

**2018-2019 TONAWANDA CITY SCHOOL DISTRICT CHECKLIST FOR TRANSFERRING/REGISTERING STUDENT**

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

School: MU RV FL TMHS

Male/Female \_\_\_\_\_

Bus/Walk \_\_\_\_\_

**I. STUDENT INFORMATION**

When complete please call 694-7690 for an appointment.

- Registration Forms (Page 2-4)
- Enrollment Form/Residency Questionnaire (Page 5)
- \*\*\*Court paperwork for custody (if applicable)\*\*\*
- \*\*\*Original Birth Certificate\*\*\*
- Authorization for Release of Student Records (Page 6) (If transferring from another school, including preschool)
- Home Language Questionnaire (HLQ) (Page 7 & 8) Language other than English \_\_\_\_\_
- Release Forms: Media, News, Interviews, Etc. (Page 9)
- Photo-Military Permission Form (Page 9)
- Gmail Accounts Form (Page 10)
- Computer Consent Form (Page 11)
- .....
- Does your child receive ENL services? \_\_\_\_\_ (if yes, we will request HLQ from former district)
- Does your child receive any Special Ed. or 504 services? \_\_\_\_\_
- \*\*Your child has the right to be referred and evaluated for the purposes of Special Education\*\***
- Touchpad Scanner Opt-Out Form: Grades 6-12 only (available upon request)
- Free/Reduced Lunch Form (available upon request)

**II. HEALTH INFORMATION**

- Need for Physical Exam (Page 12)
- Student Illness and Emergency Information Form (Page 13)
- Health History Form (Page 14)
- Health Physical from Pediatrician**
- Immunization Record** (\*\*must be received within 14 days once the child starts school. Stamped/signed by physician\*\*)

**III. RESIDENCY (Complete sections A and B)**

**A. BOTH items are required:**

- Valid NYS Driver's License (with Tonawanda zone address **OR** NYS Non-Driver I.D. Card), Passport, Voter Registration, Income Tax Form **AND**
- Signed lease **OR** mortgage agreement/statement **OR** deed of sale (if none available, a signed notarized statement from property owner is required stating how long residing in residence).

**B. ONE item is required:**

- Current bank statement/notarized statement (with Tonawanda zone address) **OR**
- Current utility bill or service hookup (cable, phone, electric, water or gas – with Tonawanda zone address) **OR**
- STAR/tax receipt (if applicable)

**For Office Use Only**

Appointment Date/Time _____	Person Preparing Packet _____
Date Packet Prepared _____	Date Given to A.E. _____
Approval of A.E. _____	Date Reviewed by A.E. _____
Date Entered into eSchool _____	Date Given to Bldg Sec. _____
Transportation Request Sent _____	Anticipated Start Date _____
Sent to TonaCIO _____	Register in log book _____

## TCSD REGISTRATION FORM

Date of Entry \_\_\_\_\_ Grade Level \_\_\_\_\_ Student ID \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F  
 Last First M.I.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Home Language: \_\_\_\_\_

Is the student Hispanic, Latino, or of Spanish origin? \_\_\_\_ No \_\_\_\_ Yes

Race (please check all that apply):  
 Asian     Black (not Hispanic)     Hawaiian/Pacific Islander  
 American Indian/Alaskan Native     Multi-racial (pick all that apply)  
 White (not Hispanic)

Is there a court order or separation agreement that governs custody of this child: \_\_\_\_ No \_\_\_\_ Yes

If yes, a copy must be provided with this registration form (a notarized statement from each parent/guardian detailing time spent at each residence may also be required). Please provide information for mailing to joint/non-custodial parent or alternate address if necessary.

**PARENT/GUARDIAN**  
 \_\_\_\_\_ check here if Head of Household  
 Salutation: \_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ Mr. \_\_\_\_ Dr. \_\_\_\_ Other

\_\_\_\_\_  
 Last Name First M.I.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

Birth Year: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married  
 \_\_\_\_ Separated \_\_\_\_ Divorced

Relationship to Student:  
 Mother     Father  
 Step Mother     Step Father  
 Legal Guardian     Foster Parent  
 Group Home Contact     Other: \_\_\_\_\_

**PARENT/GUARDIAN**  
 \_\_\_\_\_ check here if Head of Household  
 Salutation: \_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ Mr. \_\_\_\_ Dr. \_\_\_\_ Other

\_\_\_\_\_  
 Last Name First M.I.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

Birth Year: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married  
 \_\_\_\_ Separated \_\_\_\_ Divorced

Relationship to Student:  
 Mother     Father  
 Step Mother     Step Father  
 Legal Guardian     Foster Parent  
 Group Home Contact     Other: \_\_\_\_\_

**TCSD REGISTRATION FORM (CON'T)**

**SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS**

Name	Sex	DOB	Grade	Present School

HAS STUDENT EVER ATTENDED TONAWANDA CITY SCHOOLS \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ YEAR

**STUDENT EDUCATION BACKGROUND (INCLUDE PRE-SCHOOL INFORMATION)**

Previous School Name	Previous School Address	Grades Attended

HAS STUDENT EVER BEEN RETAINED (REPEATED A GRADE)? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, WHICH GRADE(S)? \_\_\_\_\_

HAS YOUR CHILD EVER RECEIVED AIS/IMPROVEMENT, SPECIAL EDUCATION (IEP), OR ESL SERVICES?

\_\_\_\_\_ NO \_\_\_\_\_ YES

If YES, please complete the following:

**STUDENT SPECIAL SERVICES & PROGRAMS**

PLEASE CHECK (✓) ANY OR ALL SERVICES YOUR CHILD CURRENTLY RECEIVES.....

\_\_\_\_\_ SPEECH                  \_\_\_\_\_ COUNSELING                  \_\_\_\_\_ ENGLISH AS A NEW LANGUAGE (ENL)

\_\_\_\_\_ READING                  \_\_\_\_\_ MATH                  \_\_\_\_\_ OCCUPATIONAL THERAPY (OT)

\_\_\_\_\_ PHYSICAL THERAPY (PT)                  \_\_\_\_\_ OTHER (PLEASE EXPLAIN): \_\_\_\_\_

COMMENTS OR REQUESTS: \_\_\_\_\_

**TONAWANDA CITY SCHOOL DISTRICT REGISTRATION FORM (CON'T)**

**EMERGENCY CONTACT INFORMATION – other than guardian**

Name: \_\_\_\_\_  
 Last Name First M.I.

Address: \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**STUDENT CITIZENSHIP AND RESIDENCY**

CITIZENSHIP STATUS: \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ DUAL NATIONAL  
 \_\_\_\_\_ NON-RESIDENT ALIEN \_\_\_\_\_ RESIDENT ALIEN  
 \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

TYPE OF VISA CURRENTLY IN EFFECT: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DATE STUDENT ENTERED THE U.S.: \_\_\_\_\_ LAST COUNTRY OF RESIDENCE: \_\_\_\_\_

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL: \_\_\_\_\_

**PROOF OF RESIDENCY (COMPLETED BY DISTRICT)**

TYPE OF PROOF PROVIDED:

I understand that it may be necessary for the Tonawanda City School District to verify this student's residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**TONAWANDA CITY SCHOOL DISTRICT (TCSD)**

**NOTE TO SCHOOLS/LEAS:** Please assist students and families 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.

**ENROLLMENT FORM / RESIDENCY QUESTIONNAIRE**

Name of LEA: **Tonawanda City School District**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_  
 Female Month Day Year

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 or 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**

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment **are not** required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, \_\_\_\_\_, bearing the relationship of parent/guardian to \_\_\_\_\_  
*Parent/Guardian* *Student Name*

give permission to \_\_\_\_\_ school in the \_\_\_\_\_ school district to release  
*Former School Name* *Former School District Name*

any and all needed records to:

	School	Address	Fax #	Attention:
	Mullen Elementary	130 Syracuse St. Tonawanda, NY 14150	(716) 694-5897	Melissa Kossow
	Riverview Elementary	55 Taylor Dr. Tonawanda, NY 14150	(716) 694-7172	Karen Nocera
	Fletcher Intermediate	555 Fletcher St. Tonawanda, NY 14150	(716) 692-3449	Gail Taggart
	Tonawanda Middle/High School (Grades 6-12)	600 Fletcher St. Tonawanda, NY 14150	(716) 695-1488	Jen Barber
	Special Education Office	150 Hinds St. Tonawanda, NY 14150	(716) 695-5504	Amanda Butcher/ Pennie Strehlow

Please send **ALL** records, including: academic, health & attendance reports & if applicable:

**All** Special Education records, including: IEP, social history, educational evals and psychological reports.

If the student received ENL services, please include the HLQ.

I understand this information is confidential and is to be used for planning my child's educational program.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faxed on:** \_\_\_\_\_

# HOME LANGUAGE QUESTIONNAIRE (HLQ)



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-12

Lissette Colón-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>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER :</b>
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<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>
	<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>

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
<i>District Name (Number) &amp; School</i>	
<i>Address</i>	

## HOME LANGUAGE QUESTIONNAIRE (CON'T)

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure  
            \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past?     No     Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever **received** any special education services in the past?  
 No     Yes - Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?     No     Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

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

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

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

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo.    DAY    YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
DATE OF NYSITELL ADMINISTRATION: _____ Mo.    DAY    YR.	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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSER RECOMMENDATION: _____	



RELEASE FORMS: MEDIA, NEWS, INTERVIEWS, ETC.

PLEASE READ ALL SCHOOL INFORMATION ON POLICIES AND PROCEDURES LISTED BELOW AND IN THE ENCLOSED INFORMATION. RETURN THIS FORM TO SCHOOL WITH APPROPRIATE SIGNATURES AND APPROPRIATE BOXES CHECKED ON BOTH SIDES BY SEPTEMBER 4, 2018.

PLEASE NOTE:

SIGNING OF THIS FORM SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT TO BUT NOT LIMITED TO THE FOLLOWING: CODE OF CONDUCT, WHICH INCLUDES THE SUBSTANCE ABUSE AND DRESS CODE POLICY AND THE ATTENDANCE/TARDY POLICY, WHICH ARE AVAILABLE ONLINE (www.tonawandacsd.org) OR IN THE MAIN OFFICE.

SCHOOL DISTRICT RELEASE FORM: STUDENT INTERVIEWS, PHOTOGRAPHS AND VIDEOTAPES

Please Check only ONE Item:

I hereby consent that interviews, photographs and/or videotapes of my child, \_\_\_\_\_, may be taken or used by the School District only for public relations, educational or other purposes consistent with the purpose and mission of the School District, including publication on the School District website or other District electronic resources (ie, social media.)

I further agree that said materials shall become the property of the School District, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I do not give permission for my child, \_\_\_\_\_, to be interviewed, photographed, and/or videotaped for School District purposes.

PLEASE READ ALL OF THE "RELEASE FOR STUDENT INTERVIEWS, PHOTOGRAPHS, AND VIDEOTAPES" INFORMATION ON OUR WEBSITE BEFORE AGREEING TO ONE OF THE OPTIONS LISTED ABOVE AND BELOW.

OUTSIDE NEWS MEDIA RELEASE FORM:

Please Check only ONE Item:

I give Permission for my child, \_\_\_\_\_, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media print or broadcast purposed as indicated above.

I further agree that such material shall become the property of the applicable media agency, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I do not give permission for my child, \_\_\_\_\_, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media or broadcast purposes ad indicated above.

\*\*\*\*\*GRADES 11 AND 12 ONLY\*\*\*\*\*

NOTIFICATION OF PARENTAL RIGHTS TO WITHHOLD CERTAIN INFORMATION FROM MILITARY and INSTITUTIONS OF HIGHER LEARNING

Pursuant to the No Child Left Behind Act, the Tonawanda City School must disclose to military recruiters or institutions of higher learning, upon request, the names, addresses, and telephone numbers of high school students. The District Must also notify parents of their right and the right of their child to request that the District no release such information without prior written parental consent.

Please do not release the name, address, and telephone number of \_\_\_\_\_, to military recruiters.

Please do not release the name, address, and telephone number of \_\_\_\_\_, to institutions of higher learning.

\*\*\*\*\*For students in Grades 11 and/or 12 only\*\*\*\*\*

Pre-K through Grade 5 – no student signature needed – just parents

PRINT STUDENT'S NAME \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN'S NAME \_\_\_\_\_ PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

## EMAIL ACCOUNTS (GOOGLE APPS FOR EDUCATION)

### ACCOUNT CREATION AGREEMENT

The Tonawanda City School District will provide Gmail accounts to all students. Students will be able to utilize the account while in school or on another device that has Internet connection. They will also be able to use some of the google education tools offline. Please see information provided in the Parent Information document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA), we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

**Please indicate that you give permission for your child to have access to Google Education through the creation of a Gmail account.**

**YES**, I give permission to create an account for my child. I understand that this permission will be effective for seven (7) years or until they graduate.

**NO, I DO NOT** give permission to create an account for my child

**Please sign below to indicate you have read and agree to the terms of this form.**

PRINT STUDENT NAME:

---

PRINT PARENT/GUARDIAN NAME:

---

PARENT/GUARDIAN SIGNATURE:

---

DATE:

---

## COMPUTER CONSENT

(Internet does have filtering software that filters inappropriate websites)

**PLEASE READ ALL OF COMPUTER INFORMATION BEFORE AGREEING TO ONE OF THE OPTIONS LISTED BELOW.**

Please check the appropriate box below:

**YES**, my child may use the Tonawanda City School District's computer network with all its Resources and the Internet

**NO**, my child may NOT use the Tonawanda City School District's computer network.

PRINT STUDENT NAME:

---

GRADE:

---

PRINT PARENT/GUARDIAN NAME:

---

PARENT/GUARDIAN'S SIGNATURE:

---

DATE:

---

STUDENT'S SIGNATURE (6-12 ONLY):

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**PLEASE NOTE:**

RETURN OF THIS FORM WITH SIGNATURES IS REQUIRED FOR STUDENT TO RECEIVE COMPUTER ACCESS. SIGNING OF THIS FORM SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT TO BUT NOT LIMITED TO THE FOLLOWING: CODE OF CONDUCT, WHICH INCLUDES THE SUBSTANCE ABUSE AND DRESS CODE POLICY AND THE ATTENDANCE/TARDY POLICY, WHICH ARE AVAILABLE ONLINE ([www.tonawandacsd.org](http://www.tonawandacsd.org)) OR IN THE MAIN OFFICE.

**NEED FOR PHYSICAL EXAMINATION**

Dear Parent/Guardian:

As mandated by State Education Law (EL903-904), **all new registrants** and students in **pre-kindergarten, kindergarten** and grades **two, four, seven** and **ten** must have a physical examination given by a **New York State** Health Care Provider.

A physical examination at the designated grade level **must** take place whether it is given by the family health care provider or by the school personnel. The school health office will schedule your child for a physical examination by our district Health Care Provider upon your request.

Health Care Providers are requested to fax in the completed physical to the nurse at the student's school. Physical examination reports must be **dated after September 1, 2017**.

Please check the appropriate box below, sign your name, and return this completed form with your registration packet.

- My child is scheduled for a physical examination by our Health Care Provider on (date)\_\_\_\_\_ by (name)\_\_\_\_\_.
- My child's Health Care Provider will **fax** a completed copy of their physical (dated after September 1, 2017) to my child's school:
 

<u>School</u>	<u>Fax #</u>
<input type="checkbox"/> Mullen School	716-694-5897
<input type="checkbox"/> Riverview School	716-743-5441
<input type="checkbox"/> Fletcher School	716-694-7172
<input type="checkbox"/> Tonawanda Middle/High School	716-694-5172
- My child may receive a school physical examination by the School Practitioner and/or School Physician.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your cooperation is appreciated,  
*District Registrar*

**STUDENT ILLNESS AND EMERGENCY INFORMATION**

Date \_\_\_\_\_ Grade \_\_\_\_\_

Student's (full) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please print Last First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Whom to contact first/Who has custody? \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**List 2 alternate adults if parents are unavailable. These adults must be able to pick up the student, make arrangement for them or give medication to that student:**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 (2) Name \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Siblings that re in the school district:**

(1) Name \_\_\_\_\_ School \_\_\_\_\_  
 (2) Name \_\_\_\_\_ School \_\_\_\_\_  
 (3) Name \_\_\_\_\_ School \_\_\_\_\_

Student's Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Hospital of Choice for Emergency Care \_\_\_\_\_

Check student's health condition(s):  Allergy: Bee/Wasp  Allergy: Food  Allergy: Medicine  
 List allergies \_\_\_\_\_ Last reaction(date) \_\_\_\_\_  
 Extent or type of reaction \_\_\_\_\_

Check student's diagnosis(es):  
 Arthritis  Asthma  Diabetes  Elimination  Hearing Loss  Hearing Aid  
 Intestinal  Kidney  Seizures  Vision Loss  Glasses  Other \_\_\_\_\_  
 Physical Limitations \_\_\_\_\_

List medications on a regular basis \_\_\_\_\_  
 List immunizations or tests given in the **LAST YEAR** \_\_\_\_\_

**PLEASE NOTE \*** Unless you indicate otherwise, information contained on this form will be shared on a "Need to Know" basis where the safety and welfare of your child is at stake. Only relevant information will be shared such as allergies and medical issues that could possible manifest themselves while the child is not in proximity to a nurse. Only teachers, coaches and staff that would be in a supervisory capacity over your child would be authorized to access that information.

**Signature of Parent/Guardian** \_\_\_\_\_

**HEALTH HISTORY – NEW AND INCOMING STUDENTS**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(LAST) (FIRST) (MI)

BIRTHDATE \_\_\_\_\_ PHYSICIAN'S NAME \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_  
(HOME) (CELL) (WORK)

**1. Please carefully review the following to provide an accurate health history by checking those items that pertain to your child. If you checked any of the above areas, please have your child's physician note the medical condition on the physical form or have the doctor send in a separate statement to the health office.**

- |                            |                         |                                    |
|----------------------------|-------------------------|------------------------------------|
| Meningitis _____           | Diabetes _____          | Vision Problems _____              |
| Encephalitis _____         | Scarlet Fever _____     | Developmental Problems _____       |
| Rheumatic Fever _____      | Pneumonia _____         | Bowel/Bladder Problems _____       |
| Ulcer/Colitis _____        | Cancer _____            | Physical Disability _____          |
| Kidney Disease _____       | Mononucleosis _____     | Muscle/Joint Problems _____        |
| Heart Disease _____        | Congenital Defect _____ | Eczema _____                       |
| Murmur _____               | Speech Problems _____   | Tuberculosis or Contact T.B. _____ |
| Seizures/Convulsions _____ | Hearing Problems _____  | Behavior/Social Problems _____     |
| Blood Disease _____        | Vision Problems _____   | Hepatitis _____                    |
| Asthma/Wheezing _____      |                         |                                    |

ALLERGIES (please list) \_\_\_\_\_

**NOTE: Verification, including dates of the immunizations based on what grade the student will be entering must be provided before your child can enter school. A list of immunizations is available at any of the school health offices or at the Tonawanda School website. You must secure an immunization record and physical form from your child's doctor.**

2. Does your child take any medication on a regular basis? \_\_\_\_\_

Name of medicine _____	Dose: _____	Reason: _____
Name of medicine _____	Dose: _____	Reason: _____
Name of medicine _____	Dose: _____	Reason: _____

If, during the school year, your child should develop a medical problem or require medication on a regular and/or continuing basis, please have your child's medical provider complete the district's "Authorization for Medication Administration in School" form.

\_\_\_\_\_  
**Parent/Guardian Signature** Date