Willsboro CENTRAL SCHOOL DISTRICT
One Community. One Commitment. Ready for the Future.

PO Box 180
29 School Lane
Willsboro, NY 12996

Ph: (518) 963-4456
Fx: (518) 963-7577

Student Registration

The Willsboro Central School District provides a safe and supportive community to instill students with PRIDE. Prepared Respected Inspired Determined Empowered.

Welcome!

To register your child, please bring the following documents to a scheduled meeting with our registrar:

- **2** Proofs of Residency (see examples)
- Student's Birth Certificate
- Parent/Guardian Driver's License/ID
- Legal or Custody Documents (if applicable)
- Current Medical Records
- Physical and Immunizations
- Completed Registration Packet enclosed

At Willsboro Central School, students are at the center of all we do. We are respectful. We act with integrity. We set high expectations for ourselves. We work together to achieve our best.

Victoria Wilkins
Registrar
vwilkins@willsborocsd.org
518-963-4456 ext. 210

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Superintendent of Schools | Justin Gardner

Board of Education
Kasey Young, *President*
Heather Sheehan, *Vice President*
Emily Phillips
Krissy Leerkes
Laura Bridge
Brandy Pierce Nolette, *District Clerk*

School Admissions

Documentation of district residency: examples of acceptable forms of documentation include, but are not limited to:

- Mortgage/deed or lease documents to a house/condominium/apartment
- Statement by the parent/guardian's landlord, property owner or co-tenant, or a statement by a third party relating to physical presence in the district
- Pay stub
- Income tax form
- Telephone Bill
- Utility Bill
- Other Bills
- Membership documents based upon residency
- Official driver's license, learner's permit or non-driver identification
- Rent payment receipts
- Copy of a money order for payment of rent
- A letter from a parent/guardian's employer that is written on company letterhead
- Voter registration document
- State- or other government-issued ID
- Documents issued by federal, state, or local agencies, or judicial custody orders or guardianship papers showing residency.

The district may require multiple forms of residency documentation sufficient to establish both physical presence in the district and intent to remain.

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RE: REQUEST FOR SCHOOL RECORDS

TO: _____
Current School

_____

FAX: _____

Student Name: _____ DOB: _____

Current Grade: _____

The above student is transferring to WILLSBORO CSD. Please forward, at your earliest convenience, the following school records:

- Transcript/Academic Performance Reports
- 3-8 Science Investigations
- Attendance and Discipline
- Health/Immunization Records
- Standardized Test Results
- Birth Certificate
- Individualized Education Plan or 504 (if applicable)
- Psychological Information, Records (if applicable)

Name of Parent/Guardian: _____

Thank you for your cooperation.
Records may be emailed to vwilkins@willsborocsd.org or faxed to the district office.

For NYS Reporting purposes,

Anticipated start date of enrollment for this student at WCS will be:

Victoria Wilkins
Registrar(518)963-4456 ex 210

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

Current Grade: _____ Student's Primary Language: _____

Sex: Male☐ Female☐ Non-Binary☐ Has your child ever attended Willsboro? ***Yes*** / ***No***

Student Racial and Ethnic Identification:

1. *Is the student Hispanic, Latino, or of Spanish origin? Please circle:* ***Yes*** / ***No***
2. *Select <u>one or more</u> of the following racial groups:*
   - __*American Indian or Alaska Native*
   - __*Asian*
   - __*Black*
   - __*Native Hawaiian or Other Pacific Islander*
   - __*White*

Parent/Guardian (1):_____Relation to Student_____
Home Address: _____
Mailing Address(if different): _____
Email: _____
*PHONE Cell:*_____ *Home:*_____*Work:*_____

Parent/Guardian (2):_____Relation to Student_____
Home Address: _____
Mailing Address(if different): _____
Email: _____
*PHONE Cell:*_____ *Home:*_____*Work:*_____

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 presently living? (Check the one that bests fits)

In a motel/hotel____ In a shelter____ In a car, park, train, bus or campsite____

With another family or other person because of loss of housing or as a result of economic hardship____
(sometimes referred to as "doubled-up)

Other temporary living situation (Please describe): _____

In permanent housing with: Father____ Mother____ Both Parents____ Foster Parent(s)____ Other____

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Emergency Contact Information:

In the event both parent/guardian(s) cannot be reached, the school may contact the following people regarding my child.

Contact (1):_____Relation to Student_____

Physical Address:_____

Email: _____

*PHONE Cell:*_____ *Home:*_____*Work:*_____

Contact (2):_____Relation to Student_____

Physical Address:_____

Email: _____

*PHONE Cell:*_____ *Home:*_____*Work:*_____

_____

Student *Parent/Guardian Signature* *Date*

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Student Information

Grade 7-12: Is your child currently an active member of NJHS or NHS? Yes☐ No☐

Special Education Needs

Is your child currently receiving special education services? Yes☐ No☐

If Yes, please select all that apply:

- ☐ Speech/Language Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Consultant Teacher
- ☐ Self-Contained Classroom
- ☐ Resource Room
- ☐ BOCES
- ☐ 504 Plan
- ☐ Declassified
- ☐ Classroom Aide
- ☐ 1:1 Aide
- ☐ Testing Accommodations

Academic Intervention Services

- ☐ AIS Reading
- ☐ AIS Math
- ☐ Other:_____

Counseling Services

Does your child currently receive support/counseling in school? Yes☐ No☐

If Yes, would you like similar services to continue at Willsboro? Yes☐ No☐

Does your child receive support/counseling outside of school? Yes☐ No☐

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DEMOGRAPHIC/DIRECTORY INFORMATION RELEASE - The "No Child Left Behind Act of 2001" states that "each location educational agency receiving assistance under this Act shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students' names, addresses, and telephone listings." However, a parent or student may request that the information "not be released without prior written parental consent."

- ☐ Demographic/directory information may be released
- ☐ Do not release demographic/directory information

PERMISSION FOR USE-MEDIA RELEASE - I understand that the Willsboro Central School District may on occasion display my child's name, picture, and school work in school publications including the school yearbook, on the school web page, in local news media, or share information with the Town of Willsboro Youth Commission for youth activities and Paine Memorial Library.

- ☐ Media information may be released
- ☐ Do not release media information

SCHOOL RULES AND RESPONSIBILITIES - I have reviewed the student handbook on our District webpage https://www.willsborocsd.org/ . I agree to abide by the rules, regulations, and procedures enclosed in this document. I understand that failure to obey school rules and procedures will lead to loss of privileges and disciplinary consequences.

- ☐ I agree

INTERNET USE - I have read the Internet Use Responsibilities in the student handbook and agree to abide by these procedures and I understand that failure to do so will lead to loss of internet privileges.

- ☐ I agree

PESTICIDES - New York State Education Law Section 409-H effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty and staff regarding the potential use of pesticides periodically throughout the school year.

- ☐ I would like to be notified 48 hours in advance of pesticide applications
- ☐ I do not need to be notified

Student *Parent/Guardian Signature* *Date*

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Transportation Department: Busing Information

Student:_____ Grade: _____

☐ I am opting out of transportation services for my child at this time.

☐ My child will use district transportation.
**__Students under the age of 4 are not able to ride school transportation__ until the date of their 4th birthday.

Please complete the chart below to designate your child's transportation needs for the school year: (For PM drop off, other than home, please list alternate addresses) At any time during the year, if this information needs to be updated, the transportation department will reflect any changes within five school days from notification.

	AM		PM DROP OFF		
	AM BUS (Check for Yes)	**BUS Pick Up Location** OR (Child will be driven to school by guardian)	**Child will be picked up @ school by** (List who)	**PM BUS** (Check for Yes)	**Bus Drop Off Location**
Example	☑	*HOME*	*Aunt Jane Doe*	☐	
MONDAY	☐			☐	
TUESDAY	☐			☐	
WEDNESDAY	☐			☐	
THURSDAY	☐			☐	
FRIDAY	☐			☐	

***Any daily changes in your child's transportation MUST be submitted to the school prior to 1pm that day.*

Home address: _____Relation to student:_____

Alternate address: _____Relation to student:_____

_____
Signature of Parent/Guardian *Date*

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Transportation Department: Students PK-4 [Parent Visibility]

Student:_____ Grade: _____

Under our transportation policy, a parent/guardian must be visible at the pick-up and drop-off points for all students in grades PK-4. Please indicate below if you would like to request an exemption from this policy to allow your child in grade PK-4 to get on or off the school bus without a parent/guardian being visible.

☐**Yes, I give my child permission to get on or off the school bus without me being visible to the bus driver.** *I understand that it is my responsibility to make sure that either I or another responsible person is always home.*

☐**No, I do not want my child to get on or off the school bus without me being visible to the bus driver.** *I understand that if no one is visible, the Bus Driver will not drop off my child. The student will be transported back to school and a parent/guardian will be responsible for picking up and transporting the student.*

_____
Signature of Parent/Guardian *Date*

_____
Signature of School Administrator *Date*

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Student Health Information

Student_____

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's Primary Care Provider:_____
Student's Dentist:_____
Student's Eye Doctor:_____
Other Specialists:_____

ALLERGIES
Food:_____
Medicine:_____
Environmental:_____

CURRENT MEDICATIONS(List the name, dosage, and times of any medications taken)
_____
_____
_____

Does your child wear glasses? NO YES _____

CHILD'S HISTORY

Has the child had any of the following: record the date of illness or circle NO:

Allergies	NO	If yes, please fill out Allergy/Asthma history below	
Anemia	NO	Measles	NO
Arthritis	NO	Meningitis	NO
Asthma	NO	Mumps	NO
Bee Sting Allergy	NO	Orthopedic Problems	NO
Birth Defects	NO	Rheumatic Fever	NO
Chicken Pox	NO	Seizures or Convulsions	NO
Diabetes	NO	Severe Headaches	NO
Heart Disease	NO	Whooping Cough	NO

Other _____

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Student Health Information Cont.

History relative to Allergy/Asthma:
a. Has your child been tested for allergies?
Doctor's name Date Results

b. List allergies

c. Is the child receiving medication, allergy shots, or other treatments?

d. Use an inhaler or nebulizer? Name medication and dosage

e. What triggers an asthma/allergy attack in your child?

f. Please check your child's typical allergic symptoms:

Anaphylactic	Chronic fatigue	Nasal congestion
Rashes	Restlessness	Headaches
Hyperactivity	Sensitive eyes	Insomnia
Shortness of breath	Mood swings	Other

g. Treatment: Does your child have an Epi-Pen? YES NO
Does your child take Benadryl for allergy symptoms? YES NO

Other Medical (Previous breaks/fractures, head injuries, hospitalizations, or any conditions you would like us to be aware of):

_____

_____

_____

_____

_____
Parent/Guardian Signature Date

Families are often under a lot of pressure that may impact on your child's health and learning. Is there anything about your child's or family's health that you would like to discuss further? If so, please feel free to call your child's school.

Kathleen Nasner, School Nurse
518-963-4456, EXT. 206 knasner@willsborocsd.org

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Student Health Information Cont.

To: Parents / Guardians of Willsboro Central School District Students
From: Health Office
Re: Administration of Medications during the school day

In accordance with the New York State Law, we need to follow the guidelines set forth by the state to ensure the safety of all our students.

The school nurse must have on file, a written request from the parent as well as a request from a medical provider for school personnel to administer medication at school.
Examples of medications: Antibiotics, Ibuprofen, Tylenol, Midol, Inhalers, Cough syrup, Epi-Pens, Benadryl, Tums, etc.

The written medication request should state the student's name, name of medication, and purpose of the medication along with times and instructions to administer at school.
All medication orders must be signed by the medical provider.

Any medication must be delivered to school by a responsible adult (not the student) in the original prescription bottle labeled with the student's name, name of medication and this should match the medical order.

Parents / Guardians should notify the school immediately if there is a change in the order from the medical provider.

Please complete the attached form for medications to be administered in school.

Thank you for your cooperation with NYS medication administration details.

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Provider and Parent Permission to Administer Medication at School/School Sponsored Events

Student Name:_____ DOB:_____ Grade:_____
I request the school nurse give the medication 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 school staff caring for my child.

_____
Parent / Guardian Signature Print Date

To be Completed By Health Care Provider - Valid for 1 Year

Diagnosis_____
Medication_____
Dose_____ Route_____ Time(s)_____
Recommendations_____ ICD Code_____
Note: Medication will be given as close to the prescribed times as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

☐ **Per Medicaid requirements, frequency & duration as indicated "per" IEP when appropriate**
☐ **Independent Carry and Use Attestation Attached (Required for Independent Carry & Use)**
NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled rescue respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach attestation to this form to request this option.

_____ _____
Name / Title of Prescriber (PRINT) Date

_____ _____ | STAMP |
Prescriber's Signature Phone

_____
Email

Please Return To:
Kathleen Nasner
WCS School Nurse
knasner@willsborocsd.org

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PESTICIDES

New York State Education Law Section 409-H effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty and staff regarding the potential use of pesticides periodically throughout the school year.

WCS is required to maintain a list of persons in parental relation, faculty and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- The school remains unoccupied for a continuous 72 hours following the application of a pesticide that would otherwise dictate the use of a 48-hour notification;
- Anti-microbial products;
- Nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children;
- Nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children;
- Silica gels and other nonvolatile ready-to-use pastes, foam, or gels in areas inaccessible to children;
- Boric acid and disodium octaborate tetrahydrate;
- The application of EPA designated biopesticides;
- The application of EPA designated exempt materials under 40CFR152.25;
- The use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

Please feel free to contact the Maintenance Office Supervisor at (518) 963-4456, ext. 233 for further information on these requirements.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in our school buildings, please sign the form below and return to Coordinator of Transportation and Facilities, Willsboro Central School, PO Box 180, Willsboro, NY 12996.

Name *Email* *Phone*