FRONTIER CENTRAL SCHOOL DISTRICT
Enrollment Application & Registration Form

Student Information: _____ Male____Female____ Grade _____
Last First Middle

Child's Date of Birth: ____/____/____ Circle one: Big Tree Blasdell Cloverbank Pinehurst MS HS

Child's Legal Residence:_____
House # & Street Apt. # City/town Zip code

Previous Address: _____
House # & Street Apt. # City/town Zip code

Child's Ethnic Group:*(circle all that apply) Asian Black/African American Hispanic or Latino American Indian/Alaskan Native*

Multiracial Native Hawaiian/Pacific Islander White

Entry Date to U.S. *(if not born in U.S.)* _____/_____/_____ ***Dominant Language***: _____

Interpretive Services Needed: _____

Country of Birth: _____ ***Years in U.S. Schools***:_____

Name and phone # of Social Services Caseworker, if any: _____

Name and Address of Each School Previously Attended (including schools of this District, if ever attended):

_____
School Name Address Dates Attended Grades

_____
School Name Address Dates Attended Grades

_____
School Name Address Dates Attended Grades

• **Primary Residential Parent/Guardian # 1 (Person Completing this Application)**: **Note: The parent or guardian completing this form must reside in the School District, at the same address indicated above for the student.**

_____
First Middle Last

Relationship to Student: _____

W Phone: _____ C Phone: _____ email address: _____

Current Address:_____
House #. & Street Apt. # City/town Zip code

Own Lease/Rent Length of time living there:_____

If current address is leased or rented, provide full name, address and telephone number(s) of each Landlord:

_____

Most Recent Prior Address:_____
House # & Street Apt # City/town Zip code

Own Lease/Rent Length of time living there:_____

• **Information of Parent/Guardian # 2**:

_____
First *Middle* *Last*

Relationship to Student: _____

W Phone:_____ C Phone: _____ email address: _____

Parent/Guardian # 2 resides at the same address as Student? Yes No

(If 'Yes' skip to •Additional Parent/Guardian Information) If 'No', provide current address:

Current Address:_____
House No. & Street Apt. No. *City/town Zip code*

Own Lease/Rent Length of time living there:_____

Does this address require student mailings? Yes No

• **Additional Parent/Guardian Information**:

Student is living with (circle only one):

Both Parents Mother only Father only An Agency Alone Guardian(s) A Spouse/Partner Foster Parent (DSS-2999)

Joint Custody Yes No **Note: A copy of most recent court document designating custodial parent/guardian is required.**

If you are not a parent of the child, are you a legal guardian? Yes No **If yes, provide a copy of court documents.**

If you are not yet a legal guardian, do you plan to file for guardianship? Yes No

Have both natural parents transferred permanent custody and control of the child to you? Yes No

Note: The District may require additional written information if the child is not living with either parent.

• **Sibling Information**:

NAMES OF SIBLINGS OF STUDENT	DOB	GENDER	GRADE	CURRENT SCHOOL	SCHOOL FOR COMING YR
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____

• **Emergency Contact Information**:

1. Name:_____ 2.Name:_____

Phone #s: Home:_____ Cell:_____ Phone #s:Home:_____Cell:_____

Address: _____ Address:_____

House # Street Apt. # City/town Zip code *House # Street Apt. # City/town Zip code*

Relationship to child: _____ Relationship to Child:_____

***<u>Important Notice About the Rights of Non-Custodial Parents</u>**:
Non-custodial parents have a right to participate in their child's school programs and activities and to obtain information about their child's education on the same basis as a custodial parent/guardian of the child. An exception to this general rule is made when the District is provided with a court order that deprives the non-custodial parent of one or more of these rights.

In the absence of being provided with a court order that limits the rights of a non-custodial parent, the District will presume that the non-custodial parent has the right to request information concerning his or her child, and to participate in the child's school programs and activities on the same basis as a custodial parent/guardian of the child.

Are you in possession of a court order that limits a non-custodial parent's access to the child, the child's school programs and activities, or the child's educational records? ☐**Yes** ☐**No**

If you answered Yes, then you must attach a copy of the order to this application.

I understand that with my failure to provide a court document designating custodial parent/guardian, the Frontier Central School District will not be held responsible for releasing my child, _____, to his/her alternate parent.

Signature_____

If you answered 'No', and you believe that there is a reason why a child's non-custodial parent should *not* have access to the child, the child's school programs and activities, or the child's educational records, then it is your responsibility to apply for an appropriate court order. If you obtain such an order after the date of this application, you must promptly deliver a copy of the court order to the District's Registrar.

***<u>Certification and Authorization of Parent Completing this Application</u>**

I, the undersigned, am the parent/guardian of the child listed of this Enrollment Application. I have completed this Application and provided the attached documents with the understanding that the District will rely upon same to determine whether my child is legally entitled to enroll as a student of the District. I am aware that the provision of any **false** information or **fraudulent** documents to the District may constitute a crime. I further certify that I am a resident of the District, and that the information and documents provided in support of this Application are **accurate** and **truthful**. I authorize the request of student records from prior schools and give permission to the District to verify any and all information provided in support of this Application.

I acknowledge that the District reserves the right to investigate, at any time, the accuracy of all information and documents that I have submitted or will submit in support of this Application. I also promise to promptly notify the District when any supporting information or document that has been provided to the District is no longer accurate or up to date. I understand that if the District discovers that my child is not a legal resident of the District, my child will *not* be permitted to attend District schools and I may be liable for the cost of education for each day he/she attended as a non - resident.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name (print): _____

District Employee and Date Received by Frontier Central School District

Employee Signature _____Date: ____/____/____

FRONTIER CENTRAL SCHOOL DISTRICT
Confidential Medical Form

State Law requires us to have a medical record for each student enrolled in the Frontier Central School District. Please complete both pages. Without the signed Medical Form, children will not be enrolled. A copy of your child's immunization record is also essential for registration.

Child's Legal Name _____ Grade _____ Date of birth:_____

Address: _____ Phone _____
Street City/town Zip

School: _____ Entry Date: _____ Grade: _____

Prior School: _____
Does your child have any **medical problem or physical limitations** that we should know about to best administer to the child? Is so, please EXPLAIN:

_____
It is essential that we know if your child is on any medication. All current medication should be labeled with your child's name, prescription, and instructions and only given to the school nurse upon registration. **MEDICATIONS, including over the counter remedies such as cough drops, pain relievers, etc. are to be kept in the Health Office.** The only exception is emergency medications for diabetes, asthma, anaphylaxis. You must see the school nurse regarding these situations. Completion of proper forms is also required.

Parent:_____Daytime Phone/Cell Phone_____

Address: _____ **E-Mail**_____

Parent:_____Daytime Phone/Cell Phone_____

Address: _____ **E-Mail**_____

Step Parent:_____Daytime Phone/Cell Phone_____

Address: _____ **E-Mail**_____

Step Parent:_____Daytime Phone/Cell Phone_____

Address: _____ **E-Mail**_____

Guardian:_____Daytime Phone/Cell Phone_____

Address: _____ **E-Mail**_____

Please list two responsible adults with reliable transportation available that the school could contact/release your child to in the event of the parent's absence:
Name: _____ Name_____

Phone #: _____ Phone #: _____

Relationship to child: _____ Relationship to child: _____

Child's MEDICAL PROVIDER _____ Child's DENTIST: _____

Phone # _____ Phone # _____

MEDICAL-SURGICAL RELEASE

In the event of a serious accident or illness, I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. However, if it is impractical or impossible to do so, I hereby give permission for my child to be transported to _____ Hospital OR to the nearest Emergency Treatment Center or Hospital to secure proper treatment, as deemed most appropriate by medical personnel. I, the undersigned, do also hereby authorize officials of Frontier Central School District to contact directly the persons named on this form and do authorize the named medical providers to render such treatment as may be deemed necessary in an emergency, for the health of said child.

Parent to Complete **Medical History for:_____**
Child's Legal Name

Does your child have:

☐ Allergies (please specify) Allergic to: ☐ Medication ☐ Bee Stings ☐ Food ☐ Environmental ☐ Other (please specify): _____

☐ Asthma ☐ Diabetes ☐ Ear/Hearing Condition ☐ Fainting Spells ☐ Heart Disease ☐ Eye/Vision

Condition ☐ Muscular – skeletal conditions, muscular dystrophy, cerebral palsy, etc.

☐ One of a paired organ (ex: eye, kidney, testicle) please specify: _____

Has your child ever had:

☐ Chickenpox Date: _____ ☐ Head Injury Date: _____ ☐ Lead Poisoning Date: _____

☐ Pneumonia Date: _____ ☐ Rheumatic fever Date: _____ ☐ Scarlet Fever Date: _____

☐ Seizures Date: _____ ☐ Other Serious Medical Conditions Date: _____

Please specify type and date for the following if applicable:

☐ Broken Bones _____

☐ Depression, anger, coping, stress problems? _____

Treatment for above _____

☐ Neurological, personality, mental conditions? _____

☐ Serious Injuries: Type: _____ Date: _____

Type: _____ Date: _____

☐ Speech, Physical and/or Occupational Therapy? _____

☐ Learning and/or Reading Difficulties? _____

☐ Surgery (specify type and date) _____

_____

Any other relevant health information _____

_____

_____ _____ *

Signature of Parent/Guardian **Date**

Please advise us of any changes in these questions so that your child's record will remain current.

FRONTIER CENTRAL SCHOOL DISTRICT

STUDENT PHYSICAL EXAMINATION

Dear Parent or Guardian,

New York State Education Law mandates that a physical examination on all students who are in the Pre K or K, 1st, 3rd, 5th, 7th, 9th and 11th grade, new entrants, and triennially for students in special education classes. If you prefer to have your own health care provider conduct this examination, please have the NYS School Health Examination Form (included in this packet) completed and returned to school by October 20th. Any health care provider physical completed on or after September 1st of the previous calendar year will be accepted. In accordance with the law, the District nurse practitioner will provide the physical examination for students who do not return the form. A parent or guardian may be present during the examination with advance notification so a time can be arranged.

You will receive a notice if there is any problem identified during your child's physical examination. If notified, please be sure to take your child to his/her health care provider, eye doctor or dentist as soon as possible. Nurses are required to follow up on all referrals sent to you addressing your child. If you would like any assistance in linking with medical providers, health insurance or any other particulars relative to the referral, please do not hesitate to contact your school nurse. If your child requires a modification in the school environment to best meet his/her physical needs, please advise the school nurse as soon as possible. If medications are required during the school day (including those over-the counter), forms are available from the school nurse that must be completed by the medical provider per the medication administration policy. The medication administration policy can be found in the District calendar or by contacting the building nurse.

SPORTS PHYSICALS

Sports physicals are valid for a period of 12 months. We will accept a physical from your private Physician or Practitioner.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

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

IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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

STUDENT INFORMATION

Name	Sex: □ M □ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Date of last seizure: Type: ☐ Seizure Care Plan Attached ☐ Medication/Treatment Order Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ____Medication/Treatment Order Attached ____Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.* **BMI**_____kg/m2

Percentile (Weight Status Category): □ <5th □ 5th-49th □ 50th-84th □ 85th-94th □ 95th-98th □ 99th and> **Hyperlipidemia:** ☐ No ☐ Yes ☐ Not Done

Hypertension: ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	**Positive**	**egative**	**Date**	**List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)**
TB- PRN	☐	☐		
Sickle Cell Screen-PRN	☐	☐		
Lead Level Required Grades Pre- K & K			**Date**	
☐ Test Done ☐ Lead Elevated **> 5** µg/dL				

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations: ☐ Additional Information Attached	Diagnoses/Problems (list) ICD-10 Code* *Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near VisionAcuity	20/	20/		☐
ColorPerception Screening ☐Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boysin grade 9, and Girlsin grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

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

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain.
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address: Phone: Fax:

Please Return This Form To Your Child's School When Completed.

FRONTIER CENTRAL SCHOOL DISTRICT

5120 ORCHARD AVENUE
HAMBURG, NY 14075-5657

HOUSING QUESTIONNAIRE

Name of LEA: Frontier Central School District

Name of School: _____

Name of Student: _____

Please complete the following:

Gender: ___Male Date of Birth: ____/_____/_____ Grade: _____

___Female Month Day Year (preschool-12)

Address: _____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney -Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

_____ _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date _____

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

Student Racial and Ethnic Identification

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

Student Name:_____ Grade:_____

Please answer questions (1) and (2). Please read them before you respond. (For question (1) check the box that best describes your child. Check only ONE box.

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____YES, Hispanic
_____NO, not Hispanic

Select one or more races from the following five racial groups. (For question (2), check all groups that apply to your child. Check at least one box.)

_____AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

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

_____BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

_____WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian_____ Date_____