release of Information Form

My child's name is _____

Please check one:

_____ I give permission to the Katonah-Lewisboro School's kindergarten teacher and/or administrator to contact my child's preschool for information supporting the kindergarten transition.

Name of Preschool: _____

Phone # of Preschool: _____

Teacher(s) Name: _____

_____ I do not give permission to contact my child's preschool teacher.

Signature of Parent/Guardian: _____ **Date:** _____

Student Information

The information requested is helpful to the kindergarten team in order to best prepare for your child's arrival and experience in kindergarten.

Student Name: _____ DOB: _____

NICKNAME: _____ ALLERGIES: _____

What would you say are your child's strengths? _____

What would you say are your child's weaknesses? _____

Is he/she able to separate easily from the parent? _____

Does he/she have any fears? _____ If so what? _____

Has your child attended pre-school? _____ If so, which one? _____

For how long? _____ How many days a week? _____

Does your child play quietly or actively? _____

With whom does your child play? Alone _____ with other children _____ with younger children _____
with older children _____ with boys _____ with girls _____

Would you say your child is a leader or a follower? _____

What activities does your child enjoy outdoors? _____

What activities does your child enjoy indoors? _____

How does your child handle conflict and/or change? _____

Does your child recognize letters? Few Some Many All (Circle One)

Does your child recognize numbers? Few Some Many All (Circle One)

Is your child right, left handed or undecided? _____

What haven't we asked you about your child or family situation that you want us to know? (*i.e. early intervention support, relevant changes in family structure, etc.*) _____

PARENT SIGNATURE: _____

Katonah Lewisboro Schools

Union Free School District No. 1

PO Box 387

Katonah, NY 10536

February 2024

Dear Kindergarten Parents/Guardians:

We are pleased that your child will be enrolling in our school district. We look forward to working with you on behalf of your child.

To be sure that your child's enrollment in school will go smoothly, it is important that you understand the New York State requirements pertaining to immunizations that your child will need **Prior** to enrollment. New York State no longer allows for religious exemptions for immunizations.

Please note that public health law requires that all children entering Kindergarten have the following immunizations:

DTaP	5 doses (4 doses if 4 th dose was received at 4 years of age or older)
Polio	4 doses (3 doses if 3 rd dose was received at 4 years of age or older)
MMR	2 doses
Hepatitis B	3 doses
Varicella	2 doses

It is important that you understand that kindergarten students will not be allowed to attend class until all public health requirements have been met.

If you have any questions regarding immunization requirements, please contact the school nurse assigned to your school, who will be happy to assist you in reviewing the above requirements

Sincerely yours,

Sallyann Rozsa RN
Emily Cunningham RN
Elyssa Kopf RN

Katonah Elementary School
Meadow Pond Elementary School
Increase Miller Elementary School

763-7706
763-7907
763-7139

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

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

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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

BMI _____ kg/m2

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

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**
☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

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

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

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions. If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

Dental Health Certificate- Optional

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

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

Child's Name:		Last	First	Middle
Birth Date:	/	/		
Month	Day	Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> 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/ Dental Hygienist

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

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

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

Dentist's/ Dental Hygienist's name and address
(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 least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

II. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



Katonah-Lewisboro School District Infinite Campus Parent Portal Agreement

Section I: User Expectations

The Katonah-Lewisboro School District manages student information electronically and will make student education records available for viewing only to authorized parents/guardians, via a secure connection over the Internet. All eligible parents/guardians must comply with the terms outlined in this Agreement.

A) Rights and Responsibilities

This access is an optional, free service offered the current parents/guardians of the students of the Katonah-Lewisboro School District. Access to student information over the Internet is a privilege, not a right. Once a student withdraws or graduates from the Katonah-Lewisboro School District, such access will be deactivated. Parents/guardians must understand and practice proper and ethical use of the system.

B) Information Accuracy Responsibilities

Information accuracy is a joint responsibility of the school district and parents/guardians. Each school within the district will make every attempt to ensure information is accurate and complete. If a parent/guardian discovers any inaccurate information, they should notify their school immediately.

C) Use of the Parent Portal

Parents/guardians are required to adhere to the following guidelines:

- 1) Parents/guardians will act in a responsible, ethical, and legal manner.
- 2) Parents/guardians will not harm or destroy, or attempt to harm or destroy the school or the District's data or networks.
- 3) Parents/guardians will not access information, or attempt to access information concerning any students other than that of their own child(ren) or any account assigned to another person.
- 4) Parents/guardians will not use the Parent Portal or the District's networks for any illegal activity, including, but not limited to violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws will be subject to civil and/or criminal prosecution.
- 5) Parents/guardians who identify a security problem within the Parent Portal must notify the District immediately, without demonstrating the problem to anyone else.
- 6) Parents/guardians will not share their Parent Portal account information with anyone outside of their immediate household.
- 7) Parents/guardians will not set any computer to automatically log in to the Parent Portal.
- 8) Parents/guardians will log out of their Parent Portal user account when they are not at their computer.

Note: The District reserves the right to deny access to this site to any parent/guardian at its discretion.

D) Security Features

- 1) Access is made available through a secure Internet site.
- 2) After three unsuccessful login attempts, the user's account will be disabled. If the user has established Security Settings in the Account Maintenance tab, he/she will be able to make use of the "I Forgot My Username" and "I Forgot My Password" functionality. Otherwise, until the user notifies the District requesting re-activation, and the District has verified the user assigned to the account, the account will remain disabled.
- 3) The parent/guardian will be automatically logged off if they leave their web browser open or inactive for a specified period of time.
- 4) The parent/guardian's account will be permanently deactivated when his/her child(ren) have either withdrawn or graduated from the Katonah-Lewisboro School District, or a court action denies the parent/guardian access to the student's information.

Katonah-Lewisboro School District

Infinite Campus Parent Portal Agreement

E) Limitation of School District Liability

The District will use reasonable measures to protect student information from unauthorized access. The District assumes no liability for unauthorized use of or access to its system. The District assumes no liability for financial obligations arising from the unauthorized use of the District's system. The District assumes no responsibility for parent/guardian action or inaction that results in a compromise of his or her child's student information. The District reserves the right to limit or terminate access to the Internet site for purposes of viewing student information. The District further reserves the right to revise the terms of access at any time with or without notice and for any reason in the District's sole discretion.

The District does not sponsor, advertise for or receive any compensation from Infinite Campus. Please be advised that by using this website, users consent to the terms of use. Users understand and agree that this website is offered as a convenience and users are not obligated to utilize the site. The student management system is not maintained or owned by the District. The District does not assume any responsibility for errors, harm or damage that may result from the use of this website including consequential, direct, indirect, incidental or special damages. Users understand and agree that the District shall not be liable for any actions, claims, suits, damages, losses or expenses of any kind arising out of or connected with the use of the Parent Portal. The term "use" means: registration, access to and viewing of student records; or account transactions made in connection with the Parent Portal. Users agree to use this site at their own risk. Users further agree to indemnify and save harmless the District from any and all actions, suits, damages, loss, claims of loss or expenses of any kind caused by or arising from the use of this website. Your use of this website shall be deemed acceptance of the foregoing terms.

Section II: Parent Portal Access

A) Initial Account Request and Setup

In order for a parent/guardian to view student information:

- 1) Each parent/guardian requesting a Parent Portal user account must first sign and agree to the terms of this Parent Portal Agreement;
- 2) Once the information on the submitted form is verified, the District will provide to the parent/guardian a unique Activation Key for creating a username and password. The parent/guardian must maintain the confidentiality of this Activation Key. In addition, information regarding the procedure for activating an account will be provided.

B) Reactivating Account Procedures

After three unsuccessful login attempts, the parent/guardian's account will become disabled:

- 1) If the user has established Security Settings in the Account Maintenance tab, he/she will be able to make use of the "I Forgot My Username" and "I Forgot My Password" functionality. Otherwise:
- 2) The parent/guardian must send an email to parentportal@klschools.org in order for their account to be re-activated. This email must contain the parent/guardian's full name, home phone number, portal user account name and a description of the problem or request.
- 3) It may take up to 48 hours for the account to be reset and notification sent back to the parent/guardian.

Katonah-Lewisboro School District
Infinite Campus Parent Portal Agreement

C) System Requirements and Support

The Parent Portal is best accessed from a computer with Windows XP or newer platform. Infinite Campus recommends Internet Explorer 6.0 or higher and Firefox for Macintosh computers. In addition, you will need to have Adobe Acrobat Reader 7.0 or higher installed on your machine. Adobe Acrobat Reader software can be downloaded at the following website: <http://get.adobe.com/reader/>.

PLEASE COMPLETE THIS AGREEMENT FORM AND PRESENT IT TO THE SCHOOL OFFICE.

PARENT PORTAL AGREEMENT FORM

By Signing this form, I, as a parent/guardian in the Katonah-Lewisboro School District, verify and acknowledge that:

- I am requesting access to view my child's/children's student information on the Katonah-Lewisboro School District Infinite Campus Parent Portal website.
- I am at least 18 years of age, and able to be legally bound by the terms of this Agreement.
- I release and hold harmless the Katonah-Lewisboro School District from any and all liability for damages arising from the use of the Infinite Campus Parent Portal, including, but not limited to, unauthorized access to my parent/guardian account, and unauthorized use of this account.
- I agree to protect any information that is printed or transferred to my computer electronically from the District's Infinite Campus Parent Portal.
- I agree to keep my username and password secure, and will not share this information with anyone outside of my immediate household. This information will only be accessible to myself; and I will not set my browser settings to automatically login to the Infinite Campus Parent Portal.
- I understand that, in the interest of security, the District reserves the right to change passwords or deny access at anytime.
- I understand that after three unsuccessful login attempts, my account will become disabled; if my account becomes disabled, and I have not established my Security Settings, I must request re-activation via an email to parentportal@klschools.org. It may take up to 48 hours for the password to be reset and notification sent back to me.
- I understand that no technical support for home computer equipment is provided by the Katonah-Lewisboro School District.
- I have checked that the computer I will be using to access the internet site for viewing student information meets or exceeds the minimum requirements as listed in the System Requirements and Support documentation.



**Katonah-Lewisboro School District
Infinite Campus Parent Portal Agreement**

**I have read, understand and agree to the terms outlined in Pages 1-3 of the Portal Agreement.
I certify that I have the legal authority to access the records of the students listed below.**

Parent/Guardian's Name (please print)	
Parent/Guardian's Home Address	
City/State/Zip	
Home Telephone Number	
Email Address	
Full name of child(ren) / school attending, for student records being requested	

PLEASE SIGN AND DATE BELOW:

Signature:

Date:

For Office Use Only:

Date Received:

☐ Identification Checked

Initials:

☐ Activation Key Issued



PROPERTY OWNER/LANDLORD STATEMENT

(To Be Completed and Signed by Property Owner/Landlord in absence of a Signed Lease)

Property Owner/Landlord Contact Information (please print):

Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

**To: District Registrar
Katonah-Lewisboro School District PO
Box 387
Katonah, NY 10536**

In compliance with the request of the Katonah-Lewisboro School District to validate the residency of an incoming student, I am completing this statement, in the absence of a signed lease, as owner/landlord of the property located at:

Street Address/Apartment No. City State Zip Code

I have rented this location to: _____
Name of Parent(s)/Guardian(s)/Person(s) in Parental Relation

from _____ to _____
month/day/year month/day/year

Please list the names of **EACH** person residing at this location, including children:

In the event the parties have entered into a written lease, a copy of same is attached.

I understand that in the event this family relocates and is no longer living at the above-mentioned location, I should notify the Katonah-Lewisboro School District immediately of said move. I further understand that this document will be submitted to and filed with the Katonah-Lewisboro School District and that the Katonah-Lewisboro School District will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

Signature of Property Owner/Landlord

Date



THIRD PARTY RESIDENCY STATEMENT

I, _____ (Name), residing at

_____ (Address)
am submitting this residency statement to the Katonah – Lewisboro School District (KLSD) to
personally verify the residency of _____ (Name) and their child
_____ (Child's Name) who currently reside at

_____ (Address). They have
resided at this address since _____. I have first-hand knowledge of their
current residence because _____

_____.

I understand that this document will be submitted to and filed with the Katonah-Lewisboro School District and that the Katonah-Lewisboro School District will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

Signature

Date