



Peru Central School District

PreK-12 Registration Packet

Preparing Our Students for Success

Welcome to the historic Peru Central School District. We are excited that you have chosen for your child to be educated within our halls and look forward to working with you and your family for many years to come.

To register your child, please email or bring the following documentation to your meeting with our registrar:

- ☐ 2 Proofs of Residency (please see form within packet for requirements)
- ☐ Student's Birth Certificate
- ☐ Parent/Guardian Driver's License/ID
- ☐ Completed Registration Packet
- ☐ All Legal or Custody Documents
- ☐ Current Medical Records
- ☐ Physical and Immunization

You may email the registration packet and supporting documents to Kristi Boliver at registrar@perucsd.org. If you are unable to email the registration packet, **please call for an appointment PRIOR to arriving to submit paperwork**. Further directions on how to get to this office will be given at that time.

Hours

School Year: 8 a.m. to noon; 1:30 to 2:30 p.m.

Summer: 8 a.m. to 1 p.m.

Phone: (518) 643-6011

Fax: (518) 643-6083

Email: registrar@perucsd.org



Peru Central School District REGISTRATION

Name of Student: _____ Sex: M ____ F ____

Date of Birth: _____ Birth Place: _____ Primary Language: _____

Date Entering: _____ Grade: _____

Has your child ever attended Peru CSD? _____ If so, when? _____

Indicate the total number of years that your child has been enrolled in school: _____

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

- ☐ In Permanent Housing with:
- ____ Father only ____ Mother only ____ Both ____ Foster Parents ____ Other
- ☐ In a shelter
- ☐ With another family or 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)*: _____

Parent/Guardian Information

Salutation: ____ Mr. ____ Mrs. ____ Ms. ____ Miss

____ Natural Father/Mother ____ Step Father/Mother
____ Guardian ____ Foster Parent
____ Grandparent ____ Uncle/Aunt

Full Legal Name

____ (First) ____ (Middle) ____ (Last)

____ (Physical Address)

Cell # _____ Work # _____

Place of Work _____

Email _____

(used for “going green” communication and enrollment for parent portal)

Salutation: ____ Mr. ____ Mrs. ____ Ms. ____ Miss

____ Natural Father/Mother ____ Step Father/Mother
____ Guardian ____ Foster Parent
____ Grandparent ____ Uncle/Aunt

Full Legal Name

____ (First) ____ (Middle) ____ (Last)

____ (Physical Address)

Cell # _____ Work # _____

Place of Work _____

Email _____

(used for “going green” communication and enrollment for parent portal)

Previous School Attended: _____ Grade: _____

Address: _____ Phone: _____

Names of all other children in household including preschool age children (for school census purposes).
Please fill in complete full name (including middle name).

Name: _____ DOB: _____ Grade: _____ Male/Female

Name: _____ DOB: _____ Grade: _____ Male/Female

Name: _____ DOB: _____ Grade: _____ Male/Female

Name: _____ DOB: _____ Grade: _____ Male/Female

Any legal custodial restrictions? No ☐ Yes ☐ **If yes, please attach court documents.**

Preferred Language for Communications

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

Emergency Contacts

Names, addresses and phone numbers of people with whom you have made arrangements to take responsibility for your child in the event you cannot be reached.

1. Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3. Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

4. Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Additional Information

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

Student Racial & Ethnic Identification as specified by the NYS Dept. of Education

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

_____ Yes, Hispanic

_____ No, not Hispanic

2. Select one or more races from the following five racial groups.

- ☐ AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.
- ☐ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ BLACK: A person having origins in any of the black racial groups of Africa.
- ☐ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Special Education Needs

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

If Yes, check ☐ IEP or ☐ 504 Plan

If Yes, please place a checkmark next to each service he/she is receiving.

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Consultant Teacher | <input type="checkbox"/> BOCES |
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Occupation Therapy | <input type="checkbox"/> Self-Contained Classroom |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> 1:1 Aide | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Declassified | <input type="checkbox"/> Testing Accommodations |

Other Special Education Needs: _____

Academic Intervention Services

☐ AIS Reading ☐ AIS Math ☐ Other: _____

Parent/Guardian Statement: I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Peru Central School District.

Parent/Guardian Signature

Date



Records Release AUTHORIZATION

Date: _____

To: _____

Phone: _____

Fax: _____

The student listed below has enrolled in the
Peru District on _____.

Please record an exit date from your district
that is earlier than this date so that the student
is not shown as being simultaneously enrolled
in both districts.

The following student has enrolled in our district:

Student: _____ D.O.B.: _____ Grade: _____

Please forward the following records for the student listed above:

- ☒ Health/Immunization Records (Also, copy of last physical, if less than a year old.)
- ☒ Academic Records (Transcript/Last Report Card/Last Progress Report/Standardized Test Scores/Current Schedule)
- ☒ Grades 3-8 Science Investigations
- ☒ All Discipline Records
- ☒ Special Education Records, including psych evals., if applicable
- ☒ Birth Certificate
- ☒ Other: _____

Signature of Parent or Guardian: _____

Date: _____

Please send the information listed above to:

Peru Central School District
17 School Street
Peru, NY 12972

Fax to:

1(518) 643-6083	K-2 Main Office
1(518) 643-6083	3-5 Main Office
1(518) 643-6084	6-8 Main Office
1(518) 643-6084	9-12 Main Office



Proof of RESIDENCY

Peru Central School District requires that all students reside within the district boundaries for attendance. Two proofs of residency are required. Items reflecting a P.O. Box are not valid proofs of residency. All items must be dated within the last 30 days.

You must provide two forms of proof of residency from the list below:

☐ Lease or Mortgage Agreement

☐ Rental Agreements

AND

☐ Telephone Bill

☐ Credit Card Bill

☐ Cable Bill

☐ Pay Stub

☐ Utility Bill

☐ Tax Bill

☐ Car or Home Insurance Policy

☐ Voter Registration

☐ Bank Account Statement

I, _____, am a resident of the Peru Central School District. Please accept copies of the indicated documentation as proof of residency.

Date

The Peru Central School District educates homeless youth and children in accordance with the federal McKinney-Vento Homeless Assistance Act, which requires states and school districts to ensure that homeless children and youths have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. 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. The district's Homeless Liaison will assist the student and family.



Media Release OPT-OUT FORM

Child's Name: _____ Grade: _____

Parent's/Guardian Name: _____

Parent's/Guardian Signature: _____

- ☐ I do **NOT** give permission for my child to participate in any field trips.
- ☐ I do **NOT** give permission for my child to be photographed or videotaped. It is understood that your child will not appear in photographs or videotapes for presentations, news articles, Peru District publications or the Peru School yearbook.
- ☐ Section 9528 of the No Child Left Behind Act of 2001 allows for school districts to provide names, addresses, and telephone number to Military recruiters. For students in grades 11 and 12 only. I do **NOT** consent to allow my child's name to be released.

The media release opt-out form only needs to be returned to school if you do NOT give permission for your child to participate in any field trips or if you do not give your child permission to be photographed or videotaped at school or school events.



Interscholastic SPORTS

Students in grades 7-12 are eligible to try out for interscholastic sports. All prospective athletes must have a physical within a year.

Is your child interested in a sport(s)? ☐ Yes ☐ No

If yes, which sport(s): _____



Peru Central School District



NYSPHSAA TRANSFER NOTIFICATION

This form must be completed for all transfer students requesting a waiver or exemption

THE STUDENT CANNOT PARTICIPATE IN A CONTEST/SCRIMMAGE UNTIL APPROVED BY THE SECTION.

Please check one: **(Required supporting documentation must be attached)**

Waiver Request

☐ **Health & Safety:** Appeals are considered for safety, mental health, personal relationships and other similar circumstances. Written documentation is required from Superintendent of Schools or High School Principal of the sending school indicating the specific circumstances which necessitated the transfer. Supporting documentation from a third party outside of the school may be submitted (ex. police report).

☐ **District of Residency:** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

☐ **Hardship:** Each school shall have the opportunity to petition the section involved to approve transfer without penalty based on an undue hardship for the student. Educational Waivers will not be considered as an undue hardship.

☐ **Financial:** Requires documented proof of a significant loss of income or a significant increase in expenses.

Exemption Request

☐ **Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.

☐ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

☐ **Other:** Exemptions (six) as denoted in NYSPHSAA Rule #31 (Transfer). Exemption: _____

Residency Change

☐ *NYSPHSAA transfer/residency policy states: (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA regulations.***

By signing this document, I attest the information provided is accurate and correct; I have understanding the falsification of information could lead to ineligibility; the immediate family will be physically residing at the current address as inhabitants and intend to remain indefinitely; the student has transferred without inducement or recruitment.

Parent Signature: _____ Name (Print): _____ Date: _____

PART ONE

TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)

(Parent I name & address): _____

(Parent II name & address): _____

Name of Sending School _____ Did student participate in athletics at sending school? Yes ☐ No ☐

The receiving school's administration is responsible for abiding by all NYSPHSAA Eligibility standards.

Athletic Director's signature: _____ Date _____

Principal's signature: _____ Date _____

Superintendent's signature: _____ Date _____

**** DO NOT COMPLETE BELOW - SECTION USE ONLY ****

SECTION APPROVAL: _____ **SECTION EXECUTIVE DIRECTOR:** _____

SECTION DENIAL: _____ **DATE:** _____



NYSPHSAA TRANSFER NOTIFICATION

This form **must** be completed for all transfer students requesting a waiver or exemption

PART TWO

TO BE COMPLETED **BY SCHOOL STUDENT PREVIOUSLY ATTENDED**
AND RETURNED TO STUDENT'S PRESENT SCHOOL

Name of Student: _____ Date entered 9th grade _____

Did student repeat any grades? _____ If yes, which grade(s)? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school _____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE

TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated)

	YEAR	SPORT	LEVEL	SCHOOL
7 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
8 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
9 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
10 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
11 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
12 th Grade	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____
	_____	_____	V <input type="checkbox"/> JV <input type="checkbox"/> FR <input type="checkbox"/> MOD <input type="checkbox"/>	_____

The undersigned has no knowledge the student named has transferred to his/her present school without inducement or recruitment.

Athletic Director's signature: _____

Date _____

Principal's signature: _____

Date _____

Superintendent's signature: _____

Date _____



Transportation Department

BUSING INFORMATION

The Peru Central School District provides transportation for all students living within the boundaries of the district. Parents are able to decline district transportation. At any time during the school year, parents may contact the Transportation Supervisor to request transportation services and this service will be set up within five school days from notification.

Student Name(s): _____ Grade: _____

Grade: _____

Grade: _____

Grade: _____

☐ I am opting out of District Transportation Services for my child(ren).

☐ My child(ren) will use District Transportation Services.

HOME

☐ Check box if home address/phone is the same as registration. If not, complete the below.

Address: _____

Home Phone: _____

ALTERNATE ADDRESS

Address: _____

Contact Name: _____

Home Phone: _____

Cell Phone: _____

Complete the below chart to designate your child's pickup and drop-off location for each day of the week (Home or Alternate – Alternate typically being daycare).

	AM	PM
<i>Example</i>	<i>Home</i>	<i>Alternate</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Signature of Parent or Guardian

Date



Transportation Department Parent Visibility Form

Dear Parent/Guardian of Peru Central School District student(s);

In the best interest of the safety of our Students, we at Peru Central School District desire for a Parent/Guardian or designee to be in attendance and visible at the drop off location of all students PK-5 and all Special Needs Students PK-12 of Peru Central School District.

If a Parent/Guardian or designee is not visible at the drop off location, our Peru Bus Drivers will not drop the student off. The student will be transported back to campus and the Parent/Guardian will have the responsibility of transporting the student home after signing them off campus from an administrator.

If a Parent/Guardian wishes to be exempt from this requirement, a visibility exempt form must be submitted. A completed form is required for each individual Peru CSD student. Each completed form will be reviewed, evaluated and honored at the discretion of school administration and the transportation department.

To request an exemption from this requirement, please fill out the form below and return to the Transportation Office.

If the child is in grades PK-2 and a responsible sibling (Grade 3-12) is not getting off the bus with them, the bus driver WILL NOT let your PK-2 child off by themselves.

Visibility exempt forms are required annually; forms from previous school years will not be honored.

I, _____ give Peru Central School District Bus Drivers permission to
(Print Parent/Guardian Name)
drop off my child at the following destination(s) without a Parent/Guardian or designee visible to the driver.

Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____
Student Name: _____	Grade: _____

Address of Drop Off Location: _____

Emergency Contact Name: _____ Phone: _____

Include an authorized Alternate Address in this request: Yes No N/A

Address of the Authorized Alternate Drop Off Location: N/A _____

Emergency Contact Name: _____ Phone: _____

I understand my child is my responsibility after they are dropped off by the School Bus. I agree to have a responsible party always home and/or an arrangement made for my child to have easy access to enter the secure residence.

(Parent/Guardian Signature)

Date _____

(PK-2 School Administrator Signature)

Date _____

PCSD Authorization:

☐

Request Approved

☐

Request Denied

Date: _____



Questionnaire HOME LANGUAGE

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. Please complete the Language Background below as required by the New York State Education Department. Your assistance in answering these questions is greatly appreciated.

Student Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____ Relation to Child: _____

Language Background

1. What language(s) is(are) spoken in the student's home or residence? ☐ English ☐ Other _____
Specify

2. What was the first language your child learned? ☐ English ☐ Other _____
Specify

3. What is the Home Language of each parent/guardian? Please specify each.

_____ Mother _____ Father _____ Guardian

4. What language(s) does your child understand? ☐ English ☐ Other _____
Specify

5. What language(s) does your child speak? ☐ English ☐ Does Not Speak ☐ Other _____
Specify

6. What language(s) does your child read? ☐ English ☐ Does Not Read ☐ Other _____
Specify

7. What language(s) does your child write? English Does Not Write Other _____
Specify

Do you think your child may have any difficulties or conditions that affect their ability to understand, speak, read or write in English or any other language?

☐ Yes* ☐ No ☐ Not Sure

*If yes, please explain: _____

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

Official Office Use Only

Oral Interview Necessary: ☐ No ☐ Yes

Assigned to: _____ Date: _____



Peru Central School District



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - ____ - ____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



School Entrance PreK-12 NYS IMMUNIZATION REQUIREMENTS

IMMUNIZATION NAME	GRADE(S)	# OF DOSES REQUIRED
Diphtheria/Tetanus/Pertussis (DTaP or DTP)	PreK	4
	K-5	4-5
	6-12	3
Tetanus/Diphtheria/acellular Pertussis (Tdap)	PreK-5	N/A
	6-12	1
Hepatitis B	PreK-12	3 (or 2 doses of adult hepatitis B vaccine for children 11-15 years old)
Measles/Mumps/Rubella (MMR)	PreK	1
	K-12	2
Polio	PreK	3
	K-12	3-4
Varicella (Chickenpox)	PreK	1
	K-12	2
Meningococcal Conjugate (MenACWY)	PreK-6	N/A
	7-11	1
	12	2 (however if dose #1 is received after age 16, only 1 dose is required)
Hemophilus Influenzae (HIB)	PreK	1-4
	K-12	N/A
Pneumococcal Conjugate (PCV)	PreK	1-4
	K-12	N/A

I understand that if my child transfers from a school district within New York State, that I have two weeks from the date of admission or, 30 days if transferred from outside of New York State, to produce an official record of my child's immunizations or in lieu of this the following:

- a) New York State licensed physician's certificate stating that the listed immunizations are detrimental to the child's health. This MUST specify which vaccine is detrimental and the length of time for the exemption.

****PLEASE NOTE THAT ALL MEDICAL EXEMPTIONS MUST BE RENEWED YEARLY. PLEASE PROVIDE YOUR CHILD'S NURSE WITH THE RENEWAL CERTIFICATE AT THE BEGINNING OF EACH SCHOOL YEAR.**

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164.

I further understand that, under the law, if the school DOES NOT receive the evidence of immunization within the specified period, my child WILL BE EXCLUDED from school until such time as the evidence is received.

Date

Signature of Parent/Guardian



Grades PreK-12 HEALTH HISTORY

Please complete all information that pertains to your child (be specific with dates, type of injury, etc.).

STUDENT NAME: _____

Any serious injury or illness (such as chicken pox, measles, whooping cough, etc.): _____

Serious head injury/accidents: _____

Loss of consciousness: _____

Musculoskeletal/orthopedic problems: _____

Joint pain/swelling: _____

Fractures/breaks: _____

Scoliosis: _____

Heart disease: _____

Heart murmur: _____

Rapid heart rate/palpitations: _____

Asthma: _____ Meds/inhalers: _____

Diabetes: _____ Insulin pump: _____

Meds for diabetes: _____

Spleen or liver conditions: _____

Kidney disease/infections: _____

Hernia: _____

Undescended or one testicle: _____

Restrictions for above: _____

ADHD/ADD: _____ Tourette's: _____

Behavior/attention span issues: _____

Epilepsy/seizures: _____

Describe seizures: _____

Date of last seizure: _____

Hearing loss/ear infections: _____

Glasses, contacts, eye problems: _____

Hospitalizations (list date and reason): _____

GRADE: _____ DATE OF BIRTH: _____

ALLERGIES (describe reaction of any to the following):

Food: _____

Medications: _____

Hay fever/environmental: _____

Bee stings: _____

Recommended treatment for the above allergic

reaction: _____

Parent/Guardian Signature

Date

Please return to your child's school nurse by the first week of school.



Peru Central School District HEALTH SERVICES

Notification to Parents Regarding the Required Health Examination and Request for Dental Certificate

According to state Education Law Article 19, section 903, each new pupil entering a public school shall furnish proof of a physical examination done within the last 12 months. If a health certificate is not presented **at the time of registration**, a written notice will be sent in follow up. Then, if the physical is not furnished **within 30 days**, the school MD, PA or NP will conduct a school exam.

***PLEASE NOTE THAT PHYSICAL EXAMS FROM OUTSIDE OF NEW YORK STATE AND OUT OF COUNTRY ARE NO LONGER ACCEPTABLE.

Students in grades **Pre-K or K, 1, 3, 5, 7, 9 and 11** are required by law to have physicals and are requested to provide a Dental Certificate. A health appraisal or physical should include height, weight, and blood pressure. Vision and hearing screening results should be included if available. A physical is acceptable 12 months prior to the beginning of the school year in which the exam is required.

All children in a **special program** are required to have a physical every three years in order to modify their educational needs.

Any student interested in obtaining a **working card**, ages 11-18, must have a valid physical on file. Appropriate paperwork including social security card, birth certificate and completed application are required.

Finally, children who participate in **interscholastic sports, grades 7-12**, must have a valid physical on file. Physicals will be valid for a period of 12 months through the last day of the month in which the physical was completed.

****State Education law expands health screenings to include the Dental Health of students in New York State. (A dental examination is optional.) According to this law, we are requesting a dental certificate as well as a physical examination. A copy of a dental certificate form can be found at www.perunighthawks.org.**

If you have any questions, please contact your child's school nurse.

I prefer to have _____ examined by (please select one)
(Student Name)

_____ School Medical Director

_____ Private Physician

Date

Signature of Parent/Guardian

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE



Health Services Office

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____, authorize my child's healthcare provider(s) listed below:

Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____

to release the medical records of my child, _____, DOB _____
to the district's:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Other _____ | | |

The healthcare provider may disclose the following information: *(Parent/School: check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Health Appraisals | <input type="checkbox"/> Past/Current Medical Conditions and impact on attendance, athletics, or school programming or therapy |
| <input type="checkbox"/> Other _____ | | |

The Protected Health Information may be used, disclosed, or received for the following purpose(s):

(Parent/School: check all that apply)

- | |
|---|
| <input type="checkbox"/> To develop care or therapy plans for routine and emergent school management |
| <input type="checkbox"/> To design appropriate educational, school, or athletic programs |
| <input type="checkbox"/> To assess the impact of the medical condition(s) on school programming and/or attendance |
| <input type="checkbox"/> To share school observations/concerns surrounding behavior |
| <input type="checkbox"/> To assess a medical basis for modification of transportation and/or home tutoring |
| <input type="checkbox"/> Medication delivery or therapy prescriptions |
| <input type="checkbox"/> At patient's request with no specified purpose |
| <input type="checkbox"/> Other _____ |

PARENT: Please select one.

- | |
|--|
| <input type="checkbox"/> This authorization is valid for the entire academic school year 20____-20____ |
| <input type="checkbox"/> This authorization is valid for the duration of attendance within the school district |
| <input type="checkbox"/> This authorization shall expire on ____/____/____ (MO/DD/YR) |

I acknowledge that I have the right to evoke this authorization at any time by sending a written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the healthcare provider list.

Signature of Parent/Guardian

Relationship

Date

You may refuse to sign this authorization. A signed copy of this authorization must be given to the parent of the minor child or student of over 18.



Office of Student Services

MEDICAID INSURANCE PROGRAM

Dear Parent/Guardian of :

This is to ask your permission (consent) for Peru Central School District to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/ information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared:

Records to be shared (such as records or information about services your child receives)

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Name and Signature: _____

Print Name

Date



Use of District Instructional Technology **ACCEPTABLE USE POLICY** for District Access to Electronic Information, Services & Networks

Technology is Integral to a Modern Society

The Board of Education is committed to maximizing the intentional integration of instructional technology to enrich and extend learning opportunities for students and staff members. The Board considers student access to end-user devices, learning applications, educational software, and the worldwide web to be a fundamental educational and research tool.

To that end, the District is committed to building and maintaining a robust computer infrastructure capable of supporting the application of 21st Century modern learning tools and practices. The use of computer-related technology in classrooms across the District is strongly encouraged to advance and promote both learning and teaching.

Online navigation, research skills, and interconnectivity are fundamental to the preparation of global citizens and knowledge based participants of an interconnected world economy. Access to the Internet enables students to explore myriad libraries, electronic databases, and other important resources. Instruction to identify useful information and evaluate the value of that material to make connections, build understanding, produce and share knowledge is essential. Educational technology stands to empower learners in the acquisition of information. It also possesses synthesis tools to promote understanding and the production of knowledge. Finally, technology represents a powerful differentiation vehicle to personalize and extend the learning experience.

Beyond the construction of knowledge, the District recognizes that students and staff members alike benefit from the free-flowing exchange of ideas facilitated by modern communication technologies. The source of useful ideas and meaningful exchange need not be constrained by geography. Technological tools can greatly support and accelerate communication between students with other people from around the world.

A robust District network architecture provides the backbone that supports multiple uses of modern technology by students and staff members. First, the District network supports internal and external communication, including telecommunication, email, and print messaging. Second, it provides connectivity to the Internet for research, enhances the evaluation of information and formulation of understanding, and provides authentic means to share knowledge. Third, a functional network promotes continuous professional learning and collaboration. Fourth, it supports reliable operations, including the effective management of student information, routing of buses, and appropriate employee compensation.

User Rights Balanced by Responsibility

The Board of Education is committed to developing and supporting responsible cyber-citizenship of students and staff members by providing access to District infrastructure. A central premise of a democratic society is that individual freedoms are balanced with an interest in the collective welfare of others, which comprises both physical safety and emotional security. To this end, it is important that the District describes the acceptable and unacceptable uses of District technology. Clear behavioral expectations for the use of District technology are hereby described in this policy.

All students, staff members, and guest users of the District's network must understand that access to District infrastructure, end-user devices, and applications comprise a privilege, not a right, and that their use requires personal responsibility. The District reserves the right to control access to the Internet for all users of its devices, network, and systems architecture. More specifically, the District may either allow or prohibit certain uses of its devices and applications. Further, the District may limit the types of online activity, including access to specific Internet websites. In making decisions regarding student access to the Internet, the District considers its educational mission, goals, and objectives. Students utilizing District access to the Internet must agree to the terms and conditions of this acceptable use policy or AUP. They must agree to be supervised by District staff members. The students will be held responsible for using technology in a manner similar to how they are expected to behave and/or communicate in a

classroom or other area of the school, as described in the District Code of Conduct.

The District expects that faculty will purposefully integrate uses of the Internet throughout the curriculum and will provide guidance and instruction to students in its acceptable use and maximal benefit. While students will be able to move beyond resources previewed and identified by their teachers, it is expected that they will be provided with specific class lists or project guidelines of resources particularly suited to stated learning objectives.

Inappropriate Uses of Technology

The following actions violate this Acceptable Use Policy:

1. to access any individual's digital materials, information, or files without permission;
2. to access, upload, download, or distribute pornographic, obscene, or sexually explicit material whether the material is in audio, graphic, or text format;
3. to harass anyone in any way using the school district's electronic computer systems, networks, or communications systems;
4. to perform commercial activities;
5. to vandalize, damage, or disable the property of another individual or organization
6. to violate any local, state, or federal statute;
7. to violate copyright or otherwise use the intellectual property of another individual or organization without permission;
8. to install or operate computer or network equipment on Peru Central School property not previously approved by the systems administrator;
9. to interfere with the functioning of the network or computer functions to include, but not limited to:
 - a. breaking computer security;
 - b. causing broadcasting of e-mail or packets to cause denial of service conditions;
 - c. computer hacking, attacks on computer resources that result in loss of function or access;
 - d. destruction of others' files;
 - e. distribution of viruses or tools that others might use to cause disruptions;
 - f. running of processes on computers to bog them down;
10. to use any device or process to circumvent security, conduct hacking or cracking operations, or conduct sniffing of network resources;
11. to vandalize, disable, or degrade computer and/or network related equipment;
12. to waste consumable resources;
13. to commit any other action that interferes with the instructional or learning process.

Protection of User Data

Staff members are required to attain pre-approval from their building or program administrator, who in turn will check with the NERIC Instructional Technology (IT) specialist, before directing or knowingly allowing any student to use any cloud-based educational software or application. This is especially important because of increased concern about identity theft, unwarranted invasion of privacy, and the necessity to protect personally identifiable information as required. The NERIC IT specialist will determine if a formal contract is required or if the terms of service are sufficient to address privacy and security requirements. The NERIC IT specialist will confirm with the Superintendent that all requirements have been satisfied and inform the building or program administrator.

Data Storage Expectations

Further, users of District devices or infrastructure should not expect that files stored on school-based computers will remain private. Electronic messages and files stored on school-based computers may be treated like school lockers. Administrators and faculty may review files and messages to maintain system integrity and ensure that users are acting responsibly.

Procurement of Technology Resources for Learning

The Superintendent, working in conjunction with the designated purchasing agent for the District, NERIC IT management team, and the Director of Curriculum, Assessment and Professional Development will be responsible

for the purchase and distribution of computer software and hardware throughout the District.

Long-Term Planning

The District's Tech Vision Committee, a shared-decision making team, will provide input to prepare a comprehensive multiyear technology plan for approval from the Board of Education. The plan will be revised as necessary to reflect statutory changes, evolving technological tools, and/or alterations in District needs.

Consequences for Violations of Use

All users of the District's network, devices, and/or applications shall comply with this policy and regulation. Failure to comply may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

Any violation of District AUP, its rules, or related regulation may result in loss of District-provided access to the network, devices, and/or applications. This include computers and access to the Internet. Additional disciplinary action may be determined by the Superintendent in keeping with existing procedures and practices regarding inappropriate language or behavior via technology. When and where applicable, law enforcement agencies may also be involved.

The Peru Central School District makes no warranties of any kind, neither expressed nor implied, for the Internet access it is providing. The District will not be responsible for any damages users suffer, including--but not limited to--loss of data resulting from delays nor interruptions in service. The District will not be responsible for the accuracy, nature or quality of information on District storage media, nor for the accuracy, nature, or quality of information gathered through District provided Internet access. The District will not be responsible for personal property used to access District computers or networks or for District-provided Internet access. The District will not be responsible for unauthorized financial obligations resulting from District-provided access to the Internet.

Parents of students in the Peru Central School District shall be provided with the following information:

The Peru Central School District provides access to the Internet. The Internet is an electronic highway connecting hundreds of thousands of computers and millions of individual users all over the world. This computer technology will help propel our schools through the information age by providing students and staff members with access to and use of resources from distant computers, communicate and collaborate with other individuals and groups around the world, and significantly expand their available information base. The Internet is a tool, integral to lifelong learning in the 21st Century.

The District will be educating all students regarding appropriate online behavior including interacting with other individuals over digital formats, and regarding cyberbullying awareness and response. The District is committed to developing responsible cyber-citizenship among its students.

Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which a student's parent or guardian would be liable.

While the District's intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Even though the District has instituted technological methods and systems to regulate students' Internet access, those methods cannot guarantee compliance with the District's acceptable use policy or AUP. The District believes however that the benefits to student access to the Internet exceed its disadvantages.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children must follow when using media and information sources. Toward that end, the Peru Central School District makes the District's complete Acceptable Use Policy and procedures available upon request for review by all parents, guardians, and other members of the community.