



Rhinebeck Central School District

POST OFFICE BOX 351
RHINEBECK, NEW YORK 12572
(845) 871-5570 x-5560
(845) 876-4963 (fax)

RESIDENCY QUESTIONNAIRE

Name of LEA: Rhinebeck Central School

Name of School: _____

Name of Student: _____
Last First Middle

Gender: _____ Date of Birth: _____ / _____ / _____ Grade: _____
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 proof of age. 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



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CUESTIONARIO DE RESIDENCIA

Nombre del Distrito Escolar: Rhinebeck Central School

Nombre de la Escuela: _____

Nombre del Estudiante: _____

Apellido

Primer Nombre

Segundo Nombre

Género: _____ Fecha de Nacimiento: _____ / _____ / _____ Grado: _____
Mes Día Año (jardín de infantes - 12)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Dónde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa): _____
- En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha

RHINEBECK CENTRAL SCHOOL DISTRICT
EMILY DAVISON
OFFICE OF SPECIAL PROGRAMS
P.O. BOX 351
RHINEBECK, NEW YORK 12572
(845) 871-5500 x6551

**Parental Rights to Referral and Evaluation for
Special Education Services or Programs**

The Rhinebeck Central School District offers supports for students attending Chancellor Livingston Elementary School, Bulkeley Middle School or Rhinebeck High School in general education such as related services, curriculum and instructional modifications and Academic Intervention Services (AIS). The Response to Intervention (RtI) team in your child's school may make a referral to the Committee on Special Education (CSE) if interventions have not been successful. Contact your child's teacher for more information.

If you think your child has a disability which adversely affects his/her educational performance and may require special education, you may initiate a referral by writing to the Committee on Special Education ("CSE") in this school district or where the nonpublic school is located.

A referral is a written statement asking that the school district evaluate your child to determine if he or she needs special education services. This written statement should be addressed to:

Emily Davison
Director of Special Education
Rhinebeck Central School District
PO Box 351
Rhinebeck, NY 12572

Additional information is available in English and Spanish in a document called, *A Parent's Guide to Special Education* at www.nysed.gov.

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PO Box 351, Rhinebeck, New York 12572

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REGISTRATION CHECKLIST

Student Name: _____ Date: _____

Name of Person Registering Student: _____

Relationship to Student: _____ Phone: _____

Along with the completed registration packet, please provide the following:

Parent ✓	DOCUMENTS to be PROVIDED by PARENT/GUARDIAN to complete registration:	Staff initials
	<p>Proof of Residency: Homeowners: The most recent school or property tax bill, AND 1 current, recurring bill with your name & address for services you receive at this address, such as your electric, cable or telephone bill. Renting in an apartment complex: Your current signed lease, AND 1 current recurring bill for services you receive at this address, with your name & address, such as your electric, cable, or telephone bill. Renting from a private owner: Your current lease, AND the owner's school or property tax bill, AND 1 current recurring bill with your name & address for services you receive at this address, such as your electric, cable, or telephone bill. No formal lease: Your landlord will need to complete the attached Owners' Affidavit (must be notarized), AND 1 current, recurring bill with your name & address for services you receive at this address, such as your electric, cable or telephone bill. If utilities are included in your lease, you will need to provide an additional form of proof of residency.</p>	
	Proof of Birth: Birth Certificate, Passport (current) or NYS ID Card	
	Photo ID of parent/guardian: Driver's license, passport (current) or NYS ID Card	
	Physical Exam Report (must be from within 1 year of start date in school)	
	Current IEP or 504 plan , if applicable	
	Court Documents , such as Custody Order, Order of Protection, etc., if applicable	

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STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name:						
	<i>Last</i>			<i>First</i>	<i>Middle</i>	
Child's Street Address:						
City:			State:			Zip Code:
Home Phone #:				Grade:		
Gender Identification:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			Grade 9 Entry Date:		
Date of Birth:				Place of Birth:		
How many years has child attended school in the USA?						
Name and Town of previous school:						
Ethnic Origin (check one):				<input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic		
Race (check all that apply):						
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White						
Child's Legal Guardian:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:				
Child Lives with:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other:				
Is there a custody order for this child?*			<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there an Order of Protection?*	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please provide court documents*

Parent/Guardian #1	This will be the FIRST parent/guardian contacted					
Name:				Relationship to student:		
Residential Address:						
Mailing Address:						
Home Phone:			Cell Phone:			Work Phone:
Is this parent/guardian in Active Military Service:				<input type="checkbox"/> Yes <input type="checkbox"/> No		Entry Date:
						Exit Date:
Email Address:						

Parent/Guardian #2 *	This will be the SECOND parent/guardian contacted					
Name:				Relationship to student:		
Residential Address:						
Mailing Address:						
Home Phone:			Cell Phone:			Work Phone:
Is this parent/guardian in Active Military Service:				<input type="checkbox"/> Yes <input type="checkbox"/> No		Entry Date:
						Exit Date:
Email Address:						

**To add additional parents/guardians (i.e. step-parents), please attach a separate sheet.*

Other children in the family:			
Name of Child	Date of birth	Grade	School

Does your child receive services and supports through an IEP or 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None
If IEP or 504 is checked, please complete the following:			
Name of School District Attended:		Phone #:	

Check all support services (including AIS) that you child currently receives:		
<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Speech
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> English as a New Language
<input type="checkbox"/> Writing	<input type="checkbox"/> Counseling	<input type="checkbox"/> Other

Student Screening	
Has your child ever attended a NYS public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where and when?	
<p>All students new to entering the New York State public school system are mandated to be screened in the areas of cognitive, academic, language, and motor development for the possibility of being gifted, the possibility of having or the suspicion of having a disability, and the possibility of being limited English proficient. The results of the screening will be mailed home to parents/guardians and may be shared with the student’s teacher(s) to better their educational instruction. Please sign below in acknowledgement of this.</p>	
Parent/Guardian Signature	Date

<p>I understand the requirements for enrollment and request that my child(ren) be admitted to schools in the Rhinebeck Central School District. This is my actual and only permanent address.</p> <p>I am the legal guardian of the above listed child(ren). This/these child(ren) reside with me at this address.</p> <p>I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Rhinebeck Central School District will rely upon them in determining whether the above child(ren) will be admitted to its schools.</p> <p>I understand that in the event the information contained in this document is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document.</p> <p>I understand that the district reserves the right to investigate any student’s residency by any legal means available, including but not limited to, public records, site visits and any other lawful methods of investigation.</p> <p>I understand that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York and may be referred to the office of the district attorney.</p>	
Parent/Guardian Signature	Date

Required School Health Examination Form

Effective January 1, 2021

Education law requires all New York State (NYS) public school students to have a health exam as a new entrant and in Pre-K or Kindergarten and grades 1, 3, 5, 7, 9, and 11.

Effective February 1, 2021, all health examinations performed for school must be documented on the NYS Required Health Examination Form – pursuant to Education Law. The form will be available on the NYSDOH Health Commerce System (HCS) in mid-February.

ONLY the approved form will be accepted by schools for health examinations conducted on or after January 31, 2021.

Students who present a physical exam that is not acceptable will be required to have the parent/guardian contact their healthcare provider to complete the correct form. Students who are unable to obtain the correct form will be required to have the health examination repeated at school. We ask that you comply with Education Law and document a health exam on the correct form.

Please note all components on the health exam form are required in NYS Law.

Thank you for your cooperation.

Sincerely,
Mary Skeen, RN
Teresa Costakis, RN
School Nurses
Rhinebeck Central School District

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REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> 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: Yes Not Done **Hypertension:** Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:		Affirmed Name (if applicable):			DOB:	
SCREENINGS						
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11						
Vision Screening	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done	
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Near Vision Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>	
Notes						
Hearing Screening: 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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>	
Notes						
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	
FOR PARTICIPATION IN PHYSICAL EDUCATION*/SPORTS*/PLAYGROUND/WORK						
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act						
<input type="checkbox"/> Student may participate in all activities without restrictions.						
If Restrictions Apply – Complete the information below						
<input type="checkbox"/> Student is restricted from participation in:						
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.						
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.						
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.						
<input type="checkbox"/> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V						
<input type="checkbox"/> Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):						
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.						
MEDICATIONS						
<input type="checkbox"/> Order Form for medication(s) needed at school attached						
COMMUNICABLE DISEASE				IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam				<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER						
Healthcare Provider Signature:						
Provider Name: <i>(please print)</i>						
Provider Address:						
Phone:				Fax:		
Please Return This Form to Your Child's School Health Office When Completed.						

The information provided on this form is true and correct and the statements made in this document are being made with knowledge that the Rhinebeck Central School District will rely upon them in determining whether the above-named child(ren) will be admitted to its School District.

Signature of Property Owner/Landlord

Print Name & Title

Telephone Number

Sworn to before me this _____
day of _____, 20____

Notary Public