

Carmel Central School District New Student Registration

Our Schools:

Carmel High School

George Fischer Middle School

Kent Elementary School

Kent Primary School

Matthew Paterson Elementary School





CARMEL CENTRAL SCHOOL DISTRICT

Welcome to the Carmel Central School District!

As a public school system, we welcome all students who live within the boundaries of the Carmel Central School District and meet state age and health requirements. Our district has one high school, one middle school and three elementary schools. Students are assigned to our elementary schools based on the attendance zone where they reside. Please contact our transportation department at (845) 225-3200 if you are unsure which elementary building your child is assigned based on your residential address.

If English is not your first language and you require assistance with registration, please contact our bilingual Outreach Coordinator, Ms. Mariana Altavilla, who can assist with completing the registration packet or help answer any questions. Ms. Mariana Altavilla can be reached as follows:

Office Phone: (845) 228-2300 ext. 506

Cell Phone: (845) 540-9094

Email: maltavil@carmelschools.org

**Please understand that we cannot accommodate families who
come to the school buildings
without a scheduled appointment.**



CARMEL CENTRAL SCHOOL DISTRICT

Joseph McGrath
Interim Superintendent of Schools

Dear Parents or Guardians of Carmel Central School District,

We welcome you and your child to the Carmel Central School District. The experience of these memorable years will be exciting and rewarding. We look forward to working with you as a team to support your child's social, emotional, intellectual, physical, and aesthetic development.

A Parent's Guide to Special Education is available on the New York State Education Department (NYSED) website, which provides information to parents, guardians and other family members about laws, regulations and policies affecting special education programs and services. NYSED Website:

<http://www.p12.nysed.gov/specialed/parentpubs.htm>

English Guide: <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

Spanish Guide: <http://www.p12.nysed.gov/specialed/publications/policy/SpanishParentGuide.pdf>

If you have questions about our CSE referral and evaluation process, please contact:

Ms. Gina Riggione*

Committee on Pre-School Special Education Chair

Committee on Special Education-Grades K-6

845 878-2094, ext. 244

griggion@carmelschools.org

Mr. Edward LoPresti*

Committee on Special Education Chair-Grades 7-12

845 878-2094, ext. 249

eloprest@carmelschools.org

*Note: Students placed out of the district are shared by both chairpersons

The staff of the Carmel Central School District has prepared this registration packet that highlights basic information and suggestions that can help you and your child as you begin the school year. Best wishes for a successful school year.

Sincerely,

Joe McGrath

Joe McGrath
Interim Superintendent

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Building Registrars

Building	Address	Building Registrar
Carmel High School	30 Fair Street, Carmel, NY 10512	(845) 225-8441 x606
George Fischer Middle School	282 Fair Street, Carmel, NY 10512	(845) 228-2300 x530
Kent Elementary School	1091 Route 52, Carmel, NY 10512	(845) 225-5029 x302
Kent Primary School	1065 Route 52, Carmel, NY 10512	(845) 225-5025 x342
Matthew Paterson Elementary School	100 South Street, Patterson, NY 12563	(845) 878-3211 x272

Transportation Department

Mike Klenotiz, Supervisor of Transportation	1099 Route 52, Carmel, NY 10512	(845) 225-3200
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Food Service Department

Patrick Rodia, Director of Food Service	81 South Street, Patterson, NY 12563	(845) 878-2094 x255
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Athletics

Christopher Salumn, Director of Health, Physical Education & Athletics	30 Fair Street, Carmel, NY 10512	(845) 225-8441 x460
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School Nurses

Building	Nurse	Contact Information
Carmel High School	Stephanie Oster & Caroline Sullivan	(845) 226-8441 x423
George Fischer Middle School	Carol Burns and Nancy McCormack	(845) 228-2300 x514
Kent Elementary School	Lynn Annunziato	(845) 225-5029 x307
Kent Primary School	Dori Venezia	(845) 225-5025 x345
Matthew Paterson Elementary School	Kerry Fleischman	(845) 878-3211 x274

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Name of District	Carmel Central School District		
Name of School:	<hr/>		
Name of Student:	<hr/>		
	Last	First	Middle
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <u> </u> / <u> </u> / <u> </u> <i>Month Day Year</i>		Grade: <u> </u> <i>(preschool-12)</i>
			ID#: <u> </u> <i>(optional)</i>
Address:	<hr/>		Phone: <hr/>

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.

☐ 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 a permanent residence (Ex: Own, Rent, Lease or In a permanent living arrangement with family/friends)

Date _____

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

REGISTRATION FORM

Date Entering Grade/School: ____ / ____ / ____

Today's Date: ____ / ____ / ____

DEMOGRAPHIC INFORMATION

Student Last Name: _____ MI: _____ First Name: _____ Preferred Name: _____

Date of Birth: ____/____/____
MM DD YYYY Place of Birth (City/State) _____ Birth Country _____
 Mother's Maiden Name: _____
if applicable

Gender: ☐ Male ☐ Female
 Gender Identity: ☐ Male ☐ Female ☐ Nonbinary
 Preferred Pronoun: ☐ He/Him/His ☐ Ze/Zir/Zirs
☐ He/Him/His ☐ Ze/Hir/Hirs
☐ She/Her/Hers
 Grade Level: _____

Language Spoken at Home: _____ 1st Date of Entry into a School in the US: _____

PREVIOUS SCHOOL INFORMATION

Name of School Previously Attended: _____ Phone: (____) ____ - _____

Street Address: _____ City: _____ State: _____ Zip: _____

STUDENT RACIAL AND ETHNICITY INFORMATION: The Carmel Central School District policy requires the collection and recording of the ethnic identity of students in the Carmel 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, study the movement of students in different ethnic groups as they move from school to school, and to analyze differences in academic performance, attendance and completion of school.

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.

☐ YES – Hispanic ☐ NO – Not Hispanic

For certain Federal and State programs, the district must report student racial group. Check **one or more** races from the five racial groups:

☐ WHITE: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East

☐ BLACK: A person having origins in any of the black racial groups of Africa

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ 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.

☐ NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)

STUDENT LIVING STATUS: This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Student Living With: ☐ Parents (with Father & Mother) ☐ Grandparents
☐ Father ☐ Foster Parents
☐ Mother ☐ Other
☐ Step-parent

Is your current address a temporary living arrangement? ☐ Yes ☐ No

Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered YES to the above questions, please answer the question below. If you answered NO, you may omit the question below.

Where is the student presently living? ☐ In a motel ☐ Moving from place to place
☐ In a shelter ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
☐ With more than one family in a house or apartment

REGISTRATION FORM

STUDENT CONTACT INFORMATION

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____

Physical Address (if different): _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

MOTHER INFORMATION (Fill in address information, only if different from above)

Mother's First Name: _____ Middle Initial: _____ Last Name: _____

Language of Correspondence: _____ Email Address: _____

Occupation: _____ Education: _____

State or Province of Birth: _____ Birth Country: _____

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Address (if different from above): _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____

Should the school correspondence and reports be sent to this address? ☐ Yes ☐ No
Which phone number should be used for attendance & other school communications? ☐ Home ☐ Work ☐ Mobile

FATHER INFORMATION (Fill in address information, only if different from above)

Father's First Name: _____ Middle Initial: _____ Last Name: _____

Language of Correspondence: _____ Email Address: _____

Occupation: _____ Education: _____

State or Province of Birth: _____ Birth Country: _____

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Address (if different from above): _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____

Should the school correspondence and reports be sent to this address? ☐ Yes ☐ No
Which phone number should be used for attendance & other school communications? ☐ Home ☐ Work ☐ Mobile

GUARDIAN OR OTHER RELATION

Guardian Name: _____ Middle Initial: _____ Last Name: _____

Language of Correspondence: _____ Email Address: _____

Occupation: _____ Education: _____

State or Province of Birth: _____ Birth Country: _____

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Current Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Mobile Phone: (____) ____ - _____

Should the school correspondence and reports be sent to this address? ☐ Yes ☐ No
Which phone number should be used for attendance & other school communications? ☐ Home ☐ Work ☐ Mobile

REGISTRATION FORM

SIBLINGS INFORMATION (Please list all other siblings attending school in Carmel Central School District)

Name	Relationship	Date of Birth	Present School	Grade
		/ /		
		/ /		
		/ /		
		/ /		

EMERGENCY INFORMATION

Emergency Contact Name1: _____ Phone1:(____) ____ - _____ Mobile1: (____) ____ - _____
 Emergency Contact Name2: _____ Phone2:(____) ____ - _____ Mobile2: (____) ____ - _____
 Family Doctor Name: _____ Phone: (____) ____ - _____

LEGAL INFORMATION (if applicable)

Is there a joint-custody or parenting plan in effect? ☐ Yes ☐ No If yes, legal papers must be on file with the school for enforcement
 Is there a restraining order in effect? ☐ Yes ☐ No If yes, legal papers must be on file with the school for enforcement
 Restraining order is against: ☐ Father ☐ Mother ☐ Other

OTHER PERTINENT INFORMATION (if applicable)

Does your child have an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever participated in a gifted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been suspended/expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child an out-of-district transfer student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the previous school, has your child ever received free/reduced meal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to enroll your student in:	<input type="checkbox"/> Private School	<input type="checkbox"/> Carmel Central School District <input type="checkbox"/> Home School
Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any physical disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

Signature of Parent/Guardian: _____ Date Signed: _____

FOR OFFICE USE ONLY

	Yes	No	Not Applicable	Verified By	Date
Proof of Age/Birth Certificate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of Residency (2 Proofs Required):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Information Record Form Complete:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Immunization Records Submitted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Foster Child Care Form has been Submitted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Legal Papers for Joint-Custody or Parenting Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Legal Papers for Restraining Order:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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

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

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

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

Home Language Questionnaire (HLQ)

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

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<input type="checkbox"/> Guardian(s)		_____
			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	_____ <input type="checkbox"/> Does not speak
			specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			specify

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: ☐ Parent ☐ 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:

To be Filled Out Only if Student is Not Living with Natural Parents

PARENT AFFIDAVIT



STATE OF NEW YORK)
)ss:
COUNTY OF Putnam)

_____, being duly sworn, deposes and says:
(Name of Parent)

1. I am the _____ of _____.
(Relationship to Applicant) (Name of Applicant)

2. I reside at _____.
(Address of Parent)

3. Statement of reasons why the child is not living with the parent.

4. Statement naming the individual having custody and control of the child.

5. Statement setting forth the child's current address and living arrangements.

6. Statement explaining the duration of the living arrangement, i.e., permanent, indefinite, to be terminated on a specific date, and/or upon a certain action/event, etc.

7. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

8. If relevant, statement confirming that parent has relinquished custody and control of the child to the custodian, including the right to make decisions pertaining to the health, welfare and education of the child.

9. Are you the custodial parent? _____

10. Are both parents living together? _____

If not, address of mother: _____

Address of father: _____

11. Will you claim this child as a tax deduction? _____

12. Will you provide this child with food, clothing and other necessities, or money toward these items to the guardian of child? _____

13. Statement on who is assuming full responsibility for all matters relating to the child's education and medical care.

14. Do you provide health insurance for your child? _____

15. Statement of any other relevant facts.

If you have transferred care custody and control of your child to another individual, please complete i, ii, and iii below, otherwise complete only ii and iii below:

- i. *I, _____ understand that by signing this affidavit, I am attesting under oath that I have relinquished all care, custody, and control of my child, _____, including the right to make decisions pertaining to the health, welfare, and education of my child.*

- ii. *I, _____, further understand that this affidavit is made under oath; that the statements and information contained herein or attached hereto are true; that the Carmel Central School District Board of Education will rely thereon; and that any misstatements made could result in criminal charges being brought against the person whose signature appears hereon.*

- iii. *I _____, further understand that any misstatements made in this affidavit herein may result in my being responsible for any and all tuition costs owed in connection with my child, _____'s attendance in schools in the Carmel Central Free School District.*

Signature of Parent

Sworn to before me this.

___ day of _____, 20___

Notary Public

To be Filled Out Only if Not Natural Parents



CUSTODIAL AFFIDAVIT

STATE OF NEW YORK)
) ss:
COUNTY OF Putnam)

_____, being duly sworn, deposes and says:
(Name of Parent)

1. I am the _____ of _____ and he/she has
(Relationship to Applicant) (Name of Applicant)
been living with me since _____.
2. I reside at _____.
3. _____ intends to reside with me for _____.
(Applicant's Name) (Length of Time)
4. Statement explaining the duration of the living arrangement [permanent, indefinite, to be determined upon a specific date, action, or event].

5. Statement of the reasons the child lives with the custodian.

6. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

7. Statement establishing who provides the child with food, clothing, medical coverage and all other necessities.

8. Custodial statement assuming full responsibility, including financial responsibility for all matters relating to the child's education and medical care.

9. Statement of any other relevant facts.

10. Custodian statement of acceptance of full permanent care, custody and control of child.

If you have assumed care custody and control of the child, please complete i, ii, and iii below, otherwise complete only ii and iii below:

- i. ***I, _____ understand that by signing this affidavit, I am attesting under oath that I have assumed the care, custody, and control of the child, _____, including the right to make decisions pertaining to the health, welfare, and education of the child.***
- ii. ***I, _____ further understand that this affidavit is made under oath; that the statements and information contained herein or attached hereto are true; that the Carmel Central School District Board of Education will rely thereon; and that any misstatements made could result in criminal charges being brought against the person whose signature appears hereon.***
- iii. ***I _____, further understand that any misstatements made in this affidavit herein may result in my being responsible for any and all tuition costs owed in connection with _____'s attendance in schools in the Carmel Central School District.***

Sworn to before me this.

day of _____, 20__.

NOTARY PUBLIC

SIGNATURE OF CUSTODIAN

RESIDENCE AFFIDAVIT

Your answers to these questions are made under the penalties for perjury to include the Carmel Central School District to register the student(s) listed below as a resident of the school district. Any misrepresentation will subject you to possible civil and criminal penalties.

This questionnaire may be filled out by a parent of the student or by the person with whom the student resides and who has care, custody and control of the student.

1. What is your name? _____
2. Are you a resident of Carmel Central School District? ☐ Yes ☐ No
3. What is your address? _____

4. Do you permanently reside at this address? ☐ Yes ☐ No
5. How long have you lived at this address? _____
6. If you do not permanently reside at the address given above, what is your permanent address?

7. When do you intend to return to your permanent address? _____
MM/DD/YYYY
8. What is the name of the student whom you wish to enroll? _____
9. What is the age of the student? _____
10. What is your relationship to the student? ☐ Father ☐ Mother ☐ Other: _____
11. Do you have permanent care, custody and control of the student? ☐ Yes ☐ No
12. If your answer to the previous question was no, state why you do not have permanent care, custody and control of the student:

13. Does the student reside with anyone else? ☐ Yes ☐ No
14. If your answer to the previous question was yes, with whom else does the student reside and on what basis?

I hereby affirm that the foregoing answers are true under the penalties for perjury.

Signature: _____

Date: _____
MM/DD/YYYY



CARMEL CENTRAL SCHOOL DISTRICT

Tenant / Renter Affidavit

- ☐ Lease, primary tenant
- ☐ No lease, primary tenant

Length of stay:

- ☐ Month-to-Month
- ☐ 60 days
- ☐ 90 days
- ☐ One (1) year or more

Rental Ends: _____

I am the tenant / renter of property within the Carmel Central School District as follows:

Tenant or Renter Name:
Residence Address:

I certify that the information provided on this Affidavit is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Carmel Central School District will rely upon them in determining whether the child(ren) named below will be admitted to its school system. I understand that in the event the information contained in this Affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for such child(ren) and/or seek criminal action against me for filing a false document. Such tuition may exceed \$48,000 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.

A copy of the district's tuition rates is attached.

Occupants of Residence -The following persons are living at the residence:	
1.	2.
3.	4.
5.	6.
7.	8.
Name(s) of students who will attend Carmel Schools	
Student Name	Building
1.	2.
3.	4.
5.	6.

My current living situation is: **A** **B** **C**

Residency Proofs		
	Document Type	Lease and/or Affidavit(s) Required
A	Lease, primary and only tenant	Tenant Affidavit
B	No lease, primary and only tenant	Tenant Affidavit
C	No lease, cash payment	Tenant Affidavit, cash receipt dated within 30 days
Additionally, any one (1) of the following proofs:		
	One (1) Utility bill or other bill in your name showing address, dated no older than 60 days	Pay Stub showing address, dated no older than 60 days
	State or other government-issued ID	Income Tax Forms that show your address
	Renter's Insurance Policy	Membership documents based upon residency, such as local library card
	Documents issued by federal, state or local agencies	Voter registration card
	Driver's license, or permit, or non-driver ID with address	Custody or guardianship papers

Please know that updated leases will be requested periodically.

Name of residence owner:

Note: The signature below and notarization requirement apply to all sections of this 2-page Affidavit and will not be accepted without the required signatures.

I understand that any false statements made herein are punishable as a Class “A” misdemeanor pursuant to Section 210.45 of the penal law of the State of New York and may be referred to the office of the district attorney.

Tenant Name (please print)

Date _____

Tenant signature

Date _____

Sworn to me before this

Day of _____, 20____

Notary Public

To be filled out only when
living with relatives/friends
and there is no lease.
Two proofs of residency are
required.

THIRD PARTY RESIDENCY STATEMENT



I, _____
(Name of relative/friend)

residing at _____
(Address of relative/friend)

am submitting this residency statement to the Carmel Central School District to personally verify the
residency of the following parent(s)/guardian(s):

Parent/Guardian 1:
Parent/Guardian 2:

and the name of their child(ren):

Child's Name	School Building

who currently reside with me at _____
(Address)

They have resided at the address above since: _____ (month/day/year)

How long will the above persons be living in your home? _____

I have first-hand knowledge of their current residency because:

--

Falsification of any information provided herein will be construed as fraudulent, and proper legal action to include civil and/or criminal remedies will be pursued. Furthermore, the District reserves the right to recover tuition from the student's parents or guardians in the event the District determines that a student is not entitled to attend the District's schools on a tuition-free basis.

Signature

Date

Non-Resident Student – Moving into the District



CARMEL CENTRAL SCHOOL DISTRICT

REQUEST FOR NON-RESIDENT STUDENT REGISTRATION

Today's Date: _____

Closing Date: _____

Name of Parent/Guardian: _____

Current Address (Outside the Carmel Central School District): 	<u>Registrar Use Only:</u> <input type="checkbox"/> Contract Received <input type="checkbox"/> Lawyer Letter Received <u>Received After Closing:</u> <input type="checkbox"/> Mortgage statement <input type="checkbox"/> 2 nd residency proof
Anticipated Address (within the Carmel Central School District): 	
Telephone Number: 	

Name of Child	Entering Grade	Building

Board Policy 5152- Admission on Non-resident Students

Future Residents

Parents or guardians of school-age children who are planning to move into the school district during the first ten (10) weeks of the school year may enroll their children in the district, providing the school is not overcrowded, under the following conditions:

1. Transportation will not be provided by the district.
2. No tuition charge will be made for the first 10 weeks of school if the family has taken occupancy of the district residence during this time.
3. If the family has not taken occupancy by the end of the 10-week period, tuition will be charged from the date of enrollment. The parent(s) or guardian(s) will be billed quarterly at the current tuition rate. Such student(s) will be allowed to remain enrolled as a non-resident student for one term (20 weeks). If such family has not established residency in the district at the end of the term, the student will not be enrolled for subsequent terms until residency is established.

Parent/Guardian Signature: _____

Please see the following page for tuition rates.

Non-Resident Student Tuition Rates

	Actual Tuition Rates: 2022-2023	Estimated Tuition Rates: 2023-2024
Grades K-6	\$16,704.00	Not available yet
Grades 7-12	\$21,781.00	Not available yet
Students with Disabilities		
Grades K-6	\$49,893.00	Not available yet
Grades 7-12	\$54,970.00	Not available yet



REQUEST FOR RELEASE OF RECORDS

Current School: _____

School Address: _____

Contact Name: _____ email: _____

Current School Phone: _____ Current School Fax: _____

FERPA Regulations allow schools to disclose records, without consent, to school officials with legitimate educational interest to which a student is transferring.

The student(s) named below have applied for admission to the Carmel Central School District. Please send academic records, unofficial transcript, most recent report cards, standardized test results, science labs (if applicable), birth certificate, health information (immunization and most recent physical exam), custody papers, orders of protection, discipline records, IEP/504 plan, evaluations/testing (if applicable) and/or other pertinent information such as psychological testing, etc.

Student's Name: _____ Current Grade: _____

Student's Name: _____ Current Grade: _____

Student's Name: _____ Current Grade: _____

Please send records to: Check the school your child will be attending below.

<input type="checkbox"/> KENT ELEMENTARY SCHOOL 1091 Route 52 Carmel, NY 10512 P: (845) 225 – 5029 x302 F: (845) 225 – 1849 Patricia Tompkins ptompkin@carmelschools.org	<input type="checkbox"/> KENT PRIMARY SCHOOL 1065 Route 52 Carmel, NY 10512 P: (845) 225 – 5025 x342 F: (845) 228 – 4824 Antoinette Bao abao@carmelschools.org	<input type="checkbox"/> MATTHEW PATERSON ELEMENTARY SCHOOL 100 South Street Patterson, NY 12563 P: (845) 878 – 3211 x272 F: (845) 878 – 3964 Becky Kiechle bkiechle@carmelschools.org
--	--	--

<input type="checkbox"/> CARMEL HIGH SHOOOL 30 Fair Street Carmel, NY 10512 P: (845) 225 – 8441 x606 F: (845) 228 – 2307 Kristen Vinciguerra kvincigu@carmelschools.org	<input type="checkbox"/> GEORGE FISCHER MIDDLE SCHOOL 281 Fair Street Carmel, NY 10512 P: (845) 228 – 2300 x530 F: (845) 228 – 2321 Anne Marie Pagnotta apagnott@carmelschools.org
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CARMEL CENTRAL SCHOOL DISTRICT

Mike Klenotiz
Supervisor of Transportation

TRANSPORTATION PROCEDURES

Dear Parents,

Welcome to the Carmel Central School District! We are pleased to be transporting your child to and from school this year. We are extremely proud of the safety record of our school buses and the professionalism of our transportation team.

Please help us ensure your child's safety by following these simple but important procedures:

- Provide your child with a backpack or book bag. Loose papers or other items are dangerous as children get off the bus.
- Check your child's clothing and backpack for the presence of long drawstrings or other dangling items. These items could get snagged in the bus door as your child gets off the bus and removing them will help ensure their safety.
- Make sure your child arrives at the designated bus stop five to ten (5-10) minutes earlier than the designated pickup time. Children who are late for the bus may panic and chase it or run into the road.
- Insist that your child wait for the bus safely and in an orderly fashion, keeping back from the roadway. Behavior problems at the bus stop can create hazardous conditions for children.
- When the bus arrives, your child should wait for the bus driver's hand signal before boarding in single file.
- Your child should sit quietly on the ride to and from school. Behavior problems could distract the bus driver and result in an accident. It is important that our drivers are able to concentrate on driving the route safely. If anything makes your child feel unsafe at the bus stop or on the bus ride, please contact us at (845) 225-3200 rather than trying to discuss it at the bus stop.
- Please read the "Danger Zone" safety tips, on the next page, with your children.

We are deeply committed to the safety of your child as well as our community's children.
Thank you.

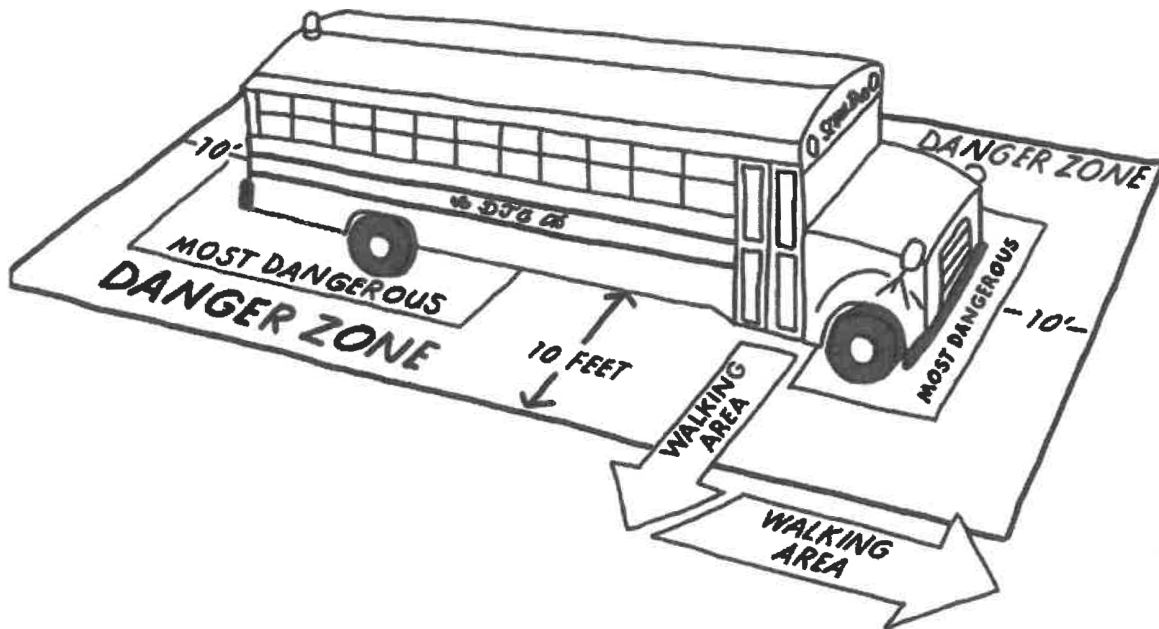
Michael Klenotiz

TRANSPORTATION DEPARTMENT

DANGER ZONE SAFETY TIPS

What is the “danger zone”? It is the area surrounding the bus where children are hard to see. We want your children to be safe when they travel to and from school. Please help us by:

1. If your child misses the bus at their regular stop, do not follow the bus to the next stop and let your child walk/run beside the bus to get on. The driver cannot see the student in the danger zone, especially if it is dark and would possibly hit them as they pull away.
2. Take your student to the stop ahead of the bus (2 stops ahead of your stop) or take them directly to school.
3. Children should stay at least 10 feet away from the bus until they begin to enter. Children will be able to see the driver and the driver can see them.
4. If children cross the street to the bus, they should cross the street 10 feet (five giant steps) in front of the bus where they can see the driver and the driver can see them.
5. Warn children that, if they drop something, they should never pick it up. Instead, they should tell the driver to follow the driver’s instructions. If they bend over to pick up a dropped object, they might not be able to see the driver and could be hurt if the driver pulls away from the stop.
6. Remind children to look to their right before they step off the bus. Car drivers, in a hurry, sometimes try to sneak by the bus on the right-hand side.
7. Teach your child to secure loose drawstrings and other objects that may get caught in the handrail or door of the bus as they are exiting.





CARMEL CENTRAL SCHOOL DISTRICT

Mike Klenotiz, Supervisor of Transportation

Request for Transportation: **CHILDCARE**

School Year:

In compliance with NY State Education Law Section 3635.1.e, children in grades K-8 may be transported between the school the child legally attends to/from their before and/or afterschool childcare locations under the following conditions:

1. A completed and signed Request for Transportation form is submitted to the Transportation Department by April 1st of the preceding school year. New residents to the district must submit their request within 30 days of enrollment.
2. The childcare facility to/from which transportation is requested, must be within the school district and within the attendance zone of the school the child attends.

Student's Name:	Date of Birth:	Entering Grade:
Full Home Address:		
Parent/Guardian Name:	Contact #:	
Emergency Contact Name:	Contact #:	
A.M. TRANSPORTATION LOCATION		
Childcare PICKUP Location:		
Name of Provider:	Contact #:	
Nearest Intersecting Roads:		
School of Attendance:		
P.M. TRANSPORTATION LOCATION		
Childcare DROPOFF Location:		
Name of Provider:	Contact #:	
Nearest Intersecting Roads:		
School of Attendance:		

Parent/Guardian Signature: _____ Date: _____

Forms may be submitted by:

- Email: transportation@carmelschools.org
- Fax: (845) 225-5585
- Mail: CCSD Transportation Department, 1099 Route 52, Carmel, NY 10512



CARMEL CENTRAL SCHOOL DISTRICT

Mike Klenotiz, *Supervisor of Transportation*

Request for Transportation: PRIVATE/PAROCHIAL SCHOOL

School Year:

Private/Parochial School Attending:

School Address:

In compliance with NY State Education Law Section 3635, a parent or guardian of a child residing in the Carmel Central School District and attending a nonpublic school must request transportation services as follows:

- A completed and signed Request for Transportation form is submitted to the Transportation Department by April 1st of the preceding school year. New residents to the district must submit their request within 30 days of enrollment.

Student's Name:

Date of Birth:

Entering Grade:

Complete Home Address:

Nearest Intersecting roads to residence:

Parent/Guardian Name:

Contact #:

Emergency Contact Name:

Contact #:

Health Information

(This information will be kept confidential)

Please list any health concerns that you would like to make us aware of:

Parent/Guardian Signature: _____ Date: _____

Forms may be submitted by:

- Email: transportation@carmelschools.org
- Fax: (845) 225-5585
- Mail: CCSD Transportation Department, 1099 Route 52, Carmel, NY 10512



CARMEL CENTRAL SCHOOL DISTRICT

Mike Klenotiz, *Supervisor of Transportation*

MEDICAL INFORMATION FOR TRANSPORTATION OFFICE

Dear Parents/Guardians:

The Carmel Central School District is dedicated to ensuring the safety of your child. In an effort to provide our Transportation Department with the necessary information they need should your child have a medical emergency while traveling on the school bus, we ask that you completely fill out the information below.

If your child has a condition that you would like the Transportation Department to be aware of, please complete this form below and return it to the Nurse's Office of the school your child attends.

These forms will be reviewed by the school nurse, and will then be shared with the Transportation Department, so that all necessary transportation personnel are aware of your child's medical needs. Please note that the information will be securely maintained in the Transportation Department Office and is shared with those individuals driving and/or supervising on the bus.

Student's Name: _____

School: _____

Grade: _____

Parent's signature: _____

Date: _____

Information about your child that you would like to have shared with the Transportation Department:

Attach any additional information.

Sincerely,
Carmel Central School District Nurses



CARMEL CENTRAL SCHOOL DISTRICT

Patrick Rodia
Director of Food Services

Welcome to Carmel Central Schools!

Dear Parent or Guardian:

We are pleased to announce that all students enrolled at the Carmel Central School District will be able to receive a FREE breakfast and lunch meal at school beginning on December 1, 2023.

This implementation is a result of the United States Department of Agriculture (USDA) expanding access to the federal Community Eligibility Provision (CEP). CEP allows eligible schools participating in the National School Lunch and School Breakfast Programs to offer school meals at no charge to all students.

What does this mean for your child(ren) attending the school(s) identified above?

- Effective December 1, 2023, students enrolled at the Carmel Central School District will receive one breakfast and one lunch meal daily at no cost to your household.
- Snacks, second meals, and secondary beverages will still be available for purchase.

For more information, please refer to our [Frequently Asked Questions \(FAQs\)](#). If you have any further questions, please contact us at carmelfoodservices@carmelschools.org.

Sincerely,

Patrick Rodia
Director of Food Services



Children need healthy meals to learn. Carmel Central Schools offers healthy meals every school day. Carmel Central School District provides a FREE breakfast and lunch at no cost to all students enrolled in our schools.

This implementation is a result of the United States Department of Agriculture (USDA) expanding access to the federal Community Eligibility Provision (CEP). CEP allows eligible schools participating in the National School Lunch and School Breakfast Programs to offer school meals at no charge to all students.

A healthy lunch always consists of five components: protein, grain, fruit, vegetable, and milk. To be considered a full meal, children must choose at least three of these components, including either a fruit or vegetable. A full breakfast consists of four components: two grains (main entrée), one cup of fruit/juice or a vegetable, and one cup of milk. Students must choose three of the four components offered with one of those components being a fruit/juice or vegetable.

Snacks and a la carte items (including milk) are available. However, students will need cash or funds in their prepaid accounts to make these purchases. Also, only the first breakfast and first lunch of the day are free. A student would need cash or funds in their prepaid accounts to pay for a second breakfast or lunch.

If you have any questions, please contact us at carmelfoodservices@carmelschools.org



Patrick Rodia
Director of Food Services

REQUEST FOR LUNCH ACCOUNT RESTRICTIONS

In order to improve the efficiency and accuracy of the lunch line, modifications are being made to the notes portion of your child's lunch profile. If you would like to place restrictions on your child's account, you may choose from the following options:

- 1-Daily lunch only
- 2-No a la carte purchases
- 3-A la carte items allowed on _____ (specify day of week)
- 4-No second meal
- 5-Second meal allowed on _____ (specify day of week)

Daily Lunch	Daily lunch includes: <ul style="list-style-type: none">• An entrée (contains 2 oz of protein)• Two Servings of fruit and or vegetable (one fruit serving may be a 4-oz juice)• Bread or Roll• 8 oz Milk
A La Carte Items	Snack options vary from school to school based on age, however, common snack items include: <ul style="list-style-type: none">• Baked Chips• Fruit Snacks• Yogurt• String Cheese• Cookies• Ice Cream• Specialty Drinks If you would like your child to purchase a snack once per week, please indicate a specific day . We cannot enforce a limited quantity of a la carte items purchased per day. Our computer system cannot recognize if a prior purchase has been made that day.
Second Meal	Students with money in their account or cash may purchase a second entrée.

You are not required to return this form; however, the absence of a note is indicative of no limitations on your child's account and they will be allowed to purchase what they choose. It is important to have a discussion with your child regarding what and when they are allowed to purchase items in the cafeteria.

STUDENT'S NAME: _____ GRADE: _____

SCHOOL: _____ OPTION: _____

PARENT'S SIGNATURE: _____ DATE: _____



Home Access Center Parent Portal

Home Access Center is an online portal designed to provide parents and students with access to relevant educational information such as classwork, grades, and report cards. Transportation and school locker information can also be found in your child's Home Access account.

Below is a summary of the information available in Home Access Center:

- Student Registration Information
- Guardian/Parent/Emergency Contact Information
- Student Attendance
- Student Class Assignments & Progress (High & Middle School Only)
- Student Report Cards
- Student Schedule and Teacher assignments
- Student Course Request for Next Year (High School Only)
- Contact Teachers through email

The link to the Home Access Center is located on the district website under **Parents & Community > Parent Resources**.

You and your child's login information will be provided to you by the school registrar.

If you are having difficulty logging into Home Access Center, you can submit a support ticket <https://lhric.service-now.com/ess/> or contact Denise Douchkoff (ddouchko@carmelschools.org; 845-878-2094 x282).

NOTES FROM THE NURSES

Our aim is to provide your children with the healthiest and safest environment possible here at school. We need your help with the following in order to accomplish this.

PHYSICAL EXAMINATIONS:

Starting 2018-2019 school year, a physical examination is required for grades kindergarten, first, third, fifth, seventh, ninth and eleventh, as well as those children who are new to the district. It is desirable to have your own physician perform the medical examination because they know your child best. The school doctor will automatically examine students who do not have the required physical in order to comply with the New York State Education Law. The school nurse checks weight, height, vision and hearing as regulated by New York State guidelines, at school. Parents will be notified promptly of any problems found during an examination.

SPORTS PHYSICALS (FOR INTERSCHOLASTIC SPORTS ONLY):

If your child is interested in participating in interscholastic sports for Carmel Central School District, our policy regarding such participation states that your child must have a 'sport physical'. Dr. Henry Rojas performs such physical examinations, free of charge, throughout the summer and periodically throughout the school year (usually just prior to the specific sport season). If your child is interested, please advise them to sign up with the nurse in their building so that a sport physical can be scheduled. If your child does not take advantage of this service, in order to participate in a interscholastic sport, you will then have to take your child to Dr. Rojas's office, at your expense. A physical examination form has been enclosed for your convenience. For more information regarding the procedure, please call the school nurse at your child's specific building after September, or the Athletic Director at (845) 225 – 8441 x462 during the summer.

For grades 9 through 12: (845) 225 – 8441 x 424

For grades 7 and 8: (845) 228 – 2300 x516

For grades 7 – 12 during Summer: Athletic Office at (845)225-8441 x462 or x460

IMMUNIZATIONS:

When you register your child for the first time, a birth certificate and immunization record are required. The immunization record must include the date of all doses, as well as the doctor's signature or the clinic's stamp. **See NYS Immunization Requirement Schedule for School Entrance/Attendance.**

Proof of immunization must be in one of the three items listed below:

1. An immunization certificate signed by your health care provider.
2. Immunization Registry Report (NYSIIS or CIR from NYC) from your health care provider or your county health department.
3. 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 (MD, NP, PA) which says your child had the disease is also acceptable.

The Public Health Department provides free immunizations each month. A parent must call (845) 808-1332 to schedule an appointment and must accompany the child to the clinic. Once your child has received the required immunizations, please notify the school nurse appropriately.

You registered your child on _____. New York State allows 14 days from date of registration for students to provide proof of immunization. If the proof is not provided at the end of that time, your child may be excluded from school.

MEDICATION:

If your child takes daily medication, or needs to take a specific medication “when needed”, such as Tylenol, or an inhaler, the Nurse Practice Act, Article 139 - Nursing and provisions of Title VIII of the State Education Law states that “school nurses, principals, and other school personnel cannot dispense internal medications without proper documentation.” If a child needs to take medicine during the day, you must submit written orders from the doctor and a “Carmel Central School District Medication Permission Form’ must be signed by a parent. It is required that such medication be delivered directly to the school nurse by the parent in the original prescription bottle. This includes over-the-counter medication such as Tylenol or cough medicine.

DENTAL:

The district will request a dental certificate. There is a sample certificate enclosed for you to take to your child’s dentist to complete. Please return the completed form to the school nurse to be filed with your child’s health record.

MEDICAL EMERGENCY FORM:

At the beginning of the school year, parents are asked to fill out an emergency form listing the telephone numbers where each parent can be reached during the school day and two alternate numbers to be called in the event your child becomes ill or injured at school. Please remember to notify the school of any changes during the year. It is also a good idea to make arrangements with someone to be a contact person for your child should you be out of town for any length of time.

ACCIDENT OR ILLNESS:

When a child becomes ill in school, they will be sent to the nurse’s office. If the school nurse feels that the child is not able to remain in school, the parents are contacted and asked to make arrangements to transport the child home. In case of any emergency, and if a parent cannot be contacted or cannot pick up the student, an ambulance will be called to take the student to the hospital.

If your child has a particular health problem, it is essential that you discuss it with the school nurse. In the event of a communicable disease such as chicken pox, or strep throat, it is important that the nurse be notified. Equally important are those parents’ recognizing symptoms of illness and acting quickly to keep the sick child at home. Even when a child is not very sick but is uncomfortable or not feeling well, they cannot do well in class and, more importantly, are a source of infection to classmates and teachers. Please do not send your child to school with a fever over 100 degrees or with a harsh cough, suspicious rash or red, draining eyes; they will only have to be sent back home. Your child must be fever free for 24 hours without the use of fever reducing medication such as Tylenol, before returning to school.

GOOD HEALTH HABITS:

1. Get 11-12 hours of sleep *for young children*; get 8.5-9.25 hours of sleep *for teens*.
2. Eat a well-balanced breakfast.
3. Have clean body, hair, and clothes.
4. Wash your hands before meals and after using the toilet.
5. Cover your mouth and nose when coughing and sneezing.
6. Brush your teeth regularly.
7. Dress properly: rain protection in wet weather, warm clothes in winter with boots on snowy days.

Students go out for recess every day in good weather. Fresh air and exercise are essential to good health. We require a doctor’s note with a time limit and reason to keep a child indoors during recess. An exception to this rule may be made when the school nurse knows that a child has just returned from an illness, injury, or surgical procedure.

REMEMBER – HEALTHY KIDS MAKE BETTER LEARNERS

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE									
Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).									
STUDENT INFORMATION									
Name						Sex: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
School:						Grade:		Exam Date:	
HEALTH HISTORY									
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached							
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached							
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached				Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached			
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached							
Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.									
BMI _____ kg/m2									
Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and>									
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done									
PHYSICAL EXAMINATION/ASSESSMENT									
Height:		Weight:		BP:		Pulse:		Respirations:	
Laboratory Testing		Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)				
TB- PRN		<input type="checkbox"/>	<input type="checkbox"/>						
Sickle Cell Screen-PRN		<input type="checkbox"/>	<input type="checkbox"/>						
Lead Level Required Grades Pre- K & K Date									
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 μ g/dL									
System Review and Abnormal Findings Listed Below									
<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck		<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs		<input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary		<input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological		<input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations: <input type="checkbox"/> Additional Information Attached					Diagnoses/Problems (list) ICD-10 Code* *Required only for students with an IEP receiving Medicaid				

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

HEALTH HISTORY

STUDENT'S NAME: _____ GRADE: _____

Diseases your child has/had:

Diphtheria ☐ No ☐ Yes. If yes, date:
Poliomyelitis ☐ No ☐ Yes. If yes, date:
German Measles ☐ No ☐ Yes. If yes, date:
Chicken Pox ☐ No ☐ Yes. If yes, date:
Rheumatic Fever ☐ No ☐ Yes. If yes, date:
Tuberculosis ☐ No ☐ Yes. If yes, date:

Whooping Cough ☐ No ☐ Yes. If yes, date:
Measles ☐ No ☐ Yes. If yes, date:
Mumps ☐ No ☐ Yes. If yes, date:
Scarlet Fever ☐ No ☐ Yes. If yes, date:
Pneumonia ☐ No ☐ Yes. If yes, date:

Health Conditions your child has/had:

Asthma ☐ No ☐ Yes
Heart Disease ☐ No ☐ Yes
Ear Conditions ☐ No ☐ Yes
Frequent Sore Throat ☐ No ☐ Yes
Convulsions ☐ No ☐ Yes

Diabetes ☐ No ☐ Yes
Seizures ☐ No ☐ Yes
Frequent Colds ☐ No ☐ Yes
High Fever ☐ No ☐ Yes
Allergies (bees, food, medication, etc.) ☐ No ☐ Yes

If you answered **YES** to any of the above, please contact your child's school nurse to discuss his/her condition.

Glasses ☐ No ☐ Yes
Physical Handicap(s) ☐ No ☐ Yes
Hospitalizations ☐ No ☐ Yes

Hearing Aid ☐ No ☐ Yes
Fractures ☐ No ☐ Yes
Operations ☐ No ☐ Yes

If you answered **YES** to fractures and/or hospitalizations/operations, please give further information along with dates:

Medication(s):

Name of Medication: _____

Where Taken: ☐ Home ☐ School ☐ How Often: _____

Name of Medication: _____

Where Taken: ☐ Home ☐ School ☐ How Often: _____

Is there any reason why your child should not participate in physical education? ☐ No ☐ Yes

Reason: _____

PARENT'S SIGNATURE: _____ DATE: _____

PERMISSION FORM FOR PRESCRIBED MEDICATION

Date form received by the school: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ School: _____

To be completed by the physician or authorized prescriber:

Reason for Medication: _____

Name of Medication: _____

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer

☐ Other: _____

Instructions (schedule and dose to be given at school): _____

Start Date: ☐ Date form received ☐ Other: _____

Stop Date: ☐ End of school year ☐ Other date/duration: _____

For episodic/emergency events only:

Restrictions and/or important side effects: ☐ None Anticipated ☐ If Yes, Please describe: _____

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other: _____

This student is both capable and responsible for self-administering this medication:

PLEASE NOTE: ALL controlled medication must be kept & dispensed in the nurse's office.

☐ No ☐ Yes-Supervised ☐ Yes- Unsupervised **once assessed by the R.N.**

This student may carry this medication: ☐ No ☐ Yes

Please indicate if you have provided additional information: ☐ On the back of this form ☐ As an attachment

SIGNATURE: _____ **DATE:** _____

STAMP(include address, phone #,License #)

TO THE SCHOOL: Please report concerns about medication or disease to the above physician.

To be completed by parent/guardian

I give permission for (name of child)_____ to receive the above medication at school according to standard school policy.

medication must be brought to the school nurse by parent/guardian and be picked up at the end of the school year or it will be destroyed

SIGNATURE: _____ **DATE:** _____

Relationship: _____

Phone: _____ **Cell:** _____ **Work:** _____

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess their 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 they 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 Last Name:		First Name:		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 their attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit their 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.



CARMEL CENTRAL SCHOOL DISTRICT

John P. Fink
Assistant Superintendent for Business

Dear Parent:

Our school district is concerned with all aspects of your child's development. To ensure that your child's physical health is being monitored, the State of New York requires that each child in grades **kindergarten, first, third, fifth, seventh, ninth and eleventh**, and new entrants, have a physical examination. Your family physician is best informed about your child's health; therefore, we encourage you to have the doctor perform this examination. If you do not have a family physician, or prefer the examination be done in school, we will arrange to have your child examined by our school physician.

If your child is in any of the grades listed above, please complete the form below with your preference, and return it to the school nurse in your child's building as soon as possible.

If you elect to have the physical examination done by your child's physician, please have the examination completed and return the attached physical form to the school by November 1.

Thank you.

John P. Fink

PARENT'S PREFERENCE FOR CHILD'S PHYSICAL EXAMINATION

Name of Child: _____ Grade: _____

Date of Birth: _____

School: _____ Teacher: _____

I want my child's physical examination done by: (check one)

☐ The school physician

☐ My child's physician

Name of physician: _____

Date of appointment, if scheduled: _____

Parent's Signature: _____

Date: _____

New York State Immunization Requirements For School Entrance/Attendance

Parents are requested to cooperate with the school nurse in completing the legal requirements for immunizations (below). Exemptions from immunization allowed by the law will be honored. However, **NYS now requires that a Medical Immunization Exemption Statement, completed by the child's physician, is submitted annually.** Parents are reminded that the law requires that students not meeting all requirements may be excluded from school.

NYS IMMUNIZATION REQUIREMENTS (Call your child's physician with any questions)			
Vaccines	Kindergarten and Grades 1-5	Grades 6-11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)	5 doses or 4 doses If the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older.	3 doses	3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	Not applicable	1 dose	1 dose
Polio vaccine (IPV/OPV)	4 doses or 3 doses If the 3rd dose was received at 4 years or older.	4 doses or 3 doses If the 3rd dose was received at 4 years or older.	4 doses or 3 doses If the 3rd dose was received at 4 years or older.
Measles, Mumps, and Rubella vaccine (MMR)	2 doses	2 doses	2 doses
Hepatitis B vaccine	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years.	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years.	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years.
Varicella (chickenpox) vaccine	2 doses	2 doses	2 doses
Meningococcal conjugate vaccine (MenACWY)	N/A	1 dose required by Grades 7-10	2 doses or 1 dose if the dose was received at 16 years or older.

RESPONSIBLE USE POLICY

Terms and Conditions for Student Use
Of the Internet, District Network, and Technology for Grades K-8

CONTRACT FOR RESPONSIBLE COMPUTER USAGE

ELEMENTARY SCHOOLS

While using the computer I will:

1. Show respect for others.
2. Show respect for the things that people have on the computer.
3. Show respect for all school computer equipment.
4. Keep my passwords to myself and not try to find out someone else's passwords.
5. Understand that teachers will be able to see what I have put on the computer.
6. Use the Internet for my schoolwork only.
7. To follow the directions of the teacher in charge.
8. Tell my teachers if I read or see something on the computer that is inappropriate or something I do not understand.
9. Not share inappropriate links or content with other students.
10. Ask for help if I do not know what to do.

GEORGE FISCHER MIDDLE SCHOOL

While using the computer I will:

1. Use the computer equipment carefully and with respect, including hardware, software, and the network.
2. Use computer equipment, information resources, and the school network for educational purposes only.
3. Protect the privacy of my username and password.
4. Only access my own files and/or folder when using online tools.
5. Show respect to others and for the things that people have on the computer.
6. Only use appropriate language, images, searches, and conversations.
7. Not sharing inappropriate links or content with other students.
8. Tell my teachers If see inappropriate content shared by others.
9. Understand that the district reserves the right to access and view any material stored on district equipment or any materials used in conjunction with the district's computer network.
10. Keep my password and access confidential at all times, even when not present at your computer screen.
11. Agree to obey copyright laws. I will properly cite material accessed or acquired through the Internet.

STUDENT AGREEMENT

I have read these rules with my parents, and we have discussed them together. I promise to follow the rules. If I do not, I might not be able to use computers in school. To view the complete Computer Use in Instruction/Response Use Regulation, please visit www.carmelschools.org to view BOE policy 4526.R.

Student: _____ **Grade:** _____ **Date:** _____

Social networks, in general, are on the rise with new ones created all the time. As we regulate and monitor sites at the school, please be aware of where your children are going when on the Internet at home. Social networking sites provide opportunities for children to demonstrate many levels of negative behavior. These behaviors have far-reaching effects and can lead to disciplinary issues when all the children arrive at school the next day. Your vigilance and attention to this issue will protect our children, help maintain the proper educational tone in our schools, and demonstrate that we all have to remain responsible for our behavior wherever we go.

PARENT(S)/GUARDIAN(S) AGREEMENT

I (we) have read the Responsible Use Policy. As a parent(s) or guardian(s) of the above-named students, I (we) understand that the Internet access in the school is intended for educational purposes only. If not followed, disciplinary actions will be taken based on the school's Code of Conduct.

Parent's Signature: _____ **Date:** _____

Additional Forms: to be Completed for Kindergarten Registration ONLY



KINDERGARTEN REGISTRATION

Parent Questionnaire

Name of Student: _____
Last First Middle

Gender: ☐ Male Date of Birth: ____ / ____ / ____
☐ Female Month Day Year

Parent/Guardian Name: _____
Last First Middle

Address: _____ Phone: _____

List siblings or others living in the child's home:

NAME	RELATIONSHIP	AGE

MEDICAL HISTORY:

- a) Was your child born: ☐ Prematurely ☐ On-time ☐ by section
- b) What was your child's birth weight? _____
- c) List any health problems, allergies or injuries since birth: _____

- d) Does your child have excessive ear infections? ☐ Yes ☐ No
- e) Does your child have tubes in his/her ears? ☐ Yes ☐ No
- f) Does your child have frequent high fevers? ☐ Yes ☐ No
- g) Does your child require frequent medication? ☐ Yes ☐ No
- h) Does your child have any special diet requirements? Please specify? _____

HOME AND CHILD INTERACTIONS:

- a) At how many places has your child lived? _____
- b) Have there been any changes in the child's family composition or living arrangements and when did it occur? (ex: Separated or divorced parents, death of parent or sibling, members in household, etc.)

- c) If parents are separated or divorced, does the child see the other parent?
☐ Yes ☐ No ☐ How often? _____
- d) Does the child's mother work? ☐ Full-time ☐ Part-time ☐ Does not work
- e) If mother works, who cares for child during work hours? _____

CHILD'S SKILLS:

- a) What age did your child walk? _____
- b) Does your child prefer his left or right hand? _____
- c) At what age did your child begin to speak words? _____ Sentences? _____
- d) Do you have any concerns in any of the following areas:
1. Speech pronunciation: _____
 2. Stuttering: _____
 3. Hoarse voice: _____
 4. Language (following directions, using appropriate vocabulary, answering questions appropriately? Telling a story, or relating an experience and remembering fact): _____

 5. Hearing: _____
 6. What language is usually spoken at home? _____
 7. Is your child bilingual? _____

PRE-SCHOOL EXPERIENCES:

Has your child had any pre-school group experiences (ex: Daycare, day camp, playground, or nursery school)? Specify school and amount of time:

FINAL COMMENTS:

- a) Have there been any circumstances or experiences in your child's home or history which would be helpful for the teacher to know? Please describe: _____

- b) Has your child had any evaluations or professional services elsewhere that would be helpful for the teacher to know? Please note the date and type of services: _____



KINDERGARTEN REGISTRATION:

Preschool / Daycare Input Form

To help balance our kindergarten classes in the general areas of social and academic development, please have your child's current preschool teachers complete this input form and return the form to the school you are registering your child for kindergarten. The form should be returned by May 1st. If your child does not attend preschool and is in a day care setting, please ask your day care provider to complete this form. Please note the Parent Input Forms will be available at kindergarten registration.

This form is to be completed by nursery school personnel only.

Name of Student: _____
Last First Middle

Address: _____ Phone: _____

Date of Birth: ____ / ____ / ____
Month Day Year

Name of Preschool/Daycare Provider: _____
Last First Middle

Address: _____ Phone: _____

Form Completed By: _____

CHECK ONE IN EACH AREA

SOCIAL/BEHAVIORAL OR MANAGEMENT NEEDS

_____ Shows evidence of self-control, awareness of rules and consequences, plays cooperatively with peers, and responds appropriately to adult directions.

_____ Self-control is limited. Child has some difficulty in the social/behavioral realm. Describe: _____

ACADEMIC READINESS

_____ Shows willingness to attend to group discussion and instruction, ability to follow directions and work some-what independently.

_____ Child has difficulty attending to group discussion and instruction and is unable to follow directions to work independently.

FINE MOTOR

_____ Shows eye-hand coordination, ability to control small muscles of the hand for manipulation of pencil, scissors, small objects, etc.

_____ Has difficulty with small muscle control.

COMMUNICATION SKILLS

_____ Tells stories that pertain to a topic; communicates easily, articulates most sounds, uses appropriate grammar.

_____ Has difficulty communicating.

SPECIAL NEEDS: ☒ No ☐ Yes (if yes, please describe. For example, medical or toileting needs, assistance with daily living skills):

PERMISSION TO RELEASE INFORMATION TO CARMEL CENTRAL SCHOOL DISTRICT

May the CCSD staff contact the preschool to discuss your child? ☐ Yes ☐ No

Signature: _____ Date: _____

MM/DD/YYYY

TEACHER COMMENTS (Options):

Attach any additional information you feel may be helpful.

Additional Forms: to be Completed for High School Athletes



CARMEL CENTRAL SCHOOL DISTRICT

Christopher Salumn

Director of Health, Physical Education & Athletics

Transfer and Eligibility for Athletics

Directions: Please fill out PART ONE of the Transfer Notification Sheet. Please also complete PART THREE of Transfer Student Sport History. Once you have completed PART ONE and PART THREE, please return to the high school registrar ASAP. A new student may not participate on any Carmel Athletic team without section approval therefore, this form must be completed as soon as possible.

If you have any questions, please do not hesitate to call me at 845-225-8441 x460.

SPORTS LIST

FALL SPORTS		WINTER SPORTS		SPRING SPORTS	
Girls	Boys	Girls	Boys	Girls	Boys
Field Hockey	Football	Basketball	Basketball	Golf	Golf
Cross Country	Cross Country	Track	Track	Track	Track
Soccer	Soccer	Gymnastics	Ice Hockey	Softball	Baseball
Tennis		Cheerleading	Wrestling		Tennis
Volleyball		Skiing	Skiing		
Cheerleading		Bowling	Bowling		

Start dates for each session are listed in the annual school calendar.

PLEASE FILL OUT ONLY IF THE STUDENT WILL BE PARTICIPATING IN SPORTS.

The form will be sent to the Athletic Department by the Registrar



ATHLETICS: NEW STUDENT/TRANSFER

Date of Registration: _____

Name of Student: _____

Grade: _____ **Birthdate:** _____ **Date entered 9th Grade:** _____

School last attended: _____

School Address: _____

Parent/Guardian Name: _____

New Address: _____

Old Address: _____

If no change of address, reason for transfer: _____

If applicable, sports played at previous school:

FALL SPORT ☐ V ☐ JV ☐ 9th: _____

WINTER SPORT ☐ V ☐ JV ☐ 9th: _____

SPRING SPORT ☐ V ☐ JV ☐ 9th: _____

FROM: Guidance Office

DATE: _____



TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:
UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, **THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.**

Please check one: **(The required supporting documentation must be attached.)**

_____ **Waiver Request** Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer and must be accompanied by supporting documentation (i.e. police report, DASA report, etc.)

_____ **Return to School District of Residence (RSDR)** (No change of residence. School registration change only). Student is returning to a school within the district boundaries of his/her expense.

_____ **Divorced/Legally Separated Parents** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.

_____ **Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

_____ **Residency Change** NYSPHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA regulations.**

_____ **Other Transfer Exemption:** _____

By signing this document, I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intend to remain indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Parent Signature: _____ Date: _____

Print Parent's Name: _____

PART ONE

TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: CARMEL CSD Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es):

Mother's name & address: _____

Father's name & address: _____

Name of Sending School: _____

Did student participate in athletics at sending school? Yes No

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Athletic Director's signature: _____ Date: _____

PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED AND RETURNED TO STUDENT'S PRESENT SCHOOL

Student's Name: _____ Date Entered 9th Grade: _____

Did student repeat any grades? ☐ Yes ☐ No If yes, which ones? _____

Name of School(s) Attended Prior to Transfer: _____

Date of entrance to this school: _____ Date of withdrawal from this school: _____

Student's address while attending the above school: _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)

	Year	Sport	Level	APP'd (Sel. Class.)	School
7 th Grade	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
8 th Grade	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
9 th Grade	_____	_____	_____		_____ _____ _____
10 th Grade	_____	_____	_____		_____ _____ _____
11 th Grade	_____	_____	_____		_____ _____ _____
12 th Grade	_____	_____	_____		_____ _____ _____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Athletic Director's signature: _____ Date: _____

revised: 4/2016

Additional Forms: High School Students Only



CARMEL CENTRAL SCHOOL DISTRICT

Carmel High School Parents/Guardians:

We are required by the Federal "Every Child Succeeds Act" (formerly called "No Child Left Behind") to provide student information to Armed Forces recruiters. If you do not wish to have this information provided, please complete the form below and return it to the Counseling Department at Carmel High School.

Carmel High School Administration

☐ I do not want this information, regarding my child, provided to recruiters.

Print the name of child: _____

Grade: _____ Year of Graduation: _____

Student ID Number: _____

Parent/Guardian Name (Print): _____

Parent/Guardian (Signature): _____

Date: _____

O:forms/ECSA

Cultivating Opportunities



CARMEL CENTRAL SCHOOL DISTRICT

Graduate Profile

CRITICAL THINKING

- Analyze & synthesize information
- Employ divergent thinking
- Practice self-reflection

CITIZENSHIP

- Demonstrate civic responsibility & pride
- Embrace diversity
- Engage in the community

COMPASSION

- Consider others' viewpoints
- Demonstrate empathy
- Show kindness



CREATIVITY

- Explore artistic opportunities
- Identify & pursue passions
- Think innovatively

COLLABORATION

- Work productively with others
- Develop partnerships
- Navigate social environments

COMMUNICATION

- Actively listen & speak
- Articulate ideas & knowledge
- Practice digital responsibility

Cultivating Opportunities

EACH STUDENT WILL BE ENGAGED IN MAKING APPROPRIATE CHOICES THAT DEMONSTRATE UNDERSTANDING AND EMPATHY TOWARD OTHERS.

EACH STUDENT WILL PROACTIVELY SET AND PURSUE CHALLENGING GOALS.