

# Oceanside Union Free School District

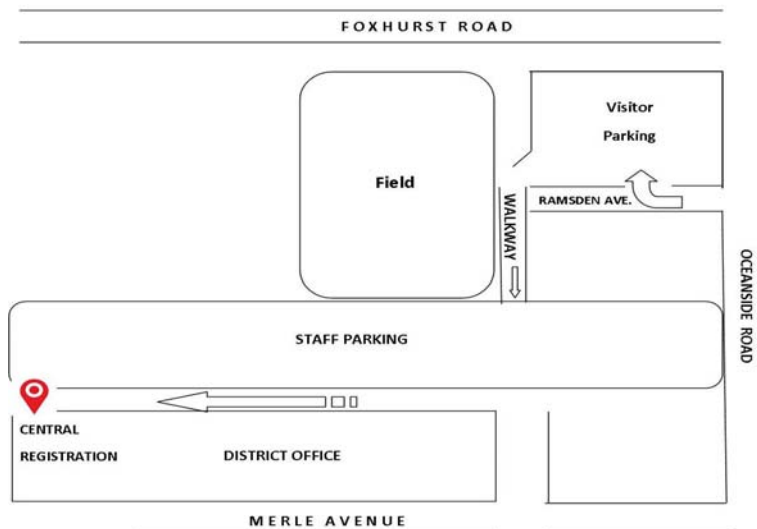
## Registration of New Students

***Students under the age of 17 will NOT be registered unless parent or legal guardian with a photo ID is present.***

School age children who move into the district should be registered as soon as possible. Students who will be entering Kindergarten in the fall, may register after October 15 of the current year. All registrations are by appointment only. Our Registration Office is located at:

Oceanside District Office  
145 Merle Avenue  
Oceanside, NY 11572  
516-678-6238

**Please call for an appointment.**



**Registration will only occur if the following from columns A, B, C and D is provided. All items provided must be ORIGINAL and not photo copies.**

**(A)**

**(B)**

### **Proof of Residency**

**ANY ONE OF:**

House Deed  
Mortgage Statement  
Notorized Lease  
Residential Parental Affidavit and  
Residential Homeowner Affidavit

**ANY TWO OF:**

Pay stub  
Income tax form  
Utility or other bills  
Membership documents (e.g., library cards) based upon  
residency  
Voter registration document(s)  
Official driver's license, learner's permit or non-driver  
identification  
State or other government issued identification  
Documents issued by federal, state or local agencies (e.g.,  
local social service agency, Federal Office of Refugee  
Resettlement)  
Evidence of custody of the child, including but not limited  
to judicial custody orders or guardianship papers

Residency may be subject to further verification and approval via sworn affidavit.

**(C)**

**Birth**

**ANY ONE OF:**

Birth Certificate  
Baptismal Certificate

*If these records are not available,  
the District shall consider one of  
the following:*

Passport  
Official driver's license  
State or other government issued identification  
School photo identification with date of birth  
Consulate identification card  
Hospital or health records  
Military dependent identification card  
Documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office  
Of Refugee Resettlement)  
Court orders or other court-issued documents  
Native American tribal document  
Records from non-profit international aid agencies and voluntary agencies

**(D)**

**Immunizations**

**ANY ONE OF:**

Certificate of Immunization signed by physician  
Certificate of Immunization signed by an official of health clinic  
District's Physical Examination Form signed by a physician.

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After registering all children at the Registration Office, you will be given information about contacting the individual schools that your children will attend.

ALL INCOMING OCEANSIDE HIGH SCHOOL  
STUDENTS

THE FOLLOWING MUST BE COMPLETED BEFORE RECEIVING A  
SCHEDULE FOR ATTENDANCE

Call the Guidance department at the number listed below to obtain an appointment to meet with your child's guidance counselor. It is advised that both the parent and child attend this meeting.

If your last name is between A – K call 516-678-7537

If your last name is between L – Z call 516-678-7540

- ✓ You must provide the Guidance counselor with a copy of your child's latest transcript and/or report card from his/her previous school. A schedule **CANNOT** be created unless these vital documents are provided.

## Sworn Affidavits

In the event that the deed or lease where you and your children reside is **NOT** in your name, **NOTORIZED** sworn affidavits are required. The following steps must be taken before making an appointment with our Assistant Superintendent for Business, Mr. Christopher Van Cott. No Affidavits will be accepted at our Central Registration office without Mr. Van Cott's approval.

- Parental Affidavit** – This must be filled out and notarized by the student's parents
- Homeowners Affidavit** – This must be filled out and notarized by the person whose name appears on the deed. Please note that if the lease for a rental is not in your name, the homeowner's affidavit **MUST** be completed by the Landlord or Management company **ONLY**. Notarized affidavits filled out by the buildings superintendent will **NOT** be accepted.
- Schedule an appointment with:**

Mr. Christopher Van Cott  
Assistant Superintendent for Business  
145 Merle Avenue  
Oceanside, New York 11572  
516-678-1209

PLEASE CALL MR. VAN COTT  
FOR AN APPOINTMENT - 678-1209

**PARENTAL AFFIDAVIT**

State of New York  
County of Nassau

To: Oceanside School District

I, \_\_\_\_\_ swear that my child/children \_\_\_\_\_  
\_\_\_\_\_ and I permanently reside at \_\_\_\_\_  
at the home of \_\_\_\_\_

Is the tenant a relative of the homeowner? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the relationship \_\_\_\_\_.

**I am signing this affidavit with full knowledge of the laws of perjury.**

\_\_\_\_\_  
Parent

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**IMPORTANT NOTICE**

**PENAL LAW SECTION 210.05: A person is guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A misdemeanor. A Class A misdemeanor is punishable by up to six months in prison or a fine up to \$1,000. All misdemeanor convictions carry a \$60.00 surcharge in addition to any other penalty or fine imposed.**

***The District reserves the right to collect full tuition for false registration statements. This could include a lien on subject property.***

PLEASE CALL MR. VAN COTT  
FOR AN APPOINTMENT - 678-1209

**HOMEOWNER AFFIDAVIT**

State of New York  
County of Nassau

To: Oceanside School District

I, \_\_\_\_\_ swear that \_\_\_\_\_

and her/his children \_\_\_\_\_, permanently  
Names of Children

reside at \_\_\_\_\_.

Is the tenant a relative of the homeowner? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the relationship \_\_\_\_\_.

**I am signing this affidavit with full knowledge of the laws of perjury.**

\_\_\_\_\_  
Homeowner

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**IMPORTANT NOTICE**

**PENAL LAW SECTION 210.05: A person is guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A misdemeanor. A Class A misdemeanor is punishable by up to six months in prison or a fine up to \$1,000. All misdemeanor convictions carry a \$60.00 surcharge in addition to any other penalty or fine imposed.**

***The District reserves the right to collect full tuition for false registration statements. This could include a lien on subject property.***

# OCEANSIDE UNION FREE SCHOOL DISTRICT

## REGISTRATION FORMS

The registration forms are broken down into two categories:

- FAMILY** – Pages 1 & 2 are filled out based on Household information.
  
- STUDENT** – Pages 3, 4, 5 & 6 are filled out for EACH school age child  
In your household that you are registering.
  - HOME LANGUAGE QUESTIONNAIRE**
  
  - McKINNEY-VENTO HOMELESS ASSISTANCE ACT**
  
  - RECORDS RELEASE FORM**
  
  - MEDICAL FORM**

When you arrive at the registration office you should have:

- Original documentation for all proof of residency, birth and immunization.**
  
- Forms filled out clearly and neatly.**

Thank you in advance for your cooperation.

# OCEANSIDE UNION FREE SCHOOL DISTRICT

## REGISTRATION INFORMATION

### FAMILY

PLEASE PRINT INFORMATION CLEARLY

**PARENT/GUARDIAN:**

**1**

**Gender**

**2**

**Gender**

Name: _____ M F Address: _____ _____ Home#: _____ Cell#: _____ Work# _____	Name: _____ M F Address: _____ _____ Home#: _____ Cell#: _____ Work# _____
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**CHILDREN IN FAMILY: *List all children in the house including Pre-School***

Name: (Last, First, Middle)	Date of Birth	Gender	Grade	RELATIONSHIP TO GUARDIAN	
				1	2
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**NON - HOUSEHOLD MEMBERS: (Emergency Contacts)**

Name: (Last, First, Middle)	Gender	Home Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**MOTHER:**

**NAME: (Last, First)**

**NAME IF REMARRIED: (Last, First)**

\_\_\_\_\_ as it appears on the birth certificate

Language mother speaks: \_\_\_\_\_  
(A)

E-Mail address: \_\_\_\_\_  
(C)

**FATHER:**

**NAME: (Last, First)**

\_\_\_\_\_ as it appears on the birth certificate

Language father speaks: \_\_\_\_\_  
(A)

E-Mail address: \_\_\_\_\_  
(C)

**STEP PARENT:**

**STEP MOTHER NAME: (Last, First)**

**STEP FATHER NAME: (Last, First)**

\_\_\_\_\_ Language step parent speaks: \_\_\_\_\_  
(A)

E-Mail address: \_\_\_\_\_  
(C)

For Kindergarten Office Use:  
 Screening Date: \_\_\_\_\_  
 Screening Time: \_\_\_\_\_  
 Home School: \_\_\_\_\_  
 Circle one: Full    Half  
 Currently attending #6 4yr old  
 Pre-K? Yes    No

For Secondary School Office Use:  
 Guidance Counselor: \_\_\_\_\_  
 \_\_\_\_\_  
 DOE into 9<sup>th</sup> Grade: \_\_\_\_\_  
 (if applicable)

For Office use:  
 Date: \_\_\_\_\_  
 Student Registered by: \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_

ID # \_\_\_\_\_

**OCEANSIDE UNION FREE SCHOOL DISTRICT**  
**Oceanside, New York**  
**STUDENT REGISTRATION FORM**

**CHILD'S NAME:** \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 (Last)                                      (First)                                      (Middle)  
**Child's name must be recorded as it appears on the Birth Certificate or Baptismal record.**

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH (State/Country):** \_\_\_\_\_

**CHILD'S ETHNICITY:**    **Hispanic:**    YES, Hispanic \_\_\_\_\_ NO, not Hispanic \_\_\_\_\_  
*Please check ALL that apply*  
 White \_\_\_\_\_    Black or African American \_\_\_\_\_    Native Hawaiian or other Pacific Islander \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_    Asian \_\_\_\_\_

**LANGUAGE SPOKEN BY CHILD AT HOME:** \_\_\_\_\_

**DOES THIS STUDENT HAVE A PARENT NOT LIVING AT THE STUDENT'S ADDRESS? IF YES:**

**NAME:** \_\_\_\_\_ **MAILINGS**    Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_  
 (Street)                                      (City)                                      (State)                                      (Zip)                                      (Telephone Number)

**PARENTS' MARITAL STATUS:** Married    Separated    Divorced    If divorced or separated, any legal restrictions? YES    NO  
 (court papers must be provided)

1. Has your child ever been in Oceanside Schools before?    When: \_\_\_\_\_    School #: \_\_\_\_\_    Re-entry Date \_\_\_\_\_

2. Has your child ever attended a public school in New York State?    Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you or your child ever registered under a different name?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: NAME \_\_\_\_\_

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

4. Has your child ever been seen by the school psychologist?    Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has your child ever had an independent psychological evaluation?    Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has your child ever been reviewed by the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE) and/or received any special education service (e.g. special class, resource room, speech/language therapy, etc.)?    Yes \_\_\_\_\_ No \_\_\_\_\_ **(B)**

Committee on Preschool Special Education (CPSE) and/or received any special education service (e.g. special class, resource room, speech/language therapy, etc.)?

If yes, please explain \_\_\_\_\_

7. Has your child ever received remedial help in school other than what is indicated above?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**8. PREVIOUS SCHOOLS ATTENDED:**

**FIRST SCHOOL**

**SECOND SCHOOL**

NAME OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

\_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

\_\_\_\_\_

STARTING GRADE: \_\_\_\_\_ ENDING GRADE: \_\_\_\_\_

STARTING GRADE: \_\_\_\_\_ ENDING GRADE: \_\_\_\_\_

**THIRD SCHOOL**

**FOURTH SCHOOL**

NAME OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

\_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

\_\_\_\_\_

STARTING GRADE: \_\_\_\_\_ ENDING GRADE: \_\_\_\_\_

STARTING GRADE: \_\_\_\_\_ ENDING GRADE: \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION – This section MUST be completed**

Name of Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY:**

Hearing Problems: YES \_\_\_\_\_ NO \_\_\_\_\_ Name of treating physician: \_\_\_\_\_

Vision Problems YES \_\_\_\_\_ NO \_\_\_\_\_ Name of treating physician: \_\_\_\_\_

Learning Problems: YES \_\_\_\_\_ NO \_\_\_\_\_ Name of service provider: \_\_\_\_\_

Speech Problems: YES \_\_\_\_\_ NO \_\_\_\_\_ Name of service provider: \_\_\_\_\_

Documented Allergies YES \_\_\_\_\_ NO \_\_\_\_\_ Please List any Allergies: \_\_\_\_\_

## FOR OFFICE USE ONLY

**Please check ( ) that you have seen and taken copies of the following required paperwork:**

**PROOF OF AGE:** (check one):      Birth Certificate: \_\_\_\_\_      Baptismal Record: \_\_\_\_\_

**PRIMARY PROOF OF RESIDENCE (TYPE):** \_\_\_\_\_

Secondary #1 \_\_\_\_\_

Secondary #2 \_\_\_\_\_

Parent is requested to report back with additional information by: \_\_\_\_\_

Parent is requested to make an appointment with the Assistant Superintendent for Business: \_\_\_\_\_

Application is complete and child is placed into school #: \_\_\_\_\_      GRADE: \_\_\_\_\_

Name of School Official registering this student: \_\_\_\_\_

Initials of staff member receiving this form: \_\_\_\_\_

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***To be completed only by the SCHOOL NURSE from the required documentation:***

Date of Immunization: \_\_\_\_\_      Date of Physical: \_\_\_\_\_

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***To be completed by District office only:*** LUNCH STATUS: \_\_\_\_\_

**LEP/ESL Information:** # of Years of service: \_\_\_\_\_

Releases obtained: \_\_\_\_\_ Sent to: \_\_\_\_\_

**AIS Services:** GRADE: \_\_\_\_\_

**PROGRAM SERVICES:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_ **END REASON (CODE):** \_\_\_\_\_

---

**A** \_\_\_\_\_

**B** \_\_\_\_\_

**C** \_\_\_\_\_

**D** \_\_\_\_\_

# OCEANSIDE SCHOOL DISTRICT REGISTRATION FORM ATTACHMENT

## ***ALL REGISTRANTS MUST FILL OUT PART A***

### Homeless Child:

- (a) a child or youth who lacks a fixed, regular and adequate nighttime residence, including a child who is sharing the housing of other persons due to a loss of housing, economic hardship or similar reason; living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations; abandoned in hospitals; awaiting foster care placement or
- (b) a child or youth who has a primary nighttime location that is a supervised, publicly or privately operated shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

**Unaccompanied Youth:** a homeless child for whom no parent or person in parental relation is available or who is living in a residential facility for runaway or homeless youth.

Sect. 725 Definition  
McKinney-Vento Homeless Assistance Act

### **PART A**

Name \_\_\_\_\_ Date \_\_\_\_\_

Is enrollment related to homelessness or loss of permanent housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Is enrollment related to status as unaccompanied youth? Yes \_\_\_\_\_ No \_\_\_\_\_

**(If you checked yes to either of the above, please fill out PART B)**

### **PART B**

Please indicate the living arrangements of the child or unaccompanied youth:

- \_\_\_\_\_ living in a shelter
- \_\_\_\_\_ living with relatives or others due to lack of housing
- \_\_\_\_\_ living in a abandoned apartment/building, in a hotel/motel, camping ground, car train/bus station, or similar situation due to lack of adequate housing
- \_\_\_\_\_ temporarily housed in a shelter awaiting an OCFS permanent foster care placement

Date and school of last attendance \_\_\_\_\_

Address before child became homeless \_\_\_\_\_

Are you requesting any services, such as transportation, from the district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services are you requesting? \_\_\_\_\_

### ***FOR OFFICE USE ONLY***

Homeless Liason Signature \_\_\_\_\_ Date \_\_\_\_\_

Family received STAC Form: Yes \_\_\_\_\_ No \_\_\_\_\_

**OCEANSIDE UNION FREE SCHOOL DISTRICT**  
**RELEASE OF RECORDS AND INFORMATION**

In accordance with the federal Family Educational Rights and Privacy Act (“FERPA”), it is the practice of the Oceanside Union Free School District (“District”) to request and/or receive any and all education records, including disciplinary records, from the former schools of all students who transfer into the District.

The District reserves the right to consider a student’s past disciplinary record when imposing discipline for misconduct committed in Oceanside.

With this understanding, please complete the subsequent release form.



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.		
<b>STUDENT NAME:</b>		
_____		
First	Middle	Last
_____	_____	_____
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
_____	_____	_____
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

_____
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### 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	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	_____
			<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*    *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation* *Date*

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO.    DAY    YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO.    DAY    YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	





# OCEANSIDE UNION FREE SCHOOL DISTRICT

145 Merle Avenue, Oceanside, New York 11572-2206

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*Phyllis S. Harrington, Ed.D.*  
*Superintendent of Schools*  
*Ph: 516-678-1215 Fax: 516-678-7503*  
*pharrington@oceansideschools.org*

*Jill DeRosa, Ed.D.*  
*Assistant Superintendent for Human*  
*Resources, Student Services and*  
*Community Activities*  
*Ph: 516-678-1213 Fax: 516-678-2145*  
*jderosa@oceansideschools.org*

## MEDICAL AND DENTAL EXAMINATION FORMS

Dear Parents/Guardians:

New York State Education Law requires that all students in public schools be examined by a health care provider upon entrance into school and in Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grades. While the law does not specifically require an examination in other grades, we encourage annual physical examinations. Enclosed you will find a health appraisal form that may be used by your own physician, physician assistant, or nurse practitioner licensed to practice in New York State. Please return it along with a current immunization record.

Health examinations include height and weight measurement. These numbers are used to determine body mass index or "BMI." Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting summary information to the New York State Department of Health about our students' weight status groups. Information about individual students and student names are not provided. However, you may still choose to have your child's information excluded from this survey report by written request to me or your child's school nurse by the last day in September.

Enclosed you will also find a dental form. Both the medical and dental forms should be returned to school as soon as possible. These forms are acceptable for the current school year if the examination date is no longer than 12 months prior to the 1<sup>st</sup> day of school in September.

Best wishes for a happy and healthy summer.

Sincerely,



Jill DeRosa, Ed. D.  
Assistant Superintendent for Human Resources,  
Student Services and Community Activities

*Distribution: New students and all students entering Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grades.*

## HEALTH APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Elevated Lead  Yes  No  Not done Date: \_\_\_\_\_  
 PPD  Positive  Negative  Not done Date: \_\_\_\_\_  
 Sickle Cell Screen  Positive  Negative  Not done Date: \_\_\_\_\_

Immunization record attached

Significant Medical/Surgical History:  See attached \_\_\_\_\_

Specify current diseases:  Asthma Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Other: \_\_\_\_\_  
 Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

*Referral*

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No Student may self carry and self administer medication  Yes  No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_ Limited contact: cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

\_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_  None

Known or suspected disability: \_\_\_\_\_  Please monitor

Restrictions: \_\_\_\_\_

(Provider's Stamp below)

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OCEANSIDE UNION FREE SCHOOL DISTRICT**

145 Merle Avenue, Oceanside, New York 11572-2206

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*Phyllis S. Harrington, Ed.D.*  
*Superintendent of Schools*  
*Ph: 516-678-1215 Fax: 516-678-7503*  
*pharrington@oceansideschools.org*

*Jill DeRosa, Ed.D.*  
*Assistant Superintendent for Human*  
*Resources, Student Services and*  
*Community Activities*  
*Ph: 516-678-1213 Fax: 516-678-2145*  
*jderosa@oceansideschools.org*

**DENTAL EXAMINATION FORM**

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Dental Examination Date \_\_\_\_\_

Comments \_\_\_\_\_

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Dentist Signature \_\_\_\_\_

Dentist Stamp

# OCEANSIDE UNION FREE SCHOOL DISTRICT

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## SCOLIOSIS EXAMINATION FORM

Dear Parents/Guardians:

In October, the Oceanside School District will begin its annual screening for scoliosis (curvature of the spine) for all students in grades 5 through 9. This is mandated by Section 136.3 of the State Education Law. The school nurse, physical education teacher or school physician, will conduct the screening. Screening will be conducted individually with assurance of privacy for each child. Boys will be required to undress to the waist. Girls should wear appropriate undergarments as tops must be removed. If scoliosis is suspected, you will be notified by the school nurse.

If you would prefer to have your child examined by your private health care provider, please have the health care provider complete the form below. Please note, however, that the law requires screening within the school year, which starts in September. Therefore, valid forms for the 2015/2016 school year will be dated September 1, 2015 and later.

Sincerely,

Jill DeRosa, Ed. D.  
Assistant Superintendent for Human Resources,  
Student Services and Community Activities

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## SCOLIOSIS EXAMINATION FORM

On \_\_\_\_\_, I examined \_\_\_\_\_  
(Exam Date) (Student's Full Name)

For scoliosis and found:

- \_\_\_\_\_ No evidence of scoliosis.
- \_\_\_\_\_ Possible or minimal scoliosis requiring only observation at this time.
- \_\_\_\_\_ Significant scoliosis, which I am treating.
- \_\_\_\_\_ Significant scoliosis, which I am referring to: \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Provider's Stamp

***Distribution: All students entering 5<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> grades.***  
*(The Health Appraisal Form should be used for students entering 7<sup>th</sup> and 10<sup>th</sup> grades.)*