



The Clara Cardwell School

PS/MS 308

616 Quincy Street ▼ Brooklyn, New York ▼ 11221
 (718) 571-6960 phone ▼ (718) 571-6979 fax

Mrs. S. Odwin, Principal

Ms. B.Thompson, Principal Assigned

Mrs. A.Hammond , Assistant Principal

Registration Needs

(All must be completed to register your child)

What to Bring	Check or indicate if brought in (For Office Use Only)
The scholar you are registering	
Proof of Childs age (Choose One)	Birth Certificate Passport Baptism Record
2 proofs of address	
If you are not the leaseholder of your residence, you must submit a Residency Affidavit. (see attached)	
Immunization Records (Most recent)	
Latest report card/transcript (If applicable)	
Individualized Education Plan and/or 504 Accommodation Plan (If applicable)	
Parent/Student information Form	
NYC Registration Form	
Ethnic and Race Identification Form	
Language Preference Form	
Language Needs Survey (If applicable)	
Residency Questionnaire	
Health Examination Form	
Blue Card	
Photo Consent Form	

PARENT AFFIDAVIT OF RESIDENCY

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed. ***If a parent is homeless, he or she may submit this form without the primary leaseholder's affirmation and signature.***

Section A: STUDENT INFORMATION – Please print clearly in ink

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GENDER (optional)	M / F
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DATE OF BIRTH (MM/DD/YY)	OSIS #/STUDENT'S ID # (if available)	TELEPHONE #
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STUDENT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

Section B: PARENT INFORMATION – Please print clearly in ink

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME
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PARENT/GUARDIAN'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink

PRIMARY RESIDENT/TENANT'S LAST NAME	PRIMARY RESIDENT/TENANT'S FIRST NAME
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PRIMARY RESIDENT/TENANT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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RELATIONSHIP TO PARENT	ANTICIPATED DURATION OF STAY
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To be completed by the Parent:

I, _____, the parent of _____,
(insert name and date of birth of student)

hereby affirm that I am residing with _____
(insert name)

at the following address _____
(insert address and contact number of primary leaseholder)

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

Parent Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public

To be completed by Primary Leaseholder/Tenant:

I hereby affirm that

(insert name of parent and child/children)

are residing with me at _____
(insert address)

I understand that by signing this affidavit I am verifying the residence of _____
(insert names)

I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to the to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public



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Parent /Student Information Form

Student's Name _____

Address _____

Date of Birth _____

Place of Birth _____

Previous School _____

Current Grade _____

Parent/Guardian _____

Home Telephone Number _____

Cellular Telephone _____

Email Address _____

Student Information/Registration Form

To Be Completed by Parent/Guardian:

Student Information

LAST NAME		FIRST NAME	MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F	NAME, CITY, STATE OF LAST SCHOOL (or current school)	
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO				
ENGLISH LANGUAGE LEARNER (ELL) INFORMATION What is the primary language spoken in the home, regardless of the language spoken by the student? _____ What are the languages most often spoken by the student? _____ If applicable, what language(s) does the student read or write? _____				

Parent/Guardian Information

LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)		PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: _____ SPOKEN: _____	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER ()		PARENT/GUARDIAN EMAIL

To Be Completed by Enrollment Staff:

<p>Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of New York City school</p> <p>Transfer Request (check one): <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Safety <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Other (please specify): _____</p> <p>Notes: _____</p>	<p>Disposition: _____ Enrolled School Name/DBN</p> <p>Referred to: School Name/DBN 1) _____ 2) _____</p>
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I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

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

Name/Signature of Counselor: _____

Additional Comments: _____

STUDENT NAME: LAST

FIRST

DATE:

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

STUDENT NAME: LAST _____

Documents Presented (Check all that apply)

Proof of residence may be verified by any two of the following:

- Proof of residence must be demonstrated by any two of the following documents, each of which must state the home address
 - A lease agreement, deed or mortgage statement for the residence.
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (e.g., National Grid or Con Edison)
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, Human Resources Administration, the Administration for Children's Services (ACS), or an ACS subcontractor or the federal Office of Refugee Settlement, indicating the resident's name and address
 - A current property tax bill for the residence
 - A water bill for the residence dated within the past 90 days
 - Rent receipt which includes the address of the residence.
 - State, city, or other government issued identification; which is not expired and includes the address of residence
 - Income tax form for the last calendar year
 - Official NYS Driver's License or learner's permit which has not expired.
 - Official payroll documentation from an employer such as a pay stub, a form submitted for tax withholding purposes or payroll receipt (a letter on the employer's letterhead is not adequate) which must include the home address.
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers documents issued within the past 60 days with name and address of residence.
 - Parent Affidavit of Residency, if applicable, as per CR A-101
- Other, specify _____

Proof of Birth: Birth Certificate Passport Record of Baptism, with date of birth Other, specify _____

<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

**Please refer to Chancellor's Regulation A 101 for a complete list of documents that may be submitted as proof of address and/or proof of birth.*

FIRST _____

Interview Notes (Please Include all applicable information):

School History: Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info

Entitled Services: Special Education Services, IEP Provided, ELL Services, etc. (based on review of transcript and report card)

Special Circumstances: Agency Involvement/Contact, Temporary Housing, Foster Care, etc.

School Interests: Parent Preferences, Academic Interests, Requests, Program Interest for Potential ELLs

To be completed by Enrollment Counselor, if applicable:

Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): _____ Documentation Presented (court order, etc.): _____

DATE: _____

STATUS OF DISPOSITION (Check one): Registered Referred No Action Info Given Pending

Other (Specify): _____

Comments:



THE NEW YORK CITY DEPARTMENT OF EDUCATION
PARENT/GUARDIAN STUDENT ETHNIC IDENTIFICATION

FORM PSE

- All students between 5 and 21 years of age have the right to a free public education.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability,sexual orientation, religion, or ethnicity.

English Only

HEADER INFORMATION

Borough [] District [][] School [][] Name of High School/Mini School/Annex _____
Grade Code [][] Class Code [][][] NYC Student Identification Number [][][][][][][][][][][][][]
(HIGH SCHOOL ONLY 4-DIGIT) Date of Birth (Month/Day/Year [][][][][][][][][]
Student Name: Last, First, Middle Initial _____

DIRECTIONS TO PARENT/GUARDIAN

PLEASE REVIEW THE RACIAL/ETHNIC DEFINITIONS BELOW BEFORE YOU RESPOND.

Check (✓) the one that best describes your child.

Check (✓) only ONE category.

- [] AMERICAN INDIAN OR ALASKAN 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. (ATS - Code 1)
[] ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, e.g. China, India, Pakistan, Bangladesh, Sri Lanka, Japan, Korea, the Philippine Islands, and Samoa. (ATS - Code 2)
[] HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race. (ATS - Code 3)
[] BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the Black racial groups of Africa. (ATS Code 4)
[] WHITE, NOT OF HISPANIC ORIGIN: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code 5)
[] MULTIRACIAL: A person having origins in two or more of the above mentioned groups. (ATS Code 7)

Signature of Parent/Guardian/Other _____ Date _____

Relationship to Student:

[] Mother [] Father [] Guardian [] Other (Specify) _____

PUPIL ACCOUNTING SECRETARY: Please enter numeral (1-7) for encoding in Admission Book or on the school's automated system (UAPC, ATS) []

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

To the Parent/Guardian:

The No Child Left Behind Act requires the Department of Education to collect and record the ethnic identity of public school students. This information is used for statistical analysis, data reporting, and accountability determinations.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the reverse side of this page. Put a check (✓) in the box for the category which best describes your child.

The New York City public school system understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential.

Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff:

This form will be filed in the student's Cumulative Record folder 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) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

¹ Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.

Please complete the form on the reverse side of this page



Department of
Education

Dear Parent or Guardian,

We would like to know your language preferences when receiving important information from the school. Though it is not always possible to provide translation and interpretation services in every language, your assistance in answering the questions below is greatly appreciated.

1. In what language would you like to receive written information from the school?

بأي لغة تود استلام المعلومات المكتوبة من المدرسة؟

স্কুল থেকে লিখিত তথ্য আপনি কোন ভাষায় পেতে চান?

您希望從學校收到哪種語言的書面資訊？

Nan ki lang ou ta renmen lekòl la voye enfòmasyon ba w?

어떤 언어로 쓰여진 가정통신문을 학교로부터 받기 원하십니까?

На каком языке Вы предпочитаете получать письменную информацию из школы?

¿En qué idioma desearía recibir la información por escrito que envía la escuela?

آپ اسکول سے کس زبان میں تحریری معلومات حاصل کرنا چاہیں گے؟

English

Arabic / العربية

Bengali / বাংলা

Chinese / 中文

Haitian Creole / Kreyòl Ayisyen

Korean / 한국어

Russian / Русский

Spanish / Español

Urdu / اردو

Other: _____

2. In what language would you prefer to communicate orally with school staff?

بأي لغة تفضل الاتصال شفهيًا مع موظفي المدرسة؟

স্কুলকর্মীদের সাথে কোন ভাষায় আপনি মৌখিক যোগাযোগ রাখতে পছন্দ করেন?

您希望以哪種語言與學校員工進行口頭溝通？

Ki lang ou ta pi pito pale pou w kominike avèk pèsonèl lekòl la?

어떤 언어로 학교 선생님과 대화를 나누고자 하십니까?

На каком языке Вы предпочитаете общаться устно с сотрудниками школы?

¿En qué idioma preferiría comunicarse verbalmente con el personal de la escuela?

آپ اسکول کے عملے سے کس زبان میں گفتگو کرنے کو ترجیح دیں گے؟

English

Arabic / العربية

Bengali / বাংলা

Cantonese / 廣東話

Mandarin / 普通話

Haitian Creole / Kreyòl Ayisyen

Korean / 한국어

Russian / Русский

Spanish / Español

Urdu / اردو

Other: _____

Parent/Guardian Name: _____

اسم التلميذ / اسم الوالد(ة) / ولي(ة) الأمر • পিতামাতা/অভিভাবকের নাম • 家長/監護人姓名 • Non Paran/Gadyen • 학부모/보호자 성명

Имя и фамилия родителя или опекуна • Nombre de uno de los padres o tutores • والدین / سرپرست کا نام

Student Name: _____

اسم التلميذ • শিক্ষাবীর নাম • 學生姓名 • Non elèv la • 학생 이름 • Nombre y apellido del estudiante

Имя и фамилия учащегося • طالبعلم کا نام

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

TO BE COMPLETED BY SCHOOL PERSONNEL

Please do not place student information sticker on this form

District: _____ Borough: _____ School Number: _____ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade: _____ Official Class: _____

RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):

- Mother Father Guardian
- Self (Student 18 years or older) Other (specify): _____

MANDATED INTERVIEW WITH STUDENT AND PARENT (Interview must be in English and, if applicable, the parent's preferred language)

- English Specify home language: _____

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

_____	_____
Last, First Name	Title/Relationship

- Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE

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NYSITELL-ELIGIBILITY

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the Language Proficiency Team NYSITELL Determination Form was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

_____	_____
Last, First Name	Title

_____	_____
Signature	Date

Eligible for NYSITELL testing: YES NO

- Check here if this student has an IEP. Date Language Proficiency Team NYSITELL Determination Form was sent to LPT:

FURTHER SIFE SCREENING

Is the student eligible for further SIFE screening? (OTELE Code must be other than "NO")

- YES NO

The New York City Department of Education

Parent/Guardian Home Language Identification Survey

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank you.

PART 1. NYSITELL ELIGIBILITY This information provided below will be used along with other information provided to determine your child's home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (v) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not write
5. What language is spoken in the child's home or residence <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____

PART 2. PRIOR EDUCATIONAL INFORMATION Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
o How many hours each day?
o How many years of school did he/she attend?
• Which language was used for instruction?
• Has there ever been a time when your child missed school for an extended time? If yes, please describe.
2. Has the child attended school in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
• Which language was used for instruction?
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what language was used? _____
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____

PART 3. PARENT INFORMATION Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. In what language would you like to receive written information from the school?
2. In what language would you prefer to communicate orally with school staff?

Parent/Guardian Signature _____

Date _____

HOUSING QUESTIONNAIRE

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to Schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, **the student is not required to submit proof of residency** and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth (MM/DD/YY)	Gender	School

Please identify the student's current living arrangements. Please check one box:

Check (v)	Housing Questionnaire Choice	School Use Only
		ATS Code
<input type="checkbox"/>	Doubled Up With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	Shelter Emergency or transitional shelter	S
<input type="checkbox"/>	Hotel/Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

	School Use Only
<input type="checkbox"/> Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	Enter "Y" if applicable

Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

This form is accompanied by a one-page attachment titled,
"McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth".

McKinney-Vento Homeless Assistance Act

Students in Temporary Housing Guide for Parents & Youth

TOPIC	IMPORTANT INFORMATION
<p>Children living in the following situations are considered homeless for the purposes of education rights under the McKinney-Vento Act:</p>	<ul style="list-style-type: none"> • In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care placement. • In a car, park, public place, bus, train or abandoned building. • Doubled up with friends or relatives because you cannot find or afford housing.
<p>Unaccompanied Youth</p>	<p>Youth who is not in the physical custody of a parent or guardian and who meets the definition of homelessness set forth in the explanation above.</p> <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
<p>Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:</p>	<ul style="list-style-type: none"> • To a free public education. • To immediate enrollment in the zoned school. • To attend school no matter how long they have lived at their current location. • To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school. • To transportation services to and from school. • To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation. <p>To not be separated from the regular school program because they are homeless. To receive free school meals.</p>
<p>Important information:</p>	<p>Office of Safety and Youth Development (OSYD) has at least one Students in Temporary Housing (STH) Content Expert in each borough who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants.</p> <p>Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs.</p> <ul style="list-style-type: none"> • Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs. • Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth.
<p>School Selection:</p>	<p>Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following:</p> <ol style="list-style-type: none"> a) The school the child attended when permanently housed (school of origin); b) The school in which the student was last enrolled; or c) Any school available to a permanently housed child residing in the area where the homeless student is currently residing.
<p>School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)</p>	<ul style="list-style-type: none"> • Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your school or the STH liaison for assistance. • Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311. • High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311.
<p>Enrollment Disputes:</p>	<ul style="list-style-type: none"> • If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute. • The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance.

Transportation:	<p>Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary.</p> <ul style="list-style-type: none">• If available, busses will be provided to students grades K-6; if not available, they are eligible for student MetroCard.• For students in grades Pre-K to 6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child.• Students in grades 7-12 are eligible for student MetroCard.
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For more information, please contact the borough Students in Temporary Housing Office to speak to an STH liaison or call 311 or visit our web site at:
<http://schools.nyc.gov/StudentSupport/NonAcademicSupport/StudentsinTemporaryHousing/default.htm>

REVISED 12/10/16

CHILD & ADOLESCENT HEALTH EXAMINATION FORM
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____		
Child's Address					Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			
City/Borough		State	Zip Code	School/Center/Camp Name			District Number	Phone Numbers Home _____ Cell _____ Work _____	
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name		First Name		Email				
<input type="checkbox"/> Foster Parent									

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAF if in-school medications needed		Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above.		<input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached.		Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)	
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PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (_____%ile) Weight _____ kg (_____%ile) BMI _____ kg/m ² (_____%ile) Head Circumference (age < 2 yrs) _____ cm (_____%ile) Blood Pressure (age > 3 yrs) _____ / _____		General Appearance: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine		Describe abnormalities:	
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DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Screened ____/____/____ Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____		Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)		Hearing Date Done ____/____/____ Results < 4 years: gross hearing _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred	
SCREENING TESTS Date Done ____/____/____ Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL _____ µg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk		Vision Date Done ____/____/____ Results < 3 years: Vision appears: _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) _____ Right _____/_____ _____ Left _____/_____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe Suspected Delay or Concern: _____ Child Receives E/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number _____		Hemoglobin or Hematocrit _____ g/dL _____ % Child Care Only		Physician Confirmed History of Varicella Infection <input type="checkbox"/>		Report only positive immunity:	
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IMMUNIZATIONS - DATES								IgG Titers Date			
DTP/DaP/DT	_____	_____	_____	_____	_____	_____	_____	Tdap	_____	Hepatitis B	_____
Td	_____	_____	_____	_____	_____	_____	_____	MMR	_____	Measles	_____
Polio	_____	_____	_____	_____	_____	_____	_____	Varicella	_____	Mumps	_____
Hep B	_____	_____	_____	_____	_____	_____	_____	Mening ACWY	_____	Rubella	_____
Hib	_____	_____	_____	_____	_____	_____	_____	Hep A	_____	Varicella	_____
PCV	_____	_____	_____	_____	_____	_____	_____	Rotavirus	_____	Polio 1	_____
Influenza	_____	_____	_____	_____	_____	_____	_____	Mening B	_____	Polio 2	_____
HPV	_____	_____	_____	_____	_____	_____	_____	Other	_____	Polio 3	_____

ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____		RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
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Health Care Practitioner Signature _____ Date Form Completed ____/____/____		DOHMH ONLY PRACTITIONER I.D. _____	
Health Care Practitioner Name and Degree (print) _____		Practitioner License No. and State _____	
Facility Name _____		National Provider Identifier (NPI) _____	
Address _____ City _____ State _____ Zip _____		Date Reviewed: _____ I.D. NUMBER _____	
Telephone _____ Fax _____ Email _____		REVIEWER: _____	
FORM ID# _____		_____	

EMERGENCY CONTACT CARD (Print information)

SCHOOL YEAR 200__ to 200__

Student: Last Name _____ First _____ MI _____ DOB _____ Sex _____ ID# _____
 Parent/Guardian (Student resides with): _____ Relationship _____
 Parent's Preferred Language of Communication: Written _____ Oral _____
 Home Telephone () _____ Work Telephone () _____ Cell No. () _____ E-mail _____
 Address _____ Apt. _____ Borough _____ ZIP _____
Other Parent/Guardian: _____ Relationship _____
 Parent's Preferred Language of Communication: Written _____ Oral _____
 Home Telephone () _____ Work Telephone () _____ Cell No. () _____ E-mail _____
 Address _____ Apt. _____ Borough _____ ZIP _____

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

Name _____ Telephone () _____ Relationship _____
 Name _____ Telephone () _____ Relationship _____
 Name _____ Telephone () _____ Relationship _____

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name _____ Relationship _____ Order of Protection Exists? Yes ___ No ___

Principal will be notified in writing of any changes to information on this card _____

Signature of Parent/Guardian _____

IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD >

Grade _____ Class _____ Room No. _____ Teacher _____
 25-2290.00.3 (4000 Pkgs) 06/22/06

New York City Department of Education

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone () _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes _____ No _____

Limitations _____ (e.g., stair climbing, participation in gym)

Allergies _____

504 services for the current year? Yes _____ No _____ Previous Year? Yes _____ No _____

My child has (X any that apply): Private health insurance _____; Medicaid _____; No health insurance if "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes _____ No _____

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured? _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

Siblings: Last Name

First Name

School of Attendance

_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SCHOOL USE

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____



Office of Communications and Media Relations
52 Chambers Street, New York, NY 10007
Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____.

I also grant to _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____