

INFORMATION REQUEST

Please provide information as requested herein below to establish your student's school district residency:

(a) Child resides with both parents in one household - parents own or rent dwelling.

proof of residency:

- proof of ownership
- original purchase order
- original lease
- other objective proof of residency

(b) Child resides with both parents in one household - parents neither own nor rent

proof of residency:

- original of at least two of the following with home address:
 - ◆ tax return
 - ◆ payroll stub or unemployment document
 - ◆ insurance policy
 - ◆ utility bill
 - ◆ Social Services documentation
 - ◆ Post Office documentation of forwarding address
 - ◆ other objective proof of residency

(c) Child resides with one parent

- **proof of residency as above and,**
- **proof of physical custody:**
 - ◆ documentation in separation divorce agreement of physical custody arrangements -physical custodian must reside in district
 - ◆ all other - paperwork must be reviewed by superintendent
 - ◆ affidavit may be requested by superintendent

YOU ALSO NEED TO BRING:

- Birth Certificate for the child you are registering
- Immunization Record for the child you are registering
- Report Card for the child you are registering

Please call ahead to set up your registration appointment.

Guidance Office – 287-4914
Alicia Porter – Central Registration Extension 1258

HOUSING QUESTIONNAIRE

Name of LEA: Gouverneur Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
 Female Month Day Year (preschool-12) (optional)

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 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

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

**GOUVERNEUR CENTRAL SCHOOL DISTRICT
ENROLLMENT FORM**

FOR OFFICE USE ONLY

____ New ____ Re-Enter ____ Change of Parent/Guardian ____ Out of District Placement

PLEASE COMPLETE THE INFORMATION BELOW.

Child's Last Name: _____ Child's First Name: _____ Child's Middle Initial: _____

Gender: _____ **HAS YOUR CHILD ATTENDED SCHOOL HERE BEFORE:** _____

Ethnic Description (Please check one of the following):

____ American Indian OR Alaskan Native ____ Asian ____ Black OR African American
____ White ____ Native Hawaiian OR Other Pacific Islander

Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, or South American, or other Spanish culture or origin, regardless of race:

Check only **ONE BOX**: YES, Hispanic No, not Hispanic

PLACE OF BIRTH: _____

Primary Language Spoken in the Home: __ Chinese __ English __ French __ German __ Korean __ Spanish

Check only **ONE BOX**

Other: _____

PLEASE VERIFY THE INFORMATION BELOW.

Relation of where student will be residing (circle one)

Father Mother Parents Grandfather Grandmother Grandparents
Legal Female Guardian Legal Male Guardian Foster Care Self Other _____

NAME(S) OF PARENT(S): _____ **OR**

NAME OF STEP PARENT: _____ **OR**

FOSTER PARENT: _____

If there are others who should receive records on the above child, please list the appropriate information below: use Second Address for this purpose.

Second Address (if someone else needs information)

Relation to the student (circle one)

Father Mother Parents Grandfather Grandmother Grandparents
Legal Female Guardian Legal Male Guardian Foster Care Self
Other _____

Mr. _____
Mrs. _____
Ms. Last Name First Name MI Suffix

911 Address _____

Supplemental address ie PO Box _____

Home Phone Work Phone Cell Phone

E-Mail Address _____

Check what they receive:
____ Attendance ____ Grading ____ Scheduling ____ Can pick up student ____ Discipline ____ Mailing
____ Testing

PRESCHOOL CHILDREN: IF YOU HAVE PRE-SCHOOL CHILDREN, PLEASE COMPLETE THE INFORMATION BELOW.

THIS SECTION IS FOR CHILDREN NOT OLD ENOUGH TO ATTEND SCHOOL YET

Child's Last Name: _____ Child's First Name: _____ Child's Middle Initial: _____

Gender: _____ Date of Birth: _____

Ethnic Description (Please check one of the following):

_____ American Indian OR Alaskan Native _____ Asian _____ Black OR African American
_____ White _____ Native Hawaiian OR Other Pacific Islander

Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, or South American, or other Spanish culture or origin, regardless of race:

Check only **ONE BOX:** YES, Hispanic No, not Hispanic

Child's Last Name: _____ Child's First Name: _____ Child's Middle Initial: _____

Gender: _____ Date of Birth: _____

Ethnic Description (Please check one of the following):

_____ American Indian OR Alaskan Native _____ Asian _____ Black OR African American
_____ White _____ Native Hawaiian OR Other Pacific Islander

Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, or South American, or other Spanish culture or origin, regardless of race:

Check only **ONE BOX:** YES, Hispanic No, not Hispanic

Child's Last Name: _____ Child's First Name: _____ Child's Middle Initial: _____

Gender: _____ Date of Birth: _____

Ethnic Description (Please check one of the following):

_____ American Indian OR Alaskan Native _____ Asian _____ Black OR African American
_____ White _____ Native Hawaiian OR Other Pacific Islander

Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, or South American, or other Spanish culture or origin, regardless of race:

Check only **ONE BOX:** YES, Hispanic No, not Hispanic

Parent Signature: _____ **Today's Date:** _____

___ Health Office
___ CSE Office
___ Faxed Previous District

**GOUVERNEUR CENTRAL SCHOOL DISTRICT
133 EAST BARNEY STREET
GOUVERNEUR, NEW YORK 13642
PHONE: (315) 287-4914, EXT. 1258
FAX: (315) 287-5511**

I HEREBY AUTHORIZE:

(THE SCHOOL LAST
ATTENDED GOES HERE)

Phone Number: _____
FAX Number: _____

TO RELEASE ALL CONFIDENTIAL INFORMATION FROM THE RECORDS OF:

Student's Name: _____

DATE OF BIRTH: _____ (month/day/year)

GRADE ENTERING: _____

GOUVERNEUR CENTRAL SCHOOL DISTRICT
GUIDANCE OFFICE
ALICIA PORTER
133 EAST BARNEY STREET
GOUVERNEUR, NY 13642
PHONE: (315) 287-4914
FAX: (315) 287-5511
e-mail to: porter.alicia@gcsk12.org

THIS CONFIDENTIAL INFORMATION INCLUDES:

- ◆ ACADEMIC INFORMATION
- ◆ HEALTH AND IMMUNIZATION RECORD
- ◆ PHYSICAL EXAM
- ◆ ATTENDANCE RECORDS
- ◆ TITLE I/AIS REPORTS
- ◆ GIFTED/TALENTED/ENRICHMENT INFORMATION
- ◆ BIRTH CERTIFICATE
- ◆ CUSTODY INFORMATION
- ◆ DISCIPLINE/SUSPENSION RECORDS
- ◆ CSE/PSYCHOLOGICAL RECORDS

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

IN ACCORDANCE WITH PUBLIC LAW 93-380 "FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974," THIS IS AUTHORIZATION TO RELEASE A COPY OF STUDENT RECORDS (INCLUDING COMPLETE TRANSCRIPT OF THE SCHOOL RECORD, STANDARDIZED TEST RESULTS, HEALTH RECORD AND PSYCHOLOGICAL REPORTS).

CHILD'S FULL NAME: _____

In order to best plan for your child's educational program, we are interested in obtaining information which will assist us in making an appropriate placement. We are also interested in knowing if you, as parent(s), have any concerns about your child's educational program.

Previous school(s) attended:

Grade(s) _____ **School:** _____ **Location/State:** _____

Grade(s) _____ **School:** _____ **Location/State:** _____

Grade(s) _____ **School:** _____ **Location/State:** _____

Grade(s) _____ **School:** _____ **Location/State:** _____

Grade(s) repeated: _____

Does your child have special needs? Yes or No

Has s/he been identified by the Committee on Special Education? Yes or No

If yes, please explain: _____

Is this child dealing with stress such as: a new baby, illness, death in the family, separation/divorce of parents, loss of a pet, loss of friends because of moving, etc. If so, explain: _____

Are there other agencies and/or people involved with the family? _____

Does the child have any unreasonable fears? (fire, animals, etc.) _____

Has the child had any pre-school experience? If so, what _____

Any other information that will help us understand your child: _____

Significant Other Living in the Home: YES NO If so, name: _____

Has either parent worked on a farm, in agriculture or in logging in the last 36 months?(Please check **one**) Yes No
If yes, date: _____

I have received the following information in the Annual Notification Newsletter that was provided to me at the time of registration:

- Asbestos Notification
- Drug Free Schools
- Disclosure of Student Information to Military and Colleges
- Complaints and Grievances by Students
- Student Use of Computerized Information Resources
- Medications Information/Form
- Code of Conduct Summary
- School Lunch/Breakfast Information and Application
- Dignity for All Students Act (DASA)
- No Child Left Behind
- Notice of Non-Discrimination
- Rights Under FERPA for Elementary and Secondary Schools
- School Insurance
- FERPA Notice for Directory Information
- Protection of Pupil Rights (PPRA)
- Comprehensive Student Attendance Policy Summary
- Potential Pesticide Use
- FORM for Request for Pesticide Application
- School Closing Information
- School Calendar
- AIDS Instruction In Health Education
- Curriculum Areas in Conflict with Religious Beliefs

I would like to speak to a School Nurse Today: Yes No

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CHILD'S FULL NAME: _____

NAME (S) OF LEGAL PARENT/GUARDIAN: _____

Are there custody issues/agreements we should be aware of? Yes or No **(CIRCLE ONE)**

If yes, are you providing us with a copy of custody papers? Yes or No **(CIRCLE ONE)**

(If not, please be advised if someone arrives in our district and can prove they are the legal parent or guardian, they will be able to take the child with them.)

**SAFE SCHOOLS REGISTRATION FORM
STUDENT ENROLLMENT**

Is your son/daughter currently under suspension or expulsion from another school district? YES NO

Has he/she ever received the following penalties in another school district?

In-school suspension? YES NO

Student dropped from school? YES NO

Expulsion? YES NO

Alternative school placement? YES NO

Out-of-school suspension? YES NO

I am the parent/legal guardian of _____ and I am providing this affidavit in support of the enrollment of my child in school. I understand that it is a criminal offense to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school district admits my child based on false information which I gave, my son/daughter's enrollment will be nullified.

UNDER PENALTY OF PERJURY, I swear (or affirm) that the legal papers submitted and questions answered above for the Gouverneur Central School District on this _____ day of _____, 20____, with respect to the custody arrangements for _____ are current, valid and still in effect, and that there are no legal documents with any later date that alter the custody arrangement set for in these papers.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



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.		
STUDENT NAME:		

First	Middle	Last
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
Month	Day	Year
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

Last Name	First Name	Relation to Student
_____	_____	_____

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	_____
	<input type="checkbox"/> Guardian(s)	_____		<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
			<i>specify</i>	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
			<i>specify</i>	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write
			<i>specify</i>	

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address



**GOUVERNEUR CENTRAL
SCHOOL DISTRICT**

133 East Barney Street
Gouverneur, New York 13642
PHONE: (315) 28701902
FAX: (315) 287-5517

Health Office

Dear Parent or Guardian: Students Name: _____ Grade: _____

Education Law (Section 903) requires **medical examination** of all students in grades Pre-K, Kindergarten, second, fourth, seventh and tenth grade, as well as new entrants into our district. The intent of this requirement is to identify any harmful conditions detrimental to learning. A cumulative health record is kept on all students.

Parents are encouraged to have their children seen by their own physician for their health evaluation/examination. A physical examination form is available upon request from your child's school nurse. For those pupils whose parents do not provide these reports from their family physician the school district is mandated by law (Section 904) to provide an examination by the school physician. The completed physical exam form must be presented to the school nurse of the school your child attends within the next 30 days otherwise, we are required by law to have our School Physician, Dr. Donald Schuessler, do a physical exam.

During the examination, the doctor checks the skin, eyes, ears, nose throat, heart, lungs, checks for structural deformities, abdomen, external genitalia (all males and kindergarten females) and breast exam. Done by the nurses prior to Dr. Schuessler's exam: blood pressure screening, pulse, height, weight, vision, hearing and scoliosis (grades 5-9).

Interscholastic athletics involves students in more rigorous activity. Because of this, Dr. Schuessler examines all these students. If the student has already had an examination by his or her own physician, Dr. Schuessler will review available information and may require a physical examination before clearance for participation. The parents will be notified if this is the case. Dr. Schuessler has the final authority to determine the physical capability of a student to participate in a sport. Urinalysis screening is also required prior to participation and is done in the school health office. These interscholastic physical exams will be scheduled upon receiving written permission from the student's parent/legal guardian.

Additionally, all students entering school in NYS from out of state are required to complete a screening process to determine which students may possibly be gifted or may possibly have a handicapping condition. The screening program is designed to obtain preliminary information regarding a child's development in the following areas:

- ★ Physical development (physical exam)
- ★ Cognitive development (school psychologist)
- ★ Receptive and expressive language development (speech therapist)
- ★ Motor development (physical education teacher)

Parent(s) may be present for any physical examination given at school. Please notify the school nurse if you desire to be present.

Sincerely,

GOUVERNEUR CENTRAL SCHOOL HEALTH OFFICE

I will be taking my child to their own Medical Doctor for the required school physical. I understand that if I do not provide a physical within 30 days of enrollment, the school we give my child the required school physical with the School MD.

I authorize the School MD—Dr. Schuessler, to give my child the required school physical.

Information received & read by: _____
Signature

Relationship to student Date

HEALTH DATA SHEET FOR NEW STUDENTS

NAME OF STUDENT: _____ GRADE: _____

Please note →

A copy of your child's birth certificate and immunizations are required at time of registration.

Family Physician _____ Name _____ Phone _____	Family Dentist _____ Name _____ Phone _____
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HISTORY: Please check diseases or illnesses your child has had.

- Tuberculosis **Heart Disease*** Sore throats, freq. colds
- Convulsions/seizures*** Orthopedic defects Period of unconsciousness/fainting spells
- Speech Lungs **Asthma***
- Bronchitis/Pneumonia Migraine headaches Nervous system
- Head Injury/Concussion Kidney/urinary problem Hernia, actual or potential
- Freq. Ear infection Growths, tumors Gastrointestinal disorder
- Alcoholism/Drug addiction Fractures or Dislocations Joint pain/injury
- Sinus **Diabetes*** **Epilepsy***
- If yes to any of the above, please describe: _____

- *Allergic to: (medication, food and/or insect bites)** _____
- Reaction to Allergy and recommended treatment: _____

- Is there anything concerning vision, hearing, or general health of your child that the school should know about in order to provide special care? _____

Is your child currently taking medication(s) prescribed by a physician and/or any over the counter medications? YES NO

Medications(s) and Dosage(s) _____
 Name of doctor who prescribed medication(s) _____
 Condition medication is prescribed for _____

Please refer any questions or concerns to Deborah Colton, RN; Head of Health Services—287-1902

I would like to speak to a School Nurse Today: _____ Yes _____ No

*we will ask a nurse to speak with you regarding the health condition before you leave today

Parent/Guardian Signature _____

Date _____



Student Emergency Notification and Student Release Information

Student Name: Birth date: Home Phone:

School (Circle One): West Side East Side Middle School High School Grade: Teacher:

Mailing Address:

911 Address (if different):

IN CASE OF LEGAL CUSTODY: Please furnish our office with a copy of the legal document noting legal custody, otherwise EITHER parent may pick up the child. Custodial Parent/Guardian

Father

Address

E-mail

Home Phone Cell Phone

Name of Employer

Work Phone

Mother

Address

E-mail

Home Phone Cell Phone

Name of Employer

Work Phone

Government Information. Is a parent or guardian at the home address employed by the military? No Yes If "yes", circle one: Mother or Father Active Military-Fort Drum Active Military-Other Active Reserves Federal Gov't Civilian Employee

If employed by the Military, please provide the name of Brigade you are in

Do you share your address with another family? No Yes, provide the family name

Is your child a bus student or a walker? Circle which apply: AM PM Each child starts out as a walker or bus student depending on the home address. Any changes in these arrangements can ONLY be made in writing. Notes from previous school years do not carry over.

Does your child Walk or Ride a Bus in the morning? Does your student go home after school? Yes or No If No, where does your student go? Person's name where student goes Phone number Address of where your child will be going If rides a bus... Bus Name

IF SCHOOL CLOSES EARLY, WHERE SHOULD YOUR CHILD GO? (For unplanned, early closings...Please list the Person's Name, Address, Phone# and indicate Bus Name or Walker)

Person's name where child goes

Address of Above Person

Phone number of above person Bus Name or walker

In case of an UNPLANNED, early dismissal, the school will follow the instructions you have provided above. This information will override any notes for that day unless the note specifically states that it should be followed in the case of any early dismissal. It is very important to your child's safety that this information is kept current. Changes cannot be accepted over the phone.

STUDENT RELEASE INFORMATION and EMERGENCY NOTIFICATION

According to New York State Law (S 7737) schools can only release student to those persons whose name appear on a list provided by the parents.

List three alternate persons (with address & telephone) to be notified in case of emergency, when parents cannot be reached. These persons will also be allowed to pick up your child at school. This signed form will serve as your pre-signed permission for release of your child at any time. IT IS NOT NECESSARY TO LIST PARENTS OR LEGAL GUARDIANS.

- REMINDER: 1. Authorized individuals are to pick up children at the school office ONLY (not classroom). 2. Changes in list must be submitted on new forms at the school office. 3. If necessary, we may request identification before releasing your child. 4. We will release your child only to persons who are listed below.

Name & Address Relationship to student Phone

Name & Address Relationship to student Phone

Name & Address Relationship to student Phone

Signature of Parent/Legal Guardian: Date:

STAC CHILD ID

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 STAC & Special Aids Unit
 Room 514, Education Building
 Albany, NY 12234

STAC-202
 HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD LAST NAME 2. DATE OF BIRTH MO / DAY / YR 3. GENDER M F

FIRST NAME M.I. 4. SOCIAL SECURITY NUMBER

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

.....

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING

.....

MONTH DAY YEAR

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

9. DATE DISTRICT OF ATTENDANCE CHOSEN

MONTH DAY YEAR

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

10. DATE PLACED IN PERMANENT HOUSING

MONTH DAY YEAR

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP AREA CODE TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD DATE

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE TITLE

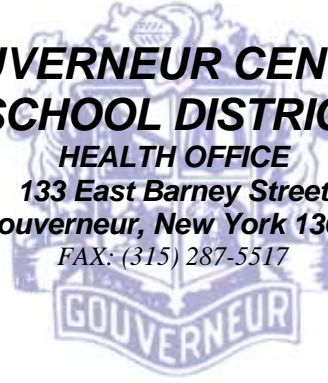
15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE DATE

16. PLACEMENT COUNTY Local DSS use only AREA CODE TELEPHONE NUMBER

DEBORAH COLTON
RN
Head of Health Services
(315) 287-1902

**GOUVERNEUR CENTRAL
SCHOOL DISTRICT**

**HEALTH OFFICE
133 East Barney Street
Gouverneur, New York 13642
FAX: (315) 287-5517**



NURSING STAFF

DONNA JONES, RN
Middle/High School
(315) 287-1902

RITA SAIDEL, RN
East Side School
(315) 287-4952

MARLA SHAMPINE, RN
West Side School
(315) 287-4300

Dear Parent or Guardian:

As a part of your child's requirements for school, a physical examination has been required for new enrollees, students in Pre-kindergarten, Kindergarten and in Grades 2, 4, 7 and 10. A law was recently enacted that expands health screenings to include the dental health of students in New York State.

After September 1, 2008, when we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a sample certificate available for you to take to your child's dentist and once it is completed, it should be returned to the School Nurse, as it will be filed in your child's Cumulative Health Record.

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Please call the school's Health Office if you have any questions or concerns.

Sincerely,

Deborah Colton, RN
Head of Health Services

GOUVERNEUR CENTRAL SCHOOL DISTRICT

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: _____		Last	First	Middle
Birth Date: / /	Sex: <input type="checkbox"/> Male	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month Day Year	<input type="checkbox"/> Female			
School: GOUVERNEUR CENTRAL SCHOOL DISTRICT				Grade
CIRCLE ONE: WEST SIDE EAST SIDE MIDDLE HIGH ST. JAMES				
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No				

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)	Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
 - Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
 - Yes No **Dental Sealants Present**
- Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Important Phone Numbers for Gouverneur Central School District

Assistant Superintendent – (315) 287-4870

Bus Garage – (315) 287-0650

Central Registration – (315) 287-4914

Committee on Special Education Office – (315) 287-4972

East Side Elementary School – (315) 287-2260

Guidance Office – (315) 287-4914

Health & Athletics – (315) 287-1902

High School – (315) 287-1900

Middle School – (315) 287-1903

School Lunch Office – (315) 287-1690

Superintendent of Schools – (315) 287-4870

West Side Elementary School – (315) 287-3200

PARENTAL RIGHTS REGARDING THE REFERRAL AND EVALUATION OF CHILDREN FOR THE PURPOSES OF SPECIAL EDUCATION SERVICES OR PROGRAMS

Upon a child's enrollment or attendance at a public school in New York State, the child's parent, guardian, or person in parental relation to that child has the right to refer the child to the school District's Committee on Special Education to have the child evaluated and a determination made whether the student is a student with a disability and therefore eligible for special education and/or related services.

For additional information regarding this process, please visit the State Education Department's website and review "A Parent's Guide to Special Education," at <http://www.p12.nysed.gov/special-ed/publications/policy/parentsguide.pdf>

You may also contact the District's Committee on Special Education ("CSE") Chairperson, Mrs. Robyn Knowlton, at 315-287-4972.

Thank you.

REF: Chapter 434, Laws of 2014, eff. July 1, 2015