

ELMIRA CITY SCHOOL DISTRICT



Dear Parent or Guardian;

The Elmira City School District is pleased to offer Pre-Kindergarten to children of the 2033-2034 graduating class who live in the Elmira City School District. The child must be 4 years old on or before December 1st and it is highly recommended they be toilet trained. Please note the child cannot ride the bus until they turn 4 years old. Therefore, you will be responsible for transporting until the child turns 4.

There are several options available, based on your family's needs. Some programs offer wrap-around childcare. Please contact the YWCA (733-5575) for more info on wrap-around childcare. For your convenience you may register at any of the schools below regardless of the school you choose. Children need not be present to register.

Due to the current school closures and required social distancing, registrations can be dropped off at the ECSD Administration Building (Washington School, 430 W. Washington St., Elmira, NY 14901) Monday through Friday 8am to 12pm. You can reach the Administration Building by calling 607-735-3000 and the fax number is 607-735-3001. There will be a drop box in the lobby to drop off your registration. Staff will not be available to make copies.

Pre-K Registration Packets are available to print from our website at:

<http://www.elmiracityschools.com/uploadeddocs/PrekRegistrationPacket.pdf>

If you need a packet mailed to you, please contact our Administration Office at 735-3000.

For Pre-K grades only, you are permitted to choose to attend any of the 7 locations listed below, however if you choose a school that is not your residential district, you will be responsible for transportation. The child will be required to attend Kindergarten and beyond at the school in your residential zone.

The lottery for Happy House UPK will take place the beginning of June.

For all District locations, decisions are final after June 30th. If on June 30th the District locations have more registrations than classroom spots, a lottery will be held of all registrations received to date.

PROGRAM INFORMATION

	DIVEN	FASSETT	PINE CITY	RIVERSIDE	HAPPY HOUSE	YWCA	ADON ALLEN
# OF CLASSROOMS	4	4	4	4	1	1	1
STUDENTS PER CLASS	18	18	18	18	18	10	18
FULL/HALF DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	HALF DAY

ITEMS REQUIRED AT REGISTRATION	ITEMS REQUIRED BY THE START OF SCHOOL
• Registration Form (attached)	• Proof of Physical within the past 12 months
• Child's birth certificate	• Current Immunizations including lead screening
• Consent for Release of Information (attached)	• Dental Certificate (attached)
• Ethnicity Identification Form (attached)	
• 3 proofs of address (utility bill, drivers license, etc)	
• Health Form (attached)	

A screening will be scheduled for your child, which will take place after the start of school. This screening is mandated by NYS and will be conducted by CIDS. The Elmira City School District's Early Childhood Services Team (ECST) will follow up on the CIDS screenings with further evaluations consisting of speech, language, vision, hearing, gross motor skills, fine motor skills and social development when warranted. The team provides counseling for parents regarding developmental issues, and refers children for appropriate remediation as necessary.

Should you have any additional questions, please feel free to contact your school at the number listed above. Thank you.

Sincerely,

Office of Student Services

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschoools.com

Submitting Documents Electronically with the Secure Document Portal

The Secure Document Portal is available to allow you to submit registration documents electronically using the camera on your smartphone or tablet or a scanner attached to your computer.

1. Open your web browser on your phone or computer and go to www.elmiracityschoools.com
2. Click on the menu icon and select Student Services (phone) or select Student Services from the main menu.
3. Click on Registration on the Side Navigation
4. Select Submit Registration Documents

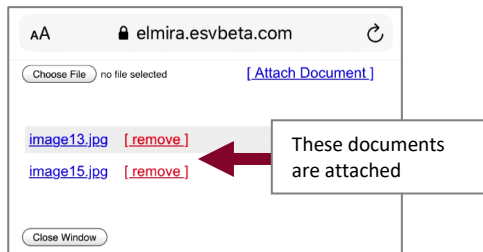
OR access the page directly at:

https://www.elmiracityschoools.com/student_services/registration/submit_registration_documents

5. Click to Access the Secure Document Portal
6. Fill in your first name, last name, phone number and email address in the new window.
Please use a phone number where we can reach you if we have a question about your documents.
7. Select the type of document or documents you are uploading. You can upload multiple documents in multiple formats and file types (PDF, JPG, or PNG is preferred).

On your Smartphone:

- a. Click the Upload Documents button
- b. Click the Choose File button (you may need to pinch to zoom on this page on your smartphone)
- c. Select Take Photo or Video
- d. Point your camera phone at your document and take a picture. Make sure there is enough light to read the document but make sure there is not a glare.
- e. Select Use Photo
- f. Click on Attach Document on the left
- g. The document will appear in the list below the Choose File button.

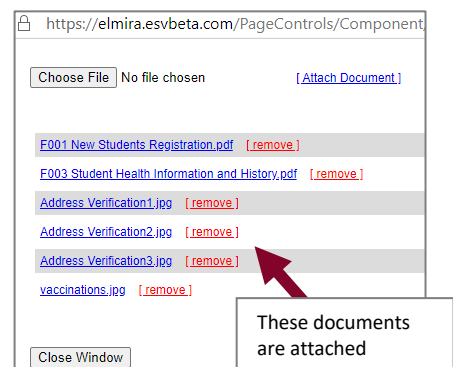


- h. Repeat steps a-g to attach multiple documents
- i. Click on the Close Window button

(these instructions may vary based on the phone model but should be similar)

On your Computer:

- a. Scan your documents and save to a location such as My Documents
- b. Click the Upload Documents button
- c. Click the Choose File button
- d. Select one of the documents you scanned in step a
- e. Click on Attach Document on the left
- f. The document will appear in the list below the Choose File button.



- g. Repeat steps c-f to attach multiple documents
- h. Click on the Close Window button

8. Complete the simple math problem to validate (this prevents bots from auto-submitting junk)
9. Click submit. You will get a verification page that shows the date and time submitted. We will review your documents and email you to let you know they were received or call or email if we have questions.

PRE-KINDERGARTEN STUDENT REGISTRATION FORM

INSTRUCTIONS: Complete this form for each child in Pre-Kindergarten that needs to be registered. A copy of each student's Birth Certificate must be provided. **PLEASE PRINT CLEARLY.**

A. PRE-KINDERGARTEN STUDENT							
First Name				Hispanic	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Middle Name				Race	<input type="checkbox"/> White		
Last Name					<input type="checkbox"/> Black or African American		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Asian		
Date of Birth					<input type="checkbox"/> American Indian or Alaska Native		
School Request: <input type="checkbox"/> Diven <input type="checkbox"/> Fassett <input type="checkbox"/> Pine City <input type="checkbox"/> Riverside <input type="checkbox"/> YWCA <input type="checkbox"/> Happy House <input type="checkbox"/> Adon Allen				Primary Language		<input type="checkbox"/> English <input type="checkbox"/> Other:	
OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOXES				Previous School		Diven Fassett Pine City Riverside	
B. HOUSEHOLD INFORMATION – LIST ALL CHILDREN IN THE HOUSEHOLD IN GRADES K-12							
Student Name (First, Last)		Grade	Date of Birth	Student Name (First, Last)		Grade	Date of Birth
1.				4.			
2.				5.			
3.				6.			
C. RESIDENTIAL ADDRESS OF THE ABOVE CHILDREN							
Residence (physical address)							
	HOUSE #	STREET				UNIT #	
	CITY	STATE		ZIP			
Mailing Address (if different from physical address)							
	HOUSE #	STREET				UNIT #	
	CITY	STATE		ZIP			
D. ADULT CONTACTS FOR THE ABOVE CHILDREN							
Please provide the contact information for the primary and secondary guardian (if applicable) living with the children listed above. It is mandated, in case a parent of legal guardian cannot be reached during the school day, to give the names of two relatives, or reliable friends or neighbors who will come for and take care of your child should he/she become ill or injured during the school day.							
CONTACT 1 – PRIMARY GUARDIAN (as it appears on valid photo ID)							
First Name				Email Address			
Middle Name				Cell Phone #			
Last Name				Work Phone #			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Home Phone #			
Relationship to Children <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify):							
CONTACT 2 – SECONDARY GUARDIAN (IF APPLICABLE)							
First Name				Email Address			
Middle Name				Cell Phone #			
Last Name				Work Phone #			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Home Phone #			

PRE-KINDERGARTEN STUDENT REGISTRATION FORM

Relationship to Children ☐ Mother ☐ Father ☐ Step-Parent ☐ Foster Parent ☐ Other (Specify):

Address (if different from residence above)				
	STREET ADDRESS	CITY	STATE	ZIP

CONTACT 3 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE

First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	
Address			
	STREET ADDRESS	CITY	STATE ZIP

CONTACT 4 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE

First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	
Address			
	STREET ADDRESS	CITY	STATE ZIP

D. PARENT/GUARDIAN SIGNATURE

PROOF OF RESIDENCY

You must provide 3 proofs of residency within the Elmira City School District at the time of registration. This may include a lease, rent receipt, utility bill, DSS Statement, or other acceptable proof.

TRANSPORTATION

If your students require transportation, please contact the bus garage at (607) 735-3950 to determine if you qualify for transportation. Your child must be 4 years old on or before December 1st and it is highly recommended the student is toilet-trained.

MEDIA RELEASE OPT OUT

If you wish to deny permission for your student's inclusion in media coverage of our schools, please request and complete a Photo/Media Opt Out Form.

PLEASE NOTE:

In the event of a change in your home address or phone numbers or to provide updated Emergency Contact information after registration, please complete the Change of Address/Phone Form, **REGISTRATION FORM F101**, and return to any school.

I certify that the information provided for registration is accurate to the best of my knowledge and that I have legal custody of the student(s).

Parent or Guardian Signature: _____ Date: _____

Phone Number(s) that we can reach you if we have questions to register your student(s): _____

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX

Start Date at new school: _____

Received By: _____

Notes: _____

Sch Key: Diven = D, Fassett = F, Pine City = PC, Riverside = R,
Happy House= HH, Adon Allen = AA, or YWCA

Sch Assigned	_____	Date Received	_____
PK201	_____	Birth Cert (2 copies)	_____
3 Proof of Address	_____	Health Info F003	_____
Immunization	_____	Physical in last year	_____
Dental Form	_____	Release of Information	_____
CIDS Screening	_____	Ethnicity H NH AI AS BL WH	_____
New Entrant Form	_____	Parent Portal	_____
Entered in ST	_____	Custody Papers	_____

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

Dear Parent or Guardian,

We'll be excited to welcome your child to PreK in the fall!

The school nurses are dedicated to keeping your child safe and well at school, to making sure any health needs are addressed at school, to caring for your child in the event of illness or injury, to checking for any health problems that may interfere with learning (vision, hearing, etc.) – in short, for making sure your child is healthy so he/she can be successful at school!

Here are some things we'll need from you:

- By the first day of school: a **complete immunization record** from your doctor's office – sorry, we can't accept "baby book" records – must show proof that your child has received:
 - 4 doses of DTaP vaccine (diphtheria, tetanus, pertussis)
 - 3 doses of Polio vaccine
 - 1 dose each of MMR (measles, mumps, rubella) & Varicella (chicken pox) vaccines
 - 3 doses of Hepatitis B vaccine
 - 4 doses each of HiB (hemophilus influenza) and Pneumococcal vaccines (in certain cases, fewer doses may be needed – check with your doctor to make sure your child is completely vaccinated)
 - If we don't have proof of all of these shots by the time school starts, your child may not be permitted to attend school – sorry, this one is a state law!
- By the first day of school: completed **health information form (enclosed)** – this will help you to tell us about any health issues your child may have, so that we can make any necessary plans with you for the fall
- By October 1st:
 - Copy of a **physical** done by your doctor, nurse practitioner (NP) or physician assistant (PA) dated **on or after Sept. 1, 2018**
 - Copy of a **dental certificate** from a dental exam done **on or after Sept. 1, 2018**
 - Documentation of a **blood lead test** done on your child at **any time in the past**

If your child will need to take ANY medicines at school (prescription medications including inhalers, or over-the-counter medicines), please contact your school nurse to ask what you will need to do, or check the district's website. Go to www.elmiracityschools.com, click on your child's school building > For Parents and Families > Health Information"

If your child ever has "potty accidents", we recommend that you send a clean set of clothes to school in a bag labeled with your child's name – it can be kept in the classroom, in case it's needed. It may save you an "emergency" trip to school some day!

We can't wait to get to know your child and you!

Sincerely,

Your School Nursing Staff

STUDENT HEALTH INFORMATION AND HISTORY FORM

INSTRUCTIONS: Complete this form for each child to be registered. Parents are urged to provide for their child's complete physical, dental, ear, and eye exams before school entrance. Parents are required to provide proof of immunizations by State Law. **PLEASE PRINT CLEARLY.**

STUDENT INFORMATION

Student's Name		Date of Birth		Grade	
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Place an X in the Yes or No column for each condition below. If Yes, enter the date of treatment and provide explanation below.

CONDITION	YES	NO	DATE	CONDITION	YES	NO	DATE	CONDITION	YES	NO	DATE
Chicken Pox				Bee Sting Allergy				High Lead Level			
German Measles				Severe Food Allergy				High Blood Pressure			
Measles				Dizziness w/Exercise				Heart Problems/Murmur			
Mumps				Allergies/Hay Fever				Concussion			
Anemia				Single Testicle				Headaches			
Diabetes				Physical Handicap				Ear Problems			
Seizure Disorder				Rheumatic Fever				Hearing Loss			
Heart Disease				Scarlet Fever				Ankle Injury			
Fainting Spells				Pneumonia				Fractures or Dislocation			
Nose Bleeds				Asthma				Knee Injury			
High Cholesterol				Serious Injuries				Eye Problems			
Spleen Injury				Problem Birth				Vision Loss			
Neck or Back Injury				Operations				Uncorrectable Vision Loss			
Bladder/Kidney Problems				Hospitalization				Glasses or Contact lenses			
Single Kidney											

Health History – Please explain any YES above. Use back of page if extra space is needed.

Family Doctor _____ Address _____

City _____ State _____ Phone _____

1. ☐ Yes ☐ No Has there ever been a sudden death of a family member under 50 years of age?
Cause: _____

2. ☐ Yes ☐ No Has your child ever been evaluated at any clinic such as heart, speech, hearing, mental health, etc.?
Clinic Name and Address: _____

3. ☐ Yes ☐ No Is your child taking any medications? Please List Medications: _____

4. ☐ Yes ☐ No Will your child be taking any medications at school? **If Yes, please speak to school nurse.**

5. ☐ Yes ☐ No Does your child have any medication allergies? If Yes, please name: _____

6. ☐ Yes ☐ No Has your child ever attended another ECSD school before?
Which one(s): _____

Parent or Guardian Signature: _____ Date: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

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

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

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

<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	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<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
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at 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"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

Date: _____ School: _____

Student: _____ Grade: _____

Dear Parent or Guardian,

Dental Health is an important part of overall health. Dental problems can make it hard for children to concentrate in school, can lead to other health problems, and can cause embarrassment and self-esteem issues.

New York State requires a certificate of dental health for your son or daughter:

- When they first enter the school district – at Pre-K, Kindergarten or at any other grade level
- In grades 1, 3, 5, 7, 9 and 11

On the next page is a certificate for you to take to your child's dentist; once it is completed, please return it to the school nurse. Your dentist may document any examination done on or after September 1st. The certificate will be filed in your child's Cumulative Health Record at school. Please call the health office at your student's school if you have questions or concerns.

School Fax Number: _____

Thank you for your help. We appreciate your willingness to ensure your child's overall good health. This can really help your student to be successful in school!

(Also, please keep an eye out in the fall for information about dental services provided at school. Most insurance plans are accepted.)

Sincerely,

Your School Nursing Staff

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please 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:	/	/	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
	Month	Day	Year	
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.

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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.

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

ECSD Pre-K Program **Consent for Release of Information**

Student Name: _____

Student's Date of Birth: _____

I hereby give permission to the Elmira City School district Pre-K Staff to obtain information from
or release information to:

EOP – Head Start
C.I.D.S.
Student's Medical Provider

Student's Medical Provider Name, address, Phone Number:

The information requested is needed for education planning for the student named above.

I understand that information regarding the student above is **CONFIDENTIAL** and will not be released without my written consent. I also understand that I can revoke this consent at any tie before the information is exchanged.

This consent for Release of Information is valid for one year from date of parent/legal guardian signature.

Signature of Parent/Legal Guardian

Relationship

Date

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

Student Racial and Ethnic Identification

To the Parent/Guardian: The United States Department of Education has adopted a policy which requires the collection and recording of the ethnic Identity of students In the 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.
- Analyze differences in academic performance, attendance and completion of school.

We need your help In order to accomplish this task. Please review the racial and ethnic definitions on the next page. Put a check (✓) in the box for the category or categories which best describe your child. The Elmira City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested Is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Confidential Procedures and Regulations

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

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

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

Please complete the form on the next page.

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

STUDENT RACIAL AND ETHNIC IDENTIFICATION

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

Name of School _____

Student Name _____

School District ID Number _____ Gender ☐ Male ☐ Female

Child's Birth Date _____ Grade Level _____

Directions to Parent/Guardian:

Please answer questions (1) and (2). Please read them before you respond.

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.

Check the box that best describes your child. Check only one box.

- ☐ **Yes**, Hispanic
☐ **No**, not Hispanic

2. Select one or more races from the following five racial groups.

Check all groups that apply to your child. You may check more than one. You must check at least one.

- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ☐ **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 Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.
- ☐ **Black.** A person having origins in any of the black racial groups of Africa.
- ☐ **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Date _____ Signature of Parent/Guardian _____

Relationship to Student (check one): ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify) _____

PARENT PORTAL REGISTRATION FORM

PARENT INSTRUCTIONS: Complete this form for all students in your household. **PLEASE PRINT CLEARLY.**

A. PARENT PORTAL INFORMATION

The Elmira City School District's Parent Portal is a free service offered to all parents/legal guardians of students currently enrolled in grades K through 12. The intention of this access is to enhance communication and dialog between school and home.

- Access to the Parent Portal is a privilege. In submitting this request I understand that the District will provide me with a login password that will allow me to access information about my child's school performance, including classes, teacher names, attendance, grades, and discipline. I understand that this information will be accessible using the Schooltool Parent Portal, which is maintained by the District.
- I understand that the Schooltool Parent Portal may record and retain information about when and how I use the Schooltool Parent Portal, and that this information is the property of the District and subject to review by the District.
- I accept responsibility for all actions that are performed by anyone gaining access to the Schooltool Parent Portal using the login password assigned to me.
- I understand that the District makes no guarantee that the functions or the services provided via the Schooltool Parent Portal will be error-free or without defect. The District retains the discretion to suspend access to the Schooltool Parent Portal when there is reasonable suspicion to believe that the account has been compromised.
- I certify that I am a parent or legal guardian of the students I have listed below.

B. PARENT CONTACT INFORMATION

Name			Home Phone			
Address						
	HOUSE #	STREET	UNIT #	CITY	STATE	ZIP
Email Address						
	This email address is required to obtain an account and serves as your primary email address with the District.					

C. STUDENT INFORMATION

I hereby give the Elmira City School District permission to place information regarding the following student(s) in the Parent Portal program for me to access. **NOTE: You only need to submit one application to view all children registered in your care.**

STUDENT NAME	GRADE
1.	
2.	
3.	
4.	
5.	
6.	

If additional lines are needed, please attach a separate page

D. PARENT/GUARDIAN SIGNATURE

By signing below, I indicate that I have read the Schooltool Parent Portal user guidelines above for parents/legal guardians and agree to abide by and support these rules. I understand that if I violate any of the above terms, that I may lose my privilege to use the Parent Portal.

Parent or Guardian Signature _____ Date: _____

You will be notified at the email address above when the account is created. It may take up to two weeks for the account to be created.