

Form 1000-A - USE WHEN A HOMEOWNER OR RENTER IS REGISTERING HIS/HER OWN CHILD.

**Herricks Public Schools
New Hyde Park, NY 11040**

Upon request, your child shall be enrolled and begin attendance on the next school day (unless a determination of non-residency is made on the date of request). The contents of this packet must be completed as soon as practical, but no later than three business days after the child's enrollment. The District will provide you with its residency determination within three business days of your child's enrollment. However, if you submit the contents of this packet on the third business day after your child's enrollment, the District will provide its residency determination on the fourth business day.

Please call 516 305-8900 to discuss interest in enrolling your child.

HOMEOWNER	RENTER
Homeowner must provide proof of homeownership. (Deed / Tax Bill / Mortgage Statement)	A lease OR Landlord / tenant forms signed by owner and tenant.
Statement by a third party relating to parent(s) or person(s) in parental relation presence in the district.	Note: the District reserves the right to differentiate the weight given to each piece of documentation submitted as it determines is necessary. As an applicant, you should submit documentation that is most likely to prove your residency within the District.
Note: the District reserves the right to differentiate the weight given to each piece of documentation submitted as it determines is necessary. As an applicant, you should submit documentation that is most likely to prove your residency within the District.	
AND Student's original Birth Certificate (with raised seal) or record of baptism. If either is unavailable, the student may provide his or her passport (including a foreign passport). If all of the aforementioned documentation is unavailable, then the District may request additional documentary evidence.	AND Student's original Birth Certificate (with raised seal) or record of baptism. If either is unavailable, the student may provide his or her passport (including a foreign passport). If all of the aforementioned documentation is unavailable, then the District may request additional documentary evidence.
Affidavit from parent/person in parental relation evidencing relationship with child. (Parent/person in parental relation may submit alternative documentation as it deems necessary).	Affidavit from parent/person in parental relation evidencing relationship with child. (Parent/person in parental relation may submit alternative documentation as it deems necessary).
Medical Records including Immunization	Medical Records including Immunization
Report Card from previous school	Report Card from previous school
NON-EXHAUSTIVE LIST OF ALTERNATE PROOF	NON-EXHAUSTIVE LIST OF ALTERNATE PROOF
Current telephone bill showing name and address (cell phone statement not acceptable)	Current telephone bill showing name and address (cell phone statement not acceptable)
Current PSEG or National Grid statement with your name and address	Current PSEG or National Grid statement with your name and address
Driver's License and Car Insurance Identification Card	Driver's License and Car Insurance Identification Card
Canceled Bank Check with printed name and address	Canceled Bank Check with printed name and address
Pay Stub – showing a printed name and address within the district	Pay Stub – showing a printed address within the district
Moving bill from a commercial moving company	Moving bill from a commercial moving company
Attorney statement – stating that he <u>certifies</u> that the individual resides at a specific address within the Herricks School District	Attorney statement – stating that he <u>certifies</u> that the individual resides at a specific address within the Herricks School District
Current Tax Return or W-2 issued from Internal Revenue Service (printed name and address)	Current Tax Return or W-2 issued from Internal Revenue Service (printed name and address)
Post Office confirmation stating change of address	Post Office confirmation stating change of address
Court issued documentation (current name and address)	Court issued documentation (current name and address)
Other proofs as may be appropriate. Acceptance of such other proofs shall be at the discretion of the District.	Other proofs as may be appropriate. Acceptance of such other proofs shall be at the discretion of the District.

The submission of false information or false statements in this application to the School District is a violation of the New York Penal Code 175.30 and is punishable by a fine and imprisonment of up to one year in jail.
In addition, the District will pursue action for tuition reimbursement against anyone whose false information results in the enrollment of students into the school district, who are not legal residents of the district.

“OPTIONAL”

Parent’s Statement in Lieu of Lease/Rental Agreement

This form is NOT required as a condition of enrollment. However, this form may be submitted as further evidence of your child’s residency within the District. Additionally, it is within your discretion as to whether this form is notarized.

TO THE BOARD OF EDUCATION OF THE HERRICKS UNION FREE SCHOOL DISTRICT

This is to certify that I, _____ am the mother/father/
guardian/person in parental relation of _____
(Name of Student)

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that

(Name of Student)

may be admitted to the schools of the Herricks Public Schools.

I am currently renting/leasing an apartment/home at:

(Address)

I further certify that I do not maintain another residence outside the boundaries of the Herricks School district. Attached copy of three of the proofs of residency containing your name at the above address as noted on Form 1000-B.

I am providing this Statement instead of a lease/rental agreement because:

I understand that if the above-mentioned child(ren) is (are) found not to be a legal resident(s) of the Herricks Union Free School District **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING YOUR CHILD.** I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

I further understand that if I move out of the home listed above, I will immediately notify the school district.

I have been informed that the school district may make unannounced home visits for the purpose of residence verification. I have read and understood the above. [] YES

Signature of Parent / Person in Parental Relation

**Herricks Public Schools
New Hyde Park, NY 11040**

Upon request, your child shall be enrolled and begin attendance on the next school day (unless a determination of non-residency is made on the date of request). The contents of this packet must be completed as soon as practical, but no later than three business days after the child's enrollment. The District will provide you with its residency determination within three business days of your child's enrollment. However, if you submit the contents of this packet on the third business day after your child's enrollment, the District will provide its residency determination on the fourth business day.

Please call 516 305-8900 to discuss interest in enrolling your child.

	FAMILY MOVING IN WITH ANOTHER FAMILY
	<p>A copy of residential lease or proof of ownership</p> <p>Statement by a third-party landlord, owner, or tenant from whom the parent/person in parental relation shares property with within the District.</p> <p>Other forms of documentation that would establish physical presence within the district.</p> <p>Note: the District reserves the right to differentiate the weight given to each piece of documentation submitted as it determines is necessary. As an applicant, you should submit documentation that is most likely to prove your residency within the District.</p> <p><u>AND</u></p> <p>Student's original Birth Certificate (with raised seal) or record of baptism. If either is unavailable, the student may provide his or her passport (including a foreign passport). If all of the aforementioned documentation is unavailable, then the District may request additional documentary evidence.</p> <p>Affidavit from parent/person in parental relation evidencing relationship with child. (Parent/person in parental relation may submit alternative documentation as it deems necessary).</p> <p>Medical Records including Immunization</p> <p>Report Card from previous school</p>
	NON-EXHAUSTIVE LIST OF ALTERNATE PROOF
	Current telephone bill showing name and address (cell phone statement not acceptable)
	Current PSEG or National Grid statement with your name and address
	Driver's License and Car Insurance Identification Card
	Canceled Bank Check with printed name and address
	Pay Stub – showing a printed address within the district
	Moving bill from a commercial moving company
	Attorney statement – stating that he certifies that the individual resides at a specific address within the Herricks School District
	Current Tax Return or W-2 issued from Internal Revenue Service (printed name and address)
	Post Office confirmation stating change of address
	Court issued documentation (current name and address)
	Other proofs as may be appropriate. Acceptance of such other proofs shall be at the discretion of the District.

The submission of false information or false statements in this application to the School District is a violation of the New York Penal Code 175.30 and is punishable by a fine and imprisonment of up to one year in jail. In addition, the District will pursue action for tuition reimbursement against anyone whose false information results in the enrollment of students into the school district, who are not legal residents of the district.

TO THE BOARD OF EDUCATION OF THE HERRICKS UNION FREE SCHOOL DISTRICT

This is to certify that I, _____

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that
_____ may be admitted to the schools of the Herrick's Public Schools.
(Name of Child)

2. I reside in the home of _____
(Homeowners Name)

(Homeowners Address)

as my legal residence. I further certify that I do not maintain another residence outside the boundaries of the Herrick's School District.

Attach proofs of residency as noted on Form 1000-B *(if applicable)*.

I understand that if the above mention child(ren) is (are) found not to be a legitimate residents of the Herrick's Union Free School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING YOUR CHILD". I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

I further understand that if I move out of the home listed above, I will immediately notify the school district.

I have been informed that the school district may make unannounced home visits for the purpose of residence verification. I have read and understood the above. [] YES

Signature of Parent/Person in Parental Relation

**Herricks Public Schools
New Hyde Park, NY 11040**

Upon request, your child shall be enrolled and begin attendance on the next school day (unless a determination of non-residency is made on the date of request). The contents of this packet must be completed as soon as practical, but no later than three business days after the child's enrollment. The District will provide you with its residency determination within three business days of your child's enrollment. However, if you submit the contents of this packet on the third business day after your child's enrollment, the District will provide its residency determination on the fourth business day.

Please call 516 305-8900 to discuss interest in enrolling your child.

CHILD LIVING WITH ANOTHER FAMILY

**Completion of Affidavits by Person in Parental Relation (see attached)

Homeowner must provide proof of homeownership - (Deed / Tax Bill / Mortgage Statement)
--

Statement by a third party relating to parent(s) or person(s) in parental relation presence in the district.
--

Note: the District reserves the right to differentiate the weight given to each piece of documentation submitted as it determines is necessary. As an applicant, you should submit documentation that is most likely to prove your residency within the District.

<u>AND</u>

Student's original Birth Certificate (with raised seal) or record of baptism.

If either is unavailable, the student may provide his or her passport (including a foreign passport). If all of the aforementioned documentation is unavailable, then the District may request additional documentary evidence.

Affidavit from parent/person in parental relation evidencing relationship with child. (Parent/person in parental relation may submit alternative documentation as it deems necessary).
--

Medical Records including Immunization
--

Report Card from previous school

NON-EXHAUSTIVE LIST OF ALTERNATE PROOF

Absentee Parent Affidavit (see attached)

Current telephone bill showing name and address
--

Current PSEG or National Grid statement with your name and address

Driver's License and Car Insurance Identification Card

Canceled Bank Check with printed name and address
--

Pay Stub – showing a printed name and address within the district
--

Moving bill from a commercial moving company

Attorney statement – stating that he certifies that the individual resides at a specific address within the Herricks School District

Current Tax Return or W-2 issued from Internal Revenue Service (printed name and address)
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Post Office confirmation stating change of address

Court issued documentation (current name and address)
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Other proofs as may be appropriate. Acceptance of such other proofs shall be at the discretion of the District.
--

The submission of false information or false statements in this application to the School District is a violation of the New York Penal Code 175.30 and is punishable by a fine and imprisonment of up to one year in jail.

In addition, the District will pursue action for tuition reimbursement against anyone whose false information results in the enrollment of students into the school district, who are not legal residents of the district.

Absentee Parent

This form is NOT required as a condition of enrollment. However, this form may be submitted as further evidence of your child's residency within the District. Additionally, whether this form is notarized is within the person in parental relation's discretion."

TO THE BOARD OF EDUCATION OF THE HERRICKS UNION FREE SCHOOL DISTRICT

This is to certify that I, _____ being duly sworn deposes and says:

1. I am the parent of _____ (Name of Child(ren))

I reside at _____ (Address)

2. My child(ren) reside(s) with _____
(Name of Person in Custodial Relationship)

Address _____

3. My child(ren) is (are) not living with me because:

4. Please complete the following with respect to the child(ren) listed above.

a. Who will make educational decisions for the child(ren) ? _____

b. Who will make health decisions for the child(ren)? _____

c. Who will pay for the child(ren)'s food, clothing and other expenses? _____

If resident, will child(ren) be claimed as a dependent on resident's federal and state income tax returns?

Check one: Yes _____ No _____

d. If No, why not? _____

If Yes, the district requires a copy of that portion * of the resident's federal and state income tax returns which list
The child(ren) dependents. These forms must be submitted by April 15th of each year the child(ren) is (are) enrolled
Enrolled in the Herrick's Public Schools.

5. Duration of time this arrangement is expected to last: _____

Please indicate the reason you have indicated this time frame _____

I hereby relinquish custody and control of _____
Name of Child(ren)

to the custodian named above.

I understand that if the above mention child(ren) is (are) found not to be a legitimate residents of the Herrick's Union Free School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING YOUR CHILD". I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

I further understand that if I move out of the home listed above, I will immediately notify the school district.

I have been informed that the school district may make unannounced home visits for the purpose of residence verification. I have read and understood the above. [] YES

Signature of Parent / Person in Parental Relation

Herricks Public Schools

**Herricks Community Center
999-B Herricks Road
New Hyde Park, NY 11040
516 305-8900**

Welcome to Herricks UFSD

Dear Parent/Person in Parental Relation,

Attached is a packet of materials needed in order to register your child.

Please call Pat Lewis, Registration Department, at 516-305-8987 for an appointment or if you have any questions regarding registration. Hours of registration are Monday through Friday from 9:00 a.m. to 3:30 p.m.

Thank you for your cooperation.

HERRICKS PUBLIC SCHOOLS
Herricks Community Center
999-B Herricks Road
New Hyde Park, NY 11040

Fino M. Celano, Ed.D.
Superintendent of Schools

Tel. 516-305-8901
Fax. 516-248-3108
E-mail fcelano@herricks.org

Re: *Questions about Residency*

Dear Resident:

Questions about residency arise from time to time. This is a difficult but extremely important issue.

"When a person/parent requests enrollment, the child shall be enrolled and begin attendance on the next school day or as soon as practical (unless a determination of non-residency is made on the date of the request for enrollment). The parent must submit, as soon as practical, but no later than three business days, the requested documentation or information in support of the child's residency. The board will provide you with its residency determination within three business days of your child's enrollment. However, if you submit the contents of this packet on the third business day after your child's enrollment, the District will provide its residency determination on the fourth business day."

During the course of the registration process, we emphasize that the critical factor is where the adults and children in the family actually live, not simply whether they own or rent property in the district. At the end of the process, they sign a form which includes the following statement:

I certify, under penalty of law, that the above statements are true. I further certify that I do not maintain a residence outside the boundaries of the Herricks School District. I understand that if the above mentioned child(ren) is (are) found not to be a legitimate resident(s) of the Herricks Union Free School District that " I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING MY CHILD."

I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I further understand that it is my responsibility to notify the school district if I change my residence.


I have been informed that the school district may make unannounced home visits for the purpose of residence verification.

☐ (Please initial) *I have read and understand the above.*

If the family enrolling a child is not the homeowner, both the family enrolling the child and the owner of the home must complete appropriate residency affidavit indicating that they accept legal responsibility.

If you are aware of someone who is not a resident but is sending their children to our schools, we ask that you provide us with that information. We will investigate and determine whether, in fact, someone is attending illegally. Tips may be made anonymously by phone (516-305-8901) or e-mail (dpoulos-lutz@herricks.org). Should we find that someone is attending illegally; we will exclude the children from school and pursue collection of tuition by all appropriate means.

Sincerely,


Fino M. Celano, Ed.D.
Superintendent of Schools

HERRICKS PUBLIC SCHOOLS

Herricks Community Center
999-B Herricks Road
New Hyde Park, NY 11040

ROBERTA HOPKINS
DIRECTOR OF PUPIL SERVICES

TEL. 516 305-8904
FAX. 516 248-3131
E-MAIL: RHOPKINS@HERRICKS.ORG

Dear Parents/Person in Parental Relations,

Please note that the school district is required to inform all parents of children entering our schools of their child's rights with respect to special education.

In accordance with federal and state regulations, the Herricks School District provides appropriate special education services to students with educational disabilities. Any parents who suspect that their child may have an educational disability may make a written referral to the school's Principal or to Roberta Hopkins, Director of Pupil Services, 999-B Herricks Road, New Hyde Park, N.Y. 11040.

The law concerning special education is known as The Individuals with Disabilities Education Act (IDEA). The New York State Education Department's handbook on special education can be found at the following link:
<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

Before referring a student who is not currently enrolled in the Herricks School District, the parent/guardian must contact the Central Registration Office at 305-8900 to arrange an appointment. Forms and other details are available on the district website at:
www.herricks.org

Parents who suspect that their child under the age of 3 may need special education services should contact the Nassau County Department of Health Early Intervention Program at (516) 227-8661.

Sincerely,



Roberta Hopkins
Director of Pupil Services

**Herricks Public Schools
Herricks Community Center
999-B Herricks Road
New Hyde Park, New York 11040**

Fino M. Celano, Ed.D.
Superintendent of Schools

Tel 516 305-8901
Fax 516 248-3108
E-mail.fcelano@herricks.org

Dear Parent/Person in Parental Relation,

On June 19, 2015, School Districts in New York State were notified by the New York State Department of Health, of changes to the Immunization requirements for school attendance. The new requirements are based upon the Advisory Committee on Immunization Practices (ACIP).

These changes will be effective September 1, 2015. "If a child's immunization records are unavailable, the student shall be admitted while the school ascertains the child's immunization status and the person in parental relation to the child arranges for immunization if necessary. However, no student shall attend for more than 14 days without proper certificate of immunization, unless the student is transferring from another country. Such student may be allowed to attend school for up to 30 days if there is evidence of a good faith effort to obtain immunizations."

We advise you to ask your child's physician to perform a complete immunization review to ensure compliance with the ACIP recommended interval spacing of vaccines for each immunization series. We have enclosed an Immunization Chart to assist you with your immunization review.

Thank you for your attention in this matter.

Sincerely,



Fino M. Celano, Ed. D.
Superintendent of Schools

**◆ HERRICKS PUBLIC SCHOOLS ◆ 999-B HERRICKS ROAD ◆
NEW HYDE PARK ◆ NEW YORK 11040**

Registration/Status Form

Starting Date: _____

For Office Use Only

<i>Proof of Residence</i>	<i>Residence</i>	<i>General Information</i>	<i>Transportation</i>	<i>School to Attend</i>
Moving into district <input style="width: 40px;" type="checkbox"/>	New Home <input style="width: 40px;" type="checkbox"/>	Birth Certificate <input style="width: 40px;" type="checkbox"/>	Walker <input style="width: 40px;" type="checkbox"/>	Center Street <input style="width: 40px;" type="checkbox"/>
Moving with district <input style="width: 40px;" type="checkbox"/>		Passport <input style="width: 40px;" type="checkbox"/>		Denton Avenue <input style="width: 40px;" type="checkbox"/>
Living with _____	Renting <input style="width: 40px;" type="checkbox"/>	Other <input style="width: 40px;" type="checkbox"/>	Rider <input style="width: 40px;" type="checkbox"/>	Searingtown <input style="width: 40px;" type="checkbox"/>
		Immunization <input style="width: 40px;" type="checkbox"/>		Middle School <input style="width: 40px;" type="checkbox"/>
		Medical <input style="width: 40px;" type="checkbox"/>		High School <input style="width: 40px;" type="checkbox"/>

STUDENT INFORMATION: (Please type or print legibly with a ball point pen.)

Last Name:	First Name:	Middle Name/Initial:
Address:	Town:	Zip:
Date of Birth:	Sex:	Grade:
Birthplace:	Telephone Number:	
Previous Address:	Town:	State: Zip:

DOES YOUR CHILD HAVE A DISABILITY? ☐ YES ☐ NO

HAS YOUR CHILD RECEIVED TITLE I SERVICES IN THE PAST? ☐ YES ☐ NO

1. Is the student currently living in permanent housing? ☐ YES ☐ NO

If you answered "Yes" please proceed to Page 2.

If you answered "No" please proceed to Question 2.

2. If the student is not currently living in permanent housing, where is the student currently living?

- ☐ In a shelter
- ☐ With another family or other person on a temporary basis because of an involuntary loss of housing or as a result of economic hardship
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train or campsite
- ☐ Other temporary living situation (Please describe): _____

Please be advised that if the student is living in temporary housing, the District may conduct a home visit if it so chooses. However, please also be advised that the District cannot contact a landlord or building superintendent to verify a student's housing status.

The answer you give above 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 certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

The District's homeless liaison is Wendy Halpern, LCSW, Transition Coordinator, 516-305-8904.

PARENT(S)/ PERSON(S) IN PARENTAL RELATION

PARENT 1: CHECK ALL THAT APPLY: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> </div>	PARENT 2: CHECK ALL THAT APPLY: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> </div>
NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MI </div>	NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MI </div>
BIRTHPLACE: _____	BIRTHPLACE: _____
BUSINESS TELEPHONE: _____	BUSINESS TELEPHONE: _____
CELL TELEPHONE: _____	CELL TELEPHONE: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

PARENT(S) / PERSON(S) IN PARENTAL RELATION WITH WHOM STUDENT DOES NOT RESIDE:

PARENT 1: CHECK ALL THAT APPLY: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> </div>	PARENT 2: CHECK ALL THAT APPLY: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> </div>
NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MI </div>	NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MI </div>
BIRTHPLACE: _____	BIRTHPLACE: _____
BUSINESS TELEPHONE: _____	BUSINESS TELEPHONE: _____
CELL TELEPHONE: _____	CELL TELEPHONE: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

EMERGENCY CONTACT (PERSON TO BE CALLED IF PARENT CANNOT BE REACHED)

Name: _____	Phone: () _____
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OTHER CHILDREN IN FAMILY:

NAME	Male / Female	RELATIONSHIP	DATE OF BIRTH (If MINOR)	GRADE

OTHER FAMILIES LIVING AT THIS ADDRESS:

NAME	Male / Female	RELATIONSHIP	DATE OF BIRTH (If MINOR)	GRADE

I understand that if the above mention child(ren) is (are) found not to be a legitimate residents of the Herrick's Union Free School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING YOUR CHILD". I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

I have been informed that the school district may make unannounced home visits for the purpose of residence verification.

I have read and understand the above. [] Yes

Signature of Parent/Person in Parental Relation:_____ Date:_____

Registered by: _____ Date: _____



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

Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<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	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

Herricks UFSD # 9, 999B Herricks Rd., New Hyde Park, NY 11040

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

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

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Student/Parent Information Sheet				
Student Information				
Student #	Student's Last Name, First Middle	Grade	School	Homeroom (Elementary only)
Student's Physical Address			Gender	Date of Birth
Student E-mail (High School only)	Birthplace (City, State)	Home Phone		Race/Ethnicity
	Home Language			Date Entered US (If applicable)
Family Information				
First Responsible Adult	Home Phone	Cell Phone	Work Phone	Relationship to Child
Address		E-mail	Would you like to receive Text Messages in case of emergency? (Circle One) Yes No	
Second Responsible Adult	Home Phone	Cell Phone	Work Phone	Relationship to Child
Address		E-mail	Would you like to receive Text Messages in case of emergency? (Circle One) Yes No	
Emergency Contact Information (who to call when parent can not be reached)				
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child
Other Children in the Home				Legal Custody Information
Name	DOB	Grade	Relationship	

Please fill out, sign and return this form to the school your child is attending.

Parent/Guardian Signature: _____ Date: _____

Questionnaire for Children with Special Needs

Name of Child _____ School _____

Does your child have any handicapping conditions? ☐ Yes ☐ No

Has your child received any special education services? ☐ Yes ☐ No

If yes, what services has your child received:

Does your child have a current IEP (Individualized Education Program) ☐ Yes ☐ No

I understand that I may revoke this consent at any time and that the above named received of this information has the right to inspect and copy the information to be disclosed.

Mother / Person in Parental Relation
(signature)

Father / Person in Parental Relation
(signature)

Address: _____

Home Telephone Number: _____

Business Number: _____

Cell Telephone Number: _____

Date of Consent: _____

Herricks Public Schools
Herricks Community Center
999-B Herricks Road
New Hyde Park, New York 11040

Fino M. Celano, Ed.D.
Superintendent of Schools

Tel 516 305-8901
Fax 516 248-3108
E-mail.fcelano@herricks.org

To All New Herricks Families:

Welcome to the Herricks Public Schools. The Herricks website (www.herricks.org) contains a great deal of information, which will be useful to you and your children. Furthermore, it is being continuously upgraded with more and more features.

One feature which I would draw your attention to is *Herricks E-News Letter*, which may be found on the left-hand side of the homepage. Through this you can sign up for a variety of e-mail newsletters including your child's school and PTA list serves. You can sign up for as many or as few as you wish. Through this you will be able to receive instant notification of snow days or any other emergency.

ALL E-MAIL ADDRESSES REMAIN COMPLETELY CONFIDENTIAL

Should you have any questions, please feel free to call (516-305-8901) or email me at ([www.fcelano@herricks.org](mailto:fcelano@herricks.org)).

Best regards,



Fino M. Celano, Ed.D.
Superintendent of School

Herricks Public Schools

Herricks Community Center
999-B Herricks Road
New Hyde Park, NY 11040

DISCLOSURE USE OF STUDENT IMAGES AND STUDENT WORKS

NOTWITHSTANDING YOUR RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT ("FERPA"), PLEASE BE ADVISED THAT THE HERRICKS UNION FREE SCHOOL DISTRICT FREQUENTLY HAS THE OPPORTUNITY TO PUBLICIZE STUDENTS AND/OR THEIR AWARDS, HONORS, ARTWORK, ACTIVITIES, ETC. IN ADDITION, MEDIA OUTLETS ON OCCASION REQUEST STUDENT INFORMATION INCLUDING PHOTOS AND CREATIVE WORKS FOR USE IN CONNECTION WITH NEWS ABOUT THE DISTRICT OR ITS STUDENTS. BASED ON THE FOREGOING, THE DISTRICT RESERVES THE RIGHT TO DISPLAY, DISCLOSE, PUBLISH, DISTRIBUTE, POST, SHARE OR OTHERWISE MAKE AVAILABLE TO THE PUBLIC, CERTAIN INFORMATION. THIS INFORMATION INCLUDES "DIRECTORY INFORMATION" AS DEFINED IN FERPA, AS WELL AS STUDENT'S PHOTOS, CREATIVE WORKS, AND SIMILAR MATERIAL, WHETHER IN TANGIBLE ELECTRONIC, DIGITAL, OR ANY OTHER FORMAT.

IF YOU CHOOSE TO PROHIBIT THE DISCLOSURE OF SUCH INFORMATION, PLEASE COMPLETE THE FORM BELOW.

PLEASE NOTE THAT YOUR PREFERENCE REGARDING THE DISCLOSURE OF STUDENT IMAGES AND WORKS IS SEPARATE FROM YOUR PREFERENCE REGARDING THE DISTRICT'S DISCLOSURE OF DIRECTORY INFORMATION AS SET FORTH IN THE ACCOMPANYING FERPA NOTIFICATION FORM.

I, _____, THE UNDERSIGNED STUDENT OF AT LEAST 18 YEARS

OF AGE / THE PARENT AND/OR PERSON IN PARENTAL RELATION OF _____, A STUDENT WHO IS ATTENDING A SCHOOL IN THE HERRICKS UNION FREE SCHOOL DISTRICT, DENY PERMISSION FOR _____:

_____ NAME

_____ PHOTO

_____ CREATIVE WORK

_____ VIDEO

_____ OTHER: _____

TO BE DISCLOSED AS SET FORTH ABOVE.

SIGN: _____
PARENT / PERSON IN PARENTAL RELATION IS UNDER 18 YEARS OF AGE

DATE: _____

IF STUDENT IS 18 YEARS OF AGE OR OLDER:

SIGN: _____
DATE: _____

Student Use of computers in the Herricks Public Schools

Policy

The Board of Education of the Herricks Union Free School District (the Board) believes that providing access to computers is an internal part of a contemporary education. Within financial limitations, computers and computer networks will be made available to students.

When a student accesses computers, computer systems, and computer networks owned or operated by the Herricks Union Free School District, he or she assumes certain responsibilities and obligations. Access of this type is subject to school policies and local, state, and federal laws. The Board expects that student use of computers will be ethical and will reflect academic honesty. Students must demonstrate respect for property, ownership of data, system security mechanisms, and rights to privacy.

The Board of Education considers any violation of appropriate use principles or guidelines to be a serious offense and reserves the right to copy and examine any files or information that may suggest that a student is using school computer systems inappropriately. Violators are subject to disciplinary action by school officials that may include detention and or suspension. Offenders may also be prosecuted under laws including, but not limited to, the Privacy Protection Act of 1974, the Computer Fraud and Abuse Act of 1986, the Computer virus Eradication Act of 1989, and the Electronic Communications Privacy Act.

The Superintendent will develop guidelines for the appropriate use of the district's computer resources.

Student Agreement Form

This form must be completed each year and kept on file in the Principal's Office.

Student's Name

Grade

Building

I have read and understand the computer use policy for the Herricks Union Free School District as noted in Policy and Administrative Regulation 5311.4. I agree to abide by these regulations at all times while using computers or computer resources provided by the Herricks Union Free School District.

Student's Signature

Parent / Person in Parental Relation

Date

NOTIFICATION OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

Dear Parent or Eligible Student:

This is to advise you of your rights with respect to the school records relating to (your son) (your daughter) (you) pursuant to the Federal "Family Educational Rights and Privacy Act of 1974."

Parents of a student under 18, or a student 18 or older, have a right to inspect and review any and all official records, files, and data directly related to their children, including all material that is incorporated into each student's cumulative record folder, and intended for school use or to be available to parties outside the school or school system, and specifically including, but not necessarily limited to, identifying data, academic work completed, level of achievement (grades, standardized achievement test scores), attendance data, scores on standardized intelligence, aptitude, and psychological tests, interest inventory results, health data, family background information, teacher or counselor ratings and observations, and verified reports of serious or recurrent behavior patterns.

A parent of a student under 18 years of age or a student 18 years of age or older shall make a request for access to a child's (his/her own) school records, in writing, to the Elementary Principal of the building to which such student is assigned or the Guidance Counselor in the Secondary School. Upon receipt of such request, arrangements shall be made to provide access to such records within a reasonable period of time, but in no case, no more than forty-five (45) days after the request has been received.

If information contained in the student's record is believed to be inaccurate or misleading, the parent or eligible student should write the Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the district decides not to amend the record as requested, the parent or eligible student will be notified of the decision and advised of their right to a hearing regarding the request for amendment additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

Student records and any material contained therein which is personally identifiable are confidential and may not be released or made available to persons other than parents or student without the written consent of such parents or student. There are a number of exceptions to this rule, such as other school employees and officials, and certain State and Federal officials, who have a legitimate educational need for access to such records in the course of their employment in addition, the district will disclose, upon request, education records to officials of another school district in which a student seeks or intends to enroll.

Further, directory information may be released by the school to anyone who requests it unless the parent or eligible student objects (CHECK "Do not release" and return this letter to the Principal) to the release of any or all of this information within ten school days of the time this letter was issued. Directory information includes a student's name, parents names, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended, class schedule, photograph e-mail address, and class roster.

Sincerely yours,

Fino M. Celano, Ed.D.
Superintendent of Schools

Objection to Release of Directory Information Designations

The Board of Education of the Herricks U.F.S.D. has designated certain categories of student information as "directory information." Directory information includes a student's name, parent's names, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended, class schedule, photograph e-mail address, and class roster.

If you object to the release of any or all of the directory information listed above, you must do so in writing within ten (10) business days of receiving this notice. For your convenience, you may note your objections to the release of directory information on this form and return it to the Building Principal.

Please do not release directory information without my prior consent

Name of Student

Name of Parent/Person in Parental Relation

Signature of Parent/Person in Parental Relation or Eligible Student

Date

**THE APPROPRIATE FORMS SHOULD BE COMPLETED AND RETURNED TO THE SCHOOL HEALTH OFFICE
ON OR BEFORE THE FIRST DAY OF SCHOOL.**

**Herricks Union Free School District
999-B Herricks Road
New Hyde Park, NY 11040**

HEALTH SERVICES INFORMATION

Health Services

School nurses offer vital services to the students of the community. These services may include participating in health counseling, screening tests, annual health examinations, athletic physicals and emergency care.

Please review the following regulations which have been designed to protect the health and safety of all of our school children.

The law requires that all children entering school **must submit a complete record of immunization against** measles, diphtheria, polio, mumps, and rubella, pertussis, tetanus, Varicella (chicken pox), Hepatitis B and Meningitis. A physical examination report must also be submitted. You are strongly encouraged to submit documentation regarding your child's immunization prior to or at the time of enrollment. However, if you cannot provide such information at such time, please submit the required documentation as soon as practical. **Your child may not attend school for more than fourteen (14) days** without providing proof of immunizations. **If your child is transferring from another country** and demonstrates a good faith effort to obtain such immunizations, **your child may not attend school for more than thirty (30) days**. The necessary medical paperwork can be found at www.herricks.org/district/schoolnurses.

Physical Examinations

Parents/person in parental relation are urged to have their children examined by their private physicians and dentists on an annual basis. **The law requires** new entrants, kindergartners, and students in grades 2, 4, 7 and 10 to furnish a physical examination report by October 1st. If you do not submit a physical examination report within 30 days of your child's enrollment or entry into his or her respective grade, you will receive a notice requiring you to submit the report. If you fail to respond to such notice within 30 days, the District's director of health services shall perform your child's medical examination.

Athletic Physicals

All students that plan to participate in an after school sport must have an athletic physical prior to the season. The physical may be performed by either the school physician or a private physician.

Administering Medication

The Board of Education expects children's medication to be administered at home. Under certain circumstances, when it is necessary for the child to take internal medication during school hours, the following **guidelines must be strictly followed**:

1. A written order from the physician must be submitted.
2. A written medication form from the health office must be signed by Parents/person in parental relation of the child.
3. The medication must be brought to school by an adult in the proper container labeled by the pharmacist or physician.

Medication regulations apply to both non-prescription and prescription medications. The Nurse's Office has nebulizer treatment equipment available. Medication and tubing's are supplied by the parent or guardian.

Screening Tests

School nurses conduct the following screening programs for the children in our district:

<u>Scoliosis</u>	Grades 5-9
<u>Vision</u>	Grades K-3 and 5, 7, 10
<u>Hearing</u>	Grades K, 1, 3, 5, 7, 10

Emergency Health Services

Primary responsibility for school emergency health services rests with the school health services staff. The staff provides first aid whenever appropriate. First aid is emergency care that will protect the life and comfort of an individual until authorized medical treatment is secured. The comprehensive emergency services at Herricks Public Schools are designed to educate, prevent incidents and deliver adequate and appropriate care. Please complete the Emergency Information Cards supplied each year so that we can maintain accurate student records.

Illness at School

The school nurse at your child's school will contact you if your child is ill. It is advisable, however, to keep your child home from school, and if necessary to consult your private physician if your child has the following symptoms:

Elevated temperature	Earache
Reddened or discharging eyes	Diarrhea
Nausea or vomiting	Dizziness
Enlarged glands	Coughing
Skin eruption	Sore throat

It is the parent/person in parental relation of the child responsibility to arrange transportation for his or her ill child.

Please notify the school nurse if your child has a communicable disease or other medical condition or a change in a known medical condition and/or injury. Medical documentation may be requested by the nurse. **By law**, school nurses may **not** diagnose illnesses or injuries. We request that you do not send your child to the Health Office for treatment or diagnoses of old injuries or other chronic conditions. Please feel free to contact the school nurse at your child's school for information about health services or health education instruction. We appreciate your cooperation and support of our health education programs at Herricks Public Schools.

Roberta Hopkins
Director of Pupil Services

Health offices:


Center Street	Ms. Diane Lieberman, RN	516-305-8305
Denton Avenue	Ms. Kennedy, RN	516-305-8405
Searingtown	Ms. Mirino, RN	516-305-8505
Middle School	Ms. Dana Lieberman, RN	516-305-8605
High School	Ms. Marsigliano, RN	516-305-8705
Shelter Rock Academy	Ms. Vespe, RN	516-305-8885


Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.


(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).


These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.


Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	←----- 2 nd dose -----→			←----- 3 rd dose -----→											
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←----- 4 th dose -----→				5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			1 st dose	2 nd dose	See footnote 5		←----- 3 rd or 4 th dose -----→ See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose		←----- 4 th dose -----→									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV: <18 yrs)			1 st dose	2 nd dose	←----- 3 rd dose -----→							4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only			
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		←----- 1 st dose -----→					2 nd dose				
Varicella ¹⁰ (VAR)							←----- 1 st dose -----→					2 nd dose				
Hepatitis A ¹¹ (HepA)							←----- 2-dose series, See footnote 11 -----→									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1 st dose		Booster

 Range of recommended ages for all children

 Range of recommended ages for catch-up immunization

 Range of recommended ages for certain high-risk groups

 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Name: _____ Grade: _____ DOB: _____

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

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

☐ **Restrictions/Adaptations.** Please base restrictions/modifications on the following Interscholastic Sports Categories.

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

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

☐ **Other Specific Restrictions:**

Accommodations / Protective Equipment:	<input type="checkbox"/> Athletic Cup	<input type="checkbox"/> Insulin Pump/Insulin Sensor	<input type="checkbox"/> Pacemaker
	<input type="checkbox"/> Brace/Orthotic	<input type="checkbox"/> Medical /Prosthetic Device	<input type="checkbox"/> Sports Safety Goggles
	<input type="checkbox"/> Hearing Aides	<input type="checkbox"/> Other:	

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

_____	_____
_____	_____
_____	_____

PROVIDER REQUEST FOR MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS - VALID 1 YEAR

Independent Carry and Use Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option in schools.

☐ **Required Independent Carry and Use Attestation documentation is attached.**

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL

Parent/Guardian Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child

Parent/Guardian Signature: _____

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: _____ Date: _____
 Provider Name: (please print) _____ Phone #: ()
 Provider Address: _____ Fax #: ()

**AFFIX PHYSICIAN'S
OFFICE STAMP:
DATE OF EXAM:**

HERRICKS UNION FREE SCHOOL DISTRICT

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY – Two Page Form

School Name: _____

Student Name: _____ DOB: ____/____/____

Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Sport: _____ Level (check): ☐ Varsity ☐ JV ☐ Frosh ☐ Jr. High

Date of last health exam: ____/____/____ Limitations: ☐ Yes ☐ No Date form completed ____/____/____

Health History To Be Completed By Parent/Guardian

Answer questions below to indicate if your child has or has ever had the following.

Provide details to any yes answer on back:

	YES	NO
Ever been restricted by a doctor or nurse practitioner from sports participation for any reason?		
Have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> Sick Cell trait or disease		
Ever had surgery?		
Ever spent the night in a hospital?		
Have a life threatening allergy? <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other		
Carry an epinephrine auto-injector)?		
Ever passed out during or after exercise?		
Ever complained of light headedness or dizziness during or after exercise?		
Ever complained of chest pain, tightness or pressure during or after exercise?		
Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?		
Has a health care provider ever has a test by their physician for his/her heart? (eg. EKG, echocardiogram, stress test)		
Ever been told they have a heart condition or problem?		
Ever had high or low blood pressure?		
Ever complained of getting more tired or short of breath than his/her friends during exercise?		
Wheeze or cough frequently during or after exercise?		
Ever been told by their health care provider they have asthma?		
Use or carry an inhaler or nebulizer?		
Ever become ill while exercising in hot weather?		
On a special diet or have to avoid certain foods?		
Have to worry about their weight?		

	YES	NO
Have stomach problems?		
Ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?		
Ever have headaches with exercise?		
Ever had a seizure?		
Currently being treated for a seizure disorder or epilepsy?		
Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Use a brace, orthotic or other device?		
Have any problems with his/her hearing or wear hearing aids?		
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?		
Have any problems with his/her vision or have vision in one eye only?		
Wear glasses or contacts?		
Ever had a hernia?		
Does s/he have only 1 functioning kidney?		
Does s/he have a bleeding disorder?		
Females Only	YES	NO
Has she had her period? At what age did it begin? _____		
How often does she get her period?		
Date of last menstrual period _____		
Males Only	YES	NO
Does he have only one testicle?		
Family History	YES	NO
Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY – Page 2

School Name: _____

Student Name: _____ DOB: ____/____/____

Please explain fully any question you answered yes to in the space below (Please print clearly, and provide dates if known):

[illegible]

I certify that to the best of my knowledge my answers are complete and true.

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

TO BE COMPLETED BY SCHOOL NURSE:

Date of last physical: _____

Date: _____

Approved: _____

Referred:

Signature of School Nurse: _____ **Date:** _____

HERRICKS PUBLIC SCHOOLS

STUDENT HEALTH HISTORY

Name of Student: _____ Grade: _____ D.O.B.: _____

PLEASE NOTE: Health information will be shared with staff on a need to know basis only.

1. DEVELOPMENTAL HISTORY – Were there any problems during ...

Check	YES	NO	Explanation if "YES"
a. Pregnancy			
b. Labor and delivery			
c. Infant's early months			
d. Child's early years			

2. Has your child had any ...

Check	YES	NO	Explanation if "YES"
a. Serious medical conditions			
b. Serious illness			
c. Serious injuries			
d. Hospitalizations			
e. Surgery/operations			

3. Has your child had ...

Check	YES	NO	Explanation if "YES"
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lyme Disease			
j. Any other communicable disease			Disease: _____ Date: _____

STUDENT HEALTH HISTORY continued. Page 2 ...

4. Does your child have any history of ...

	Check one:	YES	NO
a. Allergies (to medications, food, insect bites, bee sting, other)			
b. Asthma			
c. Bleeding disorder			
d. Bowel problems			
e. Cardiac (heart) condition			
f. Congenital (birth) defects			
g. Convulsions, epilepsy, or seizures			
h. Ear condition or infections, fluid in ear three (3) times or more			
i. Eczema, psoriasis or any other skin condition			
j. Genital defect/condition			
k. Hearing problems			
l. Kidney or urinary problems			
m. Muscular problems or diseases			
n. Neurological problems or diseases			
o. Orthopedic problems or diseases			
p. Speech problem			
q. Vision problem, or wear glasses, contacts (give reason and when worn)			
r. Any condition currently under the care of a doctor			
s. Any condition for which a doctor has advised student not to participate fully in physical education			
t. Need to take daily medications			
u. Need to take emergency medication			

Any "YES" response to question No. 4 requires an explanation:

Question letter ____: Explanation:

Question letter ____: Explanation:

Question letter ____: Explanation:

STUDENT HEALTH HISTORY continued. Page 3 ...

5. Has your child received any medical or other evaluation, the findings of which could help school personnel in meeting his/her health or educational needs?

6. Do you have any concerns about your child's developmental behavior or emotional well-being of which the school should be aware?

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Person in Parental Relation Signature: _____

Date: _____

Herricks Union Free School District
999-B Herricks Road
New Hyde Park, NY 11040

IMMUNIZATION RECORD

Students Name: _____ Date of Birth: _____

VACCINE

DATE OF IMMUNIZATION

POLIO (OPV) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO (IPV) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR 1. _____ 2. _____

MEASLES 1. _____ 2. _____

MUMPS 1. _____ 2. _____

RUBELLA 1. _____ 2. _____

DPT/DTaP 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tdap 1. _____

DT (pediatric) 1. _____ 2. _____ 3. _____

TD (adult) 1. _____ 2. _____ 3. _____

HIB (haemophilus influenza B) 1. _____ 2. _____ 3. _____ 4. _____

HEPATITIS B 1. _____ 2. _____ 3. _____

VARICELLA 1. _____ 2. _____ _____disease _____immunization

P.P.D. 1. _____ 2. _____ 3. _____

Meningococcal: _____ DATE: _____

Hepatitis A _____ DATE: _____

H.P.V. _____ DATE: _____

OTHER - NAME: _____ DATE: _____

OTHER - NAME: _____ DATE: _____

OTHER - NAME: _____ DATE: _____

Doctor's Signature: _____

Doctor's Stamp:

HERRICKS UNION FREE SCHOOL DISTRICT

Dental Health Certificate- Optional

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

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

Child's Name:			Last	First	Middle
Birth Date:	/	/	Sex: <input type="checkbox"/> Male	Will this be your child's first oral health assessment ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Month	Day	Year	<input type="checkbox"/> Female	
School:	Name				Grade

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

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

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

Parent's Signature _____ Date _____

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

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

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

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

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

II. Treatment Needs (check all that apply)

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

Herricks Public Schools
Herricks Community Center
999-B Herricks Road
New Hyde Park, New York 11040

Fino M. Celano, Ed.D.
Superintendent of Schools

Tel. 516 305-8901
Fax. 516 248-3108
E-mail. fcelano@herricks.org

Re: Voter Registration

Dear New Resident:

As you enroll your child (children) in the Herricks Schools, please take the time to register to vote. If you were registered to vote where you lived previously, you need to change your address in order to be able to vote in future elections. If you are eligible to vote and were not previously registered, please take the time to register so you can exercise your constitutional right to vote.

Registration is easy. You can register with the Board of Elections of Nassau County by mail. The form is included in this packet. Registration with Nassau County registers you for all elections - national, New York State, Nassau County and Herricks Schools. You can also register for Herricks School elections, but this will be for school elections alone. This must be done in person in room 205 in the Community Center. Please remember, however, that if you register through the County that you are registered for all elections including Herricks.

Sincerely,

Dr. Fino Celano
Superintendent of Schools

Voter Registration Information

To register to vote:

1. You can register at the Board of Elections in person or complete and mail the attached Board of Election Voter Registration Form. If you satisfy the legal requirements, you will be eligible to vote in the State and County elections, as well as the Herricks Budget/Trustee Election held the third Tuesday in May.

If you have questions, please call the Board of Elections at 516-571-2411.

Qualifications to register to vote:

- ★ United States Citizen
- ★ 18 years of age by December 31st of the year in which you file this form (note: you must be 18 years old by the date of the general, primary, or other election in which you want to vote)
- ★ live at your present address at least 30 days before an election
- ★ not be in jail or on parole for a felony conviction
- ★ not claim the right to vote elsewhere.

Or

2. You can also register to vote for the District Budget/Trustee vote in person at the Herricks Community Center, room 205, on any school day between the hours of 8:00 a.m. and 3:00 p.m.

Change of Address: Please notify the District if you move within or out of the District by calling the telephone number noted below.

If you have any questions, please call Lydia at 516-305-8903.

Thank you.



যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে
1-800-367-8683 নম্বরে ফোন করুন

Please print in blue or black ink.

Date

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300	Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760	Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329	Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	Ulster 284 Wall St. Kingston, NY 12401 (845) 334-5470
Albany 32 North Russell Road Albany, NY 12206 (518) 487-5060	Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740	Fulton 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526	Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090	Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	Seneca One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760	Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456
Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294	Columbia 401 State St. Hudson, NY 12534 (518) 828-3115	Genesee County Building #1 15 Main St. Batavia, NY 14021 (585) 344-2550	Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005	Rockland 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172	Steuben 3 E. Pulteney Sq. Bath, NY 14810 (607) 664-2260	Washington 383 Broadway Fort Edward, NY 12828 (518) 746-2180
Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550	Orange 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500	St. Lawrence 48 Court St. Canton, NY 13617 (315) 379-2202	Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400
Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400	Delaware 3 Gallant Ave. Delhi, NY 13753 (607) 746-2315	Hamilton Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274	Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400	Westchester 25 Quarropas St. White Plains, NY 10601 (914) 995-5700
Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	Dutchess 47 Cannon St. Poughkeepsie, NY 12601 (845) 486-2473	Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	Nassau 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-2411	Oswego 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	Schenectady 388 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469	Tioga 1062 State Rte. 38 P.O. Box 306 Owego, NY 13827 (607) 687-8261	Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931
Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 753-4580	Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891	Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	Otsego Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247	Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135
Chemung 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475	Essex 7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474						

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at www.nyhealth.gov or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



Last name

First name

Middle Initial

Suffix

Address

Apt. Number

Zip code

City

Birth date

M

M

/

D

D

/

Y

Y

Y

Y

Eye color

Sex

☐ M

☐ F

Height

Ft.

In.

By signing below,
you certify that you are:

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign

Date