WAINSCOTT COMMON SCHOOL DISTRICT
47 Main Street, Post Office Box 79
Wainscott, New York 11975
Phone (631) 537-1080 Fax (631) 537-6977

Dear Parents:

Welcome to the Wainscott Common School District. Enclosed are forms necessary for the enrollment of your child/children into the Wainscott School. Please fill out the forms and return them to Wainscott School as soon as possible.

The following documents are necessary to register your child(ren):

Proof of your child(ren's) identity and age – you must show one of the following:

1. Birth Certificate (with raised seal)
2. Passport

New York State Law requires proof of the following immunizations:

1. 3 or more doses of Diptheria toxoid;
2. 3 or more doses of Oral Polio Vaccine (OPV) or 4 or more doses of Inactive Polio Vaccine(IPV);
3. 2 or more doses of MMR (Measles, Mumps and Rubella). The 1st dose must be given after the child is one year of age, and the 2nd before age 7;
4. Hepatitis B series for all children born on or after January 1, 1993 and all children entering the 7th grade on or after September 1, 2000, and
5. 2 doses of varicella (chicken pox) vaccine

Proof of Residence – you must show one of the following:

1. East Hampton Town Tax Bill;
2. Certified Deed of Ownership to the real property, or
3. Lease to real property executed by the tenant or landlord

Proof of Custody (Divorce or Separation) or Guardianship:

1. Court Documents (Divorce Decree or Separation Agreement)
2. Notarized Guardianship
3. Court Custody
4. Adoption Documents

If there are any questions, please feel free to call.

STATE OF NEW YORK)
) ss:
COUNTY OF SUFFOLK)

_____, being duly
(Full name of parent(s) or court appointed guardian)

sworn, deposes and says:

1. That the sole residence of the undersigned is at:

_____

and not at any other place.

PROOF OF RESIDENCE:THE SCHOOL BOARD REQUIRES THAT POSITIVE PROOF OF RESIDENCE IN THIS DISTRICT BE SUBMITTED WITH THIS AFFIDAVIT. IF YOU ARE A HOMEOWNER, SUBMIT DOCUMENTS SPECIFIED IN SECTION (A). IF YOU ARE RENTING OR MAINTAIN A RESIDENCE WITH A RELATIVE OR FRIEND, SUBMIT DOCUMENTS SPECIFIED IN SECTION (B). PLEASE ATTACH COPIES OF REQUESTED DOCUMENTS TO THIS AFFIDAVIT.

A. (Item [1] and one other item must be submitted)
_____(1) Mortgage statement from a bank or a deed
_____(2) County and School Tax receipts
_____(3) Long Island Lighting Company bill
_____(4) Voter registration document

B. (Item [1] and one other item must be submitted)
_____(1) House or apartment rent receipt or lease with the owner's signature notarized
_____(2) Notarized statement from relative or friend confirming your residency in the home
_____(3) Long Island Lighting Company bill
_____(4) Voter registration document

*(Delete inapplicable title)*

2. That he/she is the parent/court appointed guardian of

_____
(Full name of child)

*(Delete if not applicable)*

3. That he/she was duly appointed guardian of said child by the _____

Court of _____ County, _____(State) on the _____

Day of _____, 20 _____, and said appointment is still in full force and effect.

4. That the legal residence of said child is _____

_____, where said child is residing with

_____

Tel. No. _____, who is the child's _____(state relationship)

5. That this affidavit is made knowing that the Board of Education of the Wainscott School District relies or may rely upon the truth of the statements herein contained in making a determination as to whether or not said child is entitled to attend school within its district.

Sworn to before me this _____day of _____
(Signature)

_____, 20 _____

_____
(Notary Public Signature and Stamp)

NOTICE: The making of a false statement herein may subject the maker thereof to prosecution under applicable New York State statutes.

Last Name Initial

# EMERGENCY INFORMATION RECORD

Student's Last Name: _____

Student's First Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Mother's Work Phone: _____ Cell: _____

Father's Work Phone: _____ Cell: _____

**Emergency Contacts (Parent Not Available):**

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name: _____

Physician's Phone: _____

Dentist's Name: _____

Dentist's Phone: _____

Hospital where student should be taken if parent/physician are not available:

_____

**Existing Medical Conditions**

- ☐ Allergies
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Problems
- ☐ Recurring Illness

Comments: _____

In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the physician listed above. If the physician is not available, the school may arrange for care as needed.

Parent Signature: _____ Date: _____

**MacGill Discount School Nurse Supplies: 1-800-323-2841** Re-order # 291132

Dear Parents,

We would like to establish an e-mail group as a form of communication between the school and our parents. If you are interested in participating, please complete and return this form to the school office.

Thank you!

---

Student's Name: _____

Parent's Name: _____

E-Mail Address(es):

_____

_____

The University of the State of New York • The State Education Department • Office of Bilingual Education
Albany, New York 12234

# 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 English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

**TO BE COMPLETED BY SCHOOL PERSONNEL**

*Please print or type clearly*

DISTRICT _____

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____ Month: Day: Year:

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: ❑ Possible LEP ❑ English Proficient

(✔ boxes that apply)

1. What language(s) is spoken in the student's home or residence? ❑ English ❑ Other _____ *specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? ❑ English ❑ Other _____ *specify*
3. What language(s) does the student understand? ❑ English ❑ Other _____ *specify*
4. What language(s) does the student speak? ❑ English ❑ Other _____ *specify*
5. What language(s) does the student read? ❑ English ❑ Other _____ *specify* ❑ Does Not Read
6. What language(s) does the student write? ❑ English ❑ Other _____ *specify* ❑ Does Not Write
7. In your opinion, how well does the student understand, speak, read and write English?

| | *Very well* | *Only a little* | *Not at all* |
|---|---|---|---|
| **Understands English** | ❑ | ❑ | ❑ |
| **Speaks English** | ❑ | ❑ | ❑ |
| **Reads English** | ❑ | ❑ | ❑ |
| **Writes English** | ❑ | ❑ | ❑ |

_____ *Signature of Parent/Guardian/Other*

_____ Month: Day: Year: *Date*

# Wainscott CSD Registration Form

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

**HOUSEHOLD:**

**Family Surname:** _____ Registration Date: _____

**Residence Type:** ☐ Lease ☐ Own ☐ Rent ☐ Trailer Park/Condo Unit ☐ Unknown

**Household Address:**

Street: _____

Apartment: _____

City: _____

State: _____

Zip: _____

Cross Street: _____

**Mailing Address is the same as household address:** ☐ Yes ☐ No

**Mailing Address:**

Street: _____ P.O. Box: _____

Apartment: _____

City: _____

State: _____

Zip: _____

**Household Phone:** (  )  - _____ ☐ Unlisted

**Other:** Household Language: _____

**Proof of Residency:** ☐ House Deed ☐ Lease ☐ Mortgage Statement ☐ Property Tax Bill ☐ Utility Bill

☐ Real Estate Statement ☐ Other: _____

**Person Completing this form:** _____ **Signature:** _____

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

**STUDENT:**

**Student Information:**

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: ____/____/_____

Gender: ☐ Female ☐ Male

Multiple Birth: ☐ Single ☐ Twin ☐ Triplets ☐ Other:

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 other Spanish culture or origin, regardless of race.

☐ Yes, Hispanic ☐ No, not Hispanic

Select one or more races from the following five racial groups. Check (√) all groups that apply to your child; check (√) at least ONE box

☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ ASIAN ☐ BLACK ☐ WHITE

Dominant Language: _____

Date entered USA: _____

Birth Country: _____

Birth City, State: _____

School: ☐ High School ☐ Middle School ☐ Elementary

Grade Entering: _____

Is your child currently receiving Special Education Services: ☐ Yes ☐ No

Is your child currently receiving any other services: ☐ ESL ☐ Other: _____ ☐ Speech ☐ Reading

**Proof of Birth:** ☐ Birth Certificate ☐ Baptismal Certificate ☐ Passport/Alien Card ☐ Certificate of Vital Records

**Comments:** _____

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

## PARENT/GUARDIAN:

**FATHER**

First Name: _____
Last Name: _____
Date of Birth: _____
Resides in Household: ☐ Yes ☐ No
Household Head: ☐ Yes ☐ No

Mailing Address is the same as household address: ☐ Yes ☐ No
Street: _____
Apt./P.O. Box: _____
City/State: _____
Zip: _____

Phone:
Call 1st _____ ☐Home ☐Cell ☐Work
Call 2nd _____ ☐Home ☐Cell ☐Work
Call 3rd _____ ☐Home ☐Cell ☐Work

Email Addresses:
Home/Work: _____

**MOTHER**

First Name: _____
Last Name: _____
Date of Birth: _____
Resides in Household: ☐ Yes ☐ No
Household Head: ☐ Yes ☐ No

Mailing Address is the same as household address: ☐ Yes ☐ No
Street: _____
Apt./P.O. Box: _____
City/State: _____
Zip: _____

Phone:
Call 1st _____ ☐Home ☐Cell ☐Work
Call 2nd _____ ☐Home ☐Cell ☐Work
Call 3rd _____ ☐Home ☐Cell ☐Work

Home/Work: _____

| Students Name/Relationship | Custodial Parent | Correspondence |
|---|---|---|
| _____ | ☐Yes ☐No | ☐Yes ☐No |
| _____ | ☐Yes ☐No | ☐Yes ☐No |

| Students Name/ Relationship | Custodial Parent | Correspondence |
|---|---|---|
| _____ | ☐Yes ☐No | ☐Yes ☐No |
| _____ | ☐Yes ☐No | ☐Yes ☐No |

**Are there any special custody instructions:** ☐Yes ☐No

If yes please explain: _____

Please attach any necessary legal custody paperwork, if there is no legal paperwork, both mother and father will be given equal access to child. This includes dismissal/pick up or academic information.

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

## GUARDIAN (other than Father or Mother):

First Name: _____
Last Name: _____
Date of Birth: _____
Gender: ☐ Female ☐ Male
Resides in Household: ☐ Yes ☐ No
Household Head: ☐ Yes ☐ No

**Mailing Address is the same as household address:** ☐ Yes ☐ No

Street: _____
Apt. / P.O. Box: _____
City/State: _____
Zip: _____

Phone:
Call 1st _____ ☐ Home ☐ Cell ☐ Work
Call 2nd _____ ☐ Home ☐ Cell ☐ Work
Call 3rd _____ ☐ Home ☐ Cell ☐ Work

| Students Name | Relationship to Student | Custodial Parent | Correspondence |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No |

## Other Children in the Household:

| Name | Relationship to Student | Date of birth | Sex |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Others in the Household:

| Name | Relationship to Student |
|---|---|
| | |
| | |

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

## Emergency Contact # 1 Information:

Full Name: _____

Gender: ☐ Female ☐ Male

Resides in Household: ☐ Yes ☐ No

Phone:

Call 1st _____ ☐ Home ☐ Cell ☐ Work

Call 2nd _____ ☐ Home ☐ Cell ☐ Work

Call 3 _____ ☐ Home ☐ Cell ☐ Work

_____ Students Name

_____ Relationship to Student

## Emergency Contact # 2 Information:

Full Name: _____

Gender: ☐ Female ☐ Male

Resides in Household: ☐ Yes ☐ No

Phone:

Call 1st _____ ☐ Home ☐ Cell ☐ Work

Call 2nd _____ ☐ Home ☐ Cell ☐ Work

Call 3rd _____ ☐ Home ☐ Cell ☐ Work

_____ Students Name

_____ Relationship to Student

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

## Emergency Contact #3 Information:

Full Name: _____

Gender: ☐ Female ☐ Male

Resides in Household: ☐ Yes ☐ No

Phone:

Call 1st _____ ☐ Home ☐ Cell ☐ Work

Call 2nd _____ ☐ Home ☐ Cell ☐ Work

Call 3rd _____ ☐ Home ☐ Cell ☐ Work

_____ Students Name

_____ Relationship to Student

## Emergency Contact # 4 Information:

Full Name: _____

Gender: ☐ Female ☐ Male

Resides in Household: ☐ Yes ☐ No

Phone:

Call 1st _____ ☐ Home ☐ Cell ☐ Work

Call 2nd _____ ☐ Home ☐ Cell ☐ Work

Call 3rd _____ ☐ Home ☐ Cell ☐ Work

_____ Students Name

_____ Relationship to Student

Wainscott Common School
47 Main Street – P.O. Box 79
Wainscott, NY 1197
(631) 537-1080

Name_____
Last First Middle

Social Security #_____ Birthplace_____

Preferred name of child_____ Birth Date_____

Address_____
Street Town Zip

Mailing Address_____
if different

Father's Name_____

Address_____

Last grade attended in school _____

Employer_____ Business Phone_____

Mother's Maiden Name_____

Address_____

Last grade attended in school _____

Employer_____ Business Phone_____

Has there been a divorce or separation? ___Yes ____No ____Never married

Who has legal custody? _____

Other Children

| Name | Birth Date | School/Grade |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |

Have any of them had reading problems? _____ Yes _____ No
If so, who _____

Languages spoken at home _____

At what age was child able to make three word sentences such as "I want milk" or "Me want milk."? _____

Does child speak clearly now? ___Yes ___No Fluently? ___Yes ___No

Do you think your child is average in height and weight? ___ Yes ___ No

Is your child right or left handed? _____

With which hand does child feed self? _____

Does child fall frequently? ___Yes ___No

Does child frequently bump into objects around him/her? ___Yes ___No

Has child ever indicated having trouble seeing things? ___Yes ___No

Can child button and unbutton easily? ___Yes ___No

Does child do simple household tasks? ___Yes ___No

Does child prefer to play with other children or alone?

_____

Emotional

Is he/she doing well in school? ___Yes ___No

Does he/she get along with other children well? ___Yes ___No

Circle any of the following that apply to your child:

| | | |
|---|---|---|
| nail biting | irritable | bad temper |
| breath holding | doesn't mind | nightmares |
| jealousy | speech problems | can't toilet train |
| bed wetting | thumb sucking | other _____ |

Last school attended _____

Last grade attended _____ To enter grade _____

Does child cry easily or frequently? ___Yes ___No

Do you consider the child overly shy? ___Yes ___No

Do you consider the child over-active? ___Yes ___No

Has child ever had a sleeping problem? ___Yes ___No

Is child toilet trained? ___Yes ___No

Other information you feel we should know about your child:

_____

_____

_____

_____

_____

WAINSCOTT COMMON SCHOOL DISTRICT
47 Main Street, Post Office Box 79
Wainscott, New York 11975
Phone (631) 537-1080 · Fax (631) 537-6977

# STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

English Only

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year): / /

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check ( √ ) the box that best describes your child.] Check ( √ ) only ONE box.

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 other Spanish culture or origin, regardless of race.

☐ YES, Hispanic

☐ NO, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check ( √ ) all groups that apply to your child; check ( √ ) at least ONE box.]:

☐ 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

Signature of Parent/Guardian/Other _____ Date _____

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

# STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY)

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so- called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

One (1) purpose of this policy is to provide notice to students and parents/guardians that, unlike most traditional instructional or library media materials, the DCS will allow student access to external computer networks not controlled by the School District where it is impossible for the District to screen or review all of the available materials. Some of the available materials may be deemed unsuitable by parents/guardians for student use or access. This policy is intended to establish general guidelines for acceptable student use. However, despite the existence of such District policy and accompanying guidelines and regulations, it will not be possible to completely prevent access to computerized information that is inappropriate for students. Furthermore, students may have the ability to access such information from their home or other locations off school premises. Parents/guardians of students must be willing to set and convey standards for appropriate and acceptable use to their children when using the DCS or any other electronic media or communications.

## Standards of Acceptable Use

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

Students who engage in unacceptable use may lose access to the DCS in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the District Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to

General Obligations Law Section 3-112.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The Computer Coordinator may access all such files and communications to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should **NOT** expect that information stored on the DCS will be private.

## Notification/Authorization

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

Student use of the DCS is conditioned upon written agreement by all students and their parents/guardians that student use of the DCS will conform to the requirements of this policy and any regulations adopted to ensure acceptable use of the DCS. All such agreements shall be kept on file in the School Building Office.

Regulations will be established as necessary to implement the terms of this policy.

NOTE: Refer also to The Children's Internet Protection Act: Internet Content Filtering/Safety Policy

# Wainscott School

P O Box 79 / 47 Main Street
Wainscott, NY 11975
Phone: 631.537.1080 Fax: 631.537.6977
Web: www.wainscottschool.com


I have received a copy of the District's policy on the student use of school technology and I have discussed it with my child.

NAME _____

SIGNATURE _____

DATE _____

I agree to follow the school's policy on the use of technology.

STUDENT'S NAME: _____

STUDENT'S WRITTEN NAME: _____

WAINSCOTT COMMON SCHOOL DISTRICT
47 Main Street – P.O. Box 79
Wainscott, New York 11975
Phone (631) 537-1080 Fax (631) 537-6977

# TRANSPORTATION REQUEST

Date Transportation Is To Begin: _____

Child's Full Name:

_____

Grade Level: _____ Date of Birth: _____

Full Street Address:

_____

(House Number is Essential)

Nearest Cross Street:

_____

Mailing Address:

_____

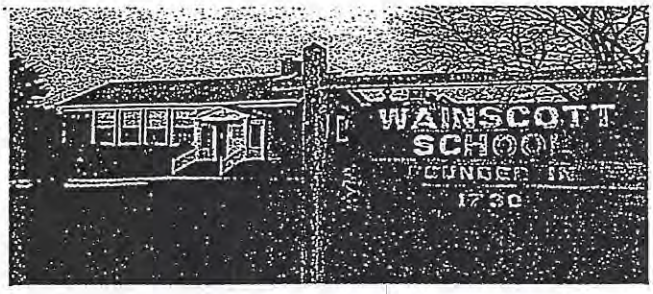
(If different from Street Address)

Parent/Guardian (Last Name, First Name)

_____

Home Telephone No.: _____

Work/Cell No.: _____




# Wainscott School

P O Box 79 / 47 Main Street
Wainscott, NY 11975
Phone: 631.537.1080 Fax: 631.537.6977
Web: www.wainscottschool.org

**January 24, 2014**

**Dear Parents,**

**Attached please find the Busing Policy Procedure adopted by the Wainscott Common School District Board of Trustees. This policy goes into effect immediately. Please read the policy over carefully. When done, please sign the slip below and return to school acknowledging your receipt of such.**

---

**I have read and agree to adhere to the Wainscott School District Bus Policy**

_____

**Signature**

_____

**Date**

# BUSING POLICY

The Wainscott Common School District is concerned about the safety and wellbeing of all students as they are transported to and from the School to attend classes. At the end of the school day, students who are returned to their respective homes (or to the homes of other students, when such permission is granted by the parents) via school bus are to be met at the driveway of the home by a parent or other designated individual. Students are not permitted to exit the bus unless met by an adult who has permission to escort the child from the bus; exceptions to this rule *may* be made on an individual basis, with full consideration of the request and circumstances surrounding that request, and the parent's absolving the District of any responsibility in granting such a request.

If a parent or other designated individual is not present to meet the bus at student drop-off time, the student will be returned to the School at the end of the bus run, after all other students have been returned home. Acknowledging the burden that this places on school staff who must tend to the child(ren) while awaiting the arrival of a parent or designated individual, the following procedure will be in place:

***First offense of the semester (September 1-January 31 / February 1 - June 30)***
Warning is issued

***Second offense of the semester***
Student is denied bus transportation for two (2) school days

***Third offense of the semester***
Student is denied bus transportation for five (5) school days
Child Protective Services is notified of neglect

The Board of Trustees will consider compensation for staff who must stay beyond their contractual work day.

# Wainscott Common School District
## Photo Release Form

I hereby grant to the Wainscott Common School District permission to use photographs of my child taken on school grounds or during school functions by members of the school staff, other parents or photographers approved by the school staff.

I understand that the images of my child may be used to promote the school and its programs on its website and other promotional materials now or in the future. I further understand that if and when the Wainscott Common School District chooses to use an image of my child for the purposes referenced above, that my child will not be identified with a caption or other written description.

I hereby release and discharge the Wainscott Common School District from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

Dated:_____

Minor's Name: _____

Parent or Guardian Name: _____

Signature of Parent/Guardian: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Parent's Email Address: _____

WAINSCOTT COMMON SCHOOL DISTRICT
Post Office Box 79 – 47 Main Street
Wainscott, New York 11975
Phone (631) 537-1080 Fax (631) 537-6977

Dear Parent or Guardian:

The New York State Education Law requires that every child have a medical examination on entering school and in **Kindergarten, Second, Fourth, Seventh and Tenth grades and also new entrants.**

The American Academy of Pediatrics suggests that your child have regular health supervision visits for the purpose of keeping a check on his/her general health and growth during the SCHOOL AGE PERIOD (5-18 YEARS OF AGE) AT LEAST ONCE A YEAR.

Ideally, all health examinations should be made by the child's family physician. He/she can complete necessary immunizations and initiate any medical follow-through that may be needed. By practicing preventative medicine you establish good health habits and insure your child his/her right to learn under the best health conditions.

It is also recommended that your child visit the dentist regularly. School age children have the highest incidence of tooth decay. Please have the dentist fill out the statement. It is mandatory for first and third grade.

Please note: State health law requires that physical exams be done within one year from the start of school.

*School immunization records should be submitted to the schools by September 1st of each school year.

Sincerely,

School Nurse

*NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).*

# HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: ☐ M ☐ F Grade: _____

## IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

**Significant Medical/Surgical History:** ☐ See attached _____

**Specify current diseases:** ☐ Asthma Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension
☐ Other: _____

**Allergies:** ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

## PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ _____ . _____

Weight Status Category (BMI Percentile):
☐ less than 5th ☐ 5th through 49th ☐ 50th through 84th
☐ 85th through 94th ☐ 95th through 98th ☐ 99th and higher

| | | | Referral |
|---|---|---|---|
| Vision - without glasses/contact lenses | R | L | |
| Vision - with glasses/contact lenses | R | L | |
| Vision - Near Point | R | L | |
| Hearing ☐ Pass 20 db sc both ears or: | R | L | |

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

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

## MEDICATIONS

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

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

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

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

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

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

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ **Specify medical accommodations needed for school:** _____ ☐ None

☐ **Known or suspected disability:** _____ ☐ Please monitor

☐ **Restrictions:** _____ ☐ Please monitor

☐ **Protective equipment required:** ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

*This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.* Rev. 10/3/07

Wainscott Common School District
47 Main Street, P.O. Box 79
Wainscott, New York 11975
Phone: (631) 537-1080 Fax: (631) 537-6977

RETURN TO SCHOOL NURSE

FAMILY DENTIST REPORT

NAME:_____ GRADE_____

TEACHER: _____ ROOM_____

UNDER TREATMENT _____ TREATMENT COMPLETED_____

REMARKS:

_____

_____

_____

_____

DATE: _____ _____D.D.S.
Signature

Wainscott Common School District

Dear Parent/Guardian:

Please answer the following questions so that we may keep your child's health record up to date. This is required annually.

Name of child _____ Grade in September _____

1. Name of child's health care provider: _____ Telephone # _____
2. Communicable diseases during the past year:

   Disease _____
3. Immunizations given the past year:

   _____ Date _____ _____ Date _____
4. Does your child suffer from asthma? _____

   Is he/she under a doctor's care? _____

   Doctor's Name _____

   Medication used _____
5. Does your child have allergies? _____

   List food allergies: _____

   Is he/she under a doctor's care? _____

   Doctor's Name _____

   Does your child receive allergy injections? _____
6. Did your child receive treatment for any of the following?

| | (Check if yes) | (Date) |
|---|---|---|
| Eye or vision problems | _____ | _____ |
| Ear or hearing problems | _____ | _____ |
| Heart problems | _____ | _____ |

   Name of Doctor _____

   Details _____
7. Is your child a diabetic? _____

   How is the diabetes controlled? _____
8. Does your child have epilepsy? _____

   Treatment _____
9. If your child has had surgery, please list:

   _____ Date _____
10. Physician Name and Phone Number _____

_____ _____

Name of Parent/Guardian Date

Wainscott Common School District
Post Office Box 79
Wainscot, NY 11975
631-537-1080(phone) 631-537-6977(fax)

To: Parent/Guardian:

The newly enacted Medical Privacy Law (FEBRA for school nurses and HIPPA for physicians) requires that written consent be obtained from parents or guardians prior to medical professions sharing information concerning your child's medical history. It is advisable, in these situations, that confidential information be shared with schools staff, cafeteria staff, and bus drivers.

This in valuable health related information would only be shared on an as needed basis. Your child's health and safety is of the utmost importance to us.

Thank you,

Maria DiScipio, R.N.

School Nurse

---

Please fill out the following and return to the nurse's office.

I give permission for health related information to be shared with any staff member employed by the Wainscott Common School District who is working with my child

_____.

Parent Signature: _____ Date: _____

# Too Sick for School?

Winter is coming – and so are winter colds and other illnesses that attack young children. You don't want your child to miss school; but neither do you want to send a sick child to school and endanger him or her and other children as well. When ***should*** your child stay home from school? Here are a few guidelines you might wish to follow:

- **A runny nose, or "leaky faucet,"** is the way many children respond to pollen, dust, chalk, or simply a change of season. If it isn't a common cold, than it's an allergy and allergies aren't contagious. Don't keep the child home.
- **A bad cough or cold symptoms** can indicate a severe cold, bronchitis, flu, or even pneumonia. Some children suffer one cold after another all winter long and a run-of-the-mill cold should not be a reason to miss school. But if your child is not acting "right," has difficulty breathing, or is becoming dehydrated, it could be serious. Check with your pediatrician right away.
- **Diarrhea and vomiting** make children very uncomfortable, and being near a bathroom becomes a top priority. If your child has repeated episodes of diarrhea and vomiting, accompanied by fever, a rash, or general weakness, consult a doctor and keep your child out of school until the illness passes. However, ***a single*** episode of diarrhea or even vomiting, unaccompanied by any other symptoms, may not be reason enough for the child to miss. BUT... please make sure we know how to reach you or another responsible adult during the day, in case diarrhea and/or vomiting recurs and your child needs emergency attention. (This is an important rule to follow *whenever* you send your child to school with any of the symptoms mentioned here.)
- **Fever** is an important symptom; when it occurs along with a sore throat, an earache, nausea, listlessness, or a rash, your child may be carrying something very contagious. Most pediatricians advise parents to keep children home during the course of a fever and for **an additional 24 hours** after the fever has passed.
- **Strep throat and scarlet fever** are two highly contagious conditions caused by a streptococcal (bacterial) infection. They usually arrive with a sore throat and high fever. Some 12 to 48 hours after the onset of scarlet fever, a rash will also appear. A child with either strep throat or scarlet fever should be kept home and treated with antibiotics, as prescribed by a physician. **After 24 hours on an antibiotic**, a child is usually no longer contagious and may-with a doctor's permission-return to school.
- **Chicken pox,** a viral disease, is not life-threatening to children, but is very uncomfortable and extremely contagious. If your child has a fever, is itching, and begins to sprout pink or red spots (with "watery" centers) on the back, chest, and/or face, the chances are good it's chicken pox. Please tell us if it is; it's important that schools know this information. **Keep your child home for at least a week from the time you first noticed the symptoms and at least two days after the last spot has appeared, whichever period is longer.**
- **Measles (or Rubeola)** is a viral infection that attacks a child's respiratory system, causing a dry, hacking cough, general weariness, inflamed eyes, and fever. If these symptoms appear, keep your child at home and consult your doctor right away to avert more serious complications. If it is confirmed as measles, please let us know so we may be alert to symptoms appearing among other children at school. The measles rash of tiny hard red bumps will next appear on the child's face, behind the ears, and down the body. Your doctor may advise you to keep your child home for several days after the rash has disappeared, also.
- **Conjunctivitis or pink eye** is highly contagious and uncomfortable, so take heed when your child complains of an eye or eyes burning, itching, and producing a whitish discharge. Minor cases (caused by a virus) and severe cases (caused by bacteria) require treatment with prescription eye drops. The child should be on antibiotic therapy for 24 hours before returning to school.
- **Ear infections** are also contagious and, unless properly treated, can cause permanent hearing damage. Here again you should **follow the 24-hour rule for fever and antibiotic therapy.**
- **Mites and lice,** once brought into a home or school, can quickly produce an epidemic of wholesale itching and scratching. Mites are tiny insects in the same class as spiders and ticks; they irritate the skins and cause scabies. Lice are tiny parasites (like ticks) that thrive on the warm, damp scalps of children. Caution your child against sharing anybody's combs and brushes or clothing, especially hats. If your child becomes a "host" to mites or lice, check with your doctor or the school nurse for the most effective way to disinfect your child –***and*** all the child's clothing and bedding.

WAINSCOTT COMMON SCHOOL DISTRICT
47 Main Street – P.O. Box 79
Wainscott, New York 11975
Phone (631) 537-1080 Fax (631) 537-6977

Dear Registrar:

Please forward all records concerning grade evaluation, testing, academic performance, health information, psychological evaluations and other pertinent information for _____, who was a _____ grade student in your school.

Your prompt attention to this request would be appreciated.

Sincerely,

Dr. Stuart Rachlin
Superintendent

_____
Signature of Parent or Guardian

_____
Date

**WAINSCOTT COMMON SCHOOL**
**47 MAIN STREET**
**P.O. BOX 79**
**WAINSCOTT, N.Y. 11975**
**(631) 537-1080**

**2017 / 2018**

# FIELD TRIP PERMISSION SLIP

I give my child _____ permission to attend school field trips as they are planned throughout the year.

_____
Parent Signature

When school is closed due to inclement weather, bad road conditions or other emergencies, that information will be available in the following locations:

## Radio Station

WLNG 92.1 FM / 1600 AM

## Television Stations

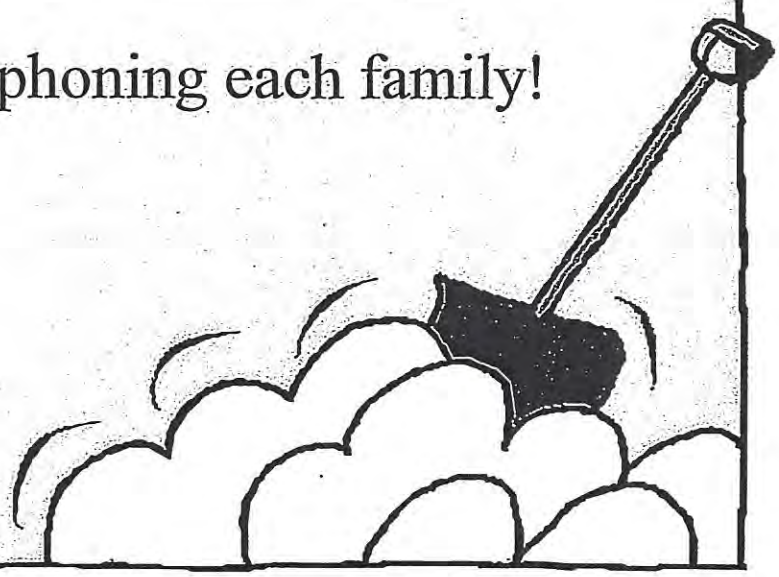
News 12

## Websites

www.wainscottschool.org

www.news12.com

We will NOT be phoning each family!



Dear Parents,

It is important for us to know what your child's going home plans are each day. Please fill out below what your child's regular going home plan will be. We understand that plans can change. If that is the case we ask that you either send a note in with your child in the morning or phone the office (537-1080) before 2:30 p.m. Thanks so much! If you have any questions, please contact us.

Student Name_____

will usually:

_____ be picked up at dismissal

_____ go home on the bus

# Wainscott School

P O Box 79 / 47 Main Street
Wainscott, NY 11975
Phone: 631.537.1080 Fax: 631.537.6977
Web: www.wainscottschool.org

## WAINSCOTT COMMON SCHOOL DISTRICT

The Wainscott Common School District and its community are committed to the belief that all children have the right and should be provided the opportunity to achieve excellence in educational pursuits. The role of the District is to educate students in the values, critical skills, and essential knowledge necessary to be informed and responsible citizens, prepared to take the next steps in their education, careers, and lives in our diverse society.

### School Hours

School hours are from 8:00 a.m. until 2:40 p.m. each day. Students should not arrive earlier than 7:55 a.m. unless they are participating in a supervised activity. Students who arrive after 8:05 a.m. must check in at the school office and will be marked "late".

### Attendance

An important part of being successful in school is regular and punctual attendance. All students are expected to be in attendance each day unless they are ill or a family emergency arises. We realize that there will be times when a student may be late, but please avoid this whenever possible. Tardiness interrupts your child's and their classmates' instructional time. Your child may miss important information about the day or upcoming events.

Please notify the school as soon as possible when your child will be absent. A note confirming your child's absence must accompany your child upon his/her return to school. Please state the reason and date(s) of absence(s). These notes remain on file in the office and are required by New York State Law.

### Early Release of Students

All students who leave before the end of the regular school day must be signed out with school personnel by a parent or guardian.

**Snack/Lunch**

All students are to bring their drinks, snack and lunch to school every day, unless otherwise notified. Healthy snacks are encouraged.
Friday is "Pizza Day". The District will provide one slice of pizza per student. The students must still bring a snack and drink to school. If they do not wish to eat pizza, they must bring a lunch as well.

**Recess**

The Wainscott School recognizes the physical, mental, social, behavioral and academic benefits of outdoor recess. Therefore, Wainscott School students are given the opportunity to play outside whenever possible. Children should come to school appropriately dressed for outside play, year round.

**Medication**

Students may not give themselves their own medication. Parents will be required to administer their child's medications or may give written permission to a school employee to administer it.

**Report Cards**

Report cards are issued three times during the academic year: December, March and June. Parent Teacher Conferences are held twice a year. Additional conferences may be scheduled if needed.

**Homework**

Homework is assigned by the teacher and is completed after school. It should be a review of what was already taught in school and expand on a student's school experience. Homework is considered an important part of education. Students are encouraged to set aside regular time to complete their homework. Completing and returning homework assignments are the student's responsibility.

**Transportation**

The Wainscott Common School District provides bus transportation to students attending Wainscott School. Riding the bus is a privilege and may be taken away if the student does not follow the rules and regulations. In such cases that a student is removed from a bus, parents will be required to transport their child for the designated time frame.

Students must use only their bus and bus stop that has been assigned for them. They are expected to practice orderly and safe behaviors while waiting for the bus. The following rules are to be followed when riding on a school bus:

a. Remain in their seat, facing front, when the bus is in motion
b. WEAR SEATBELTS at all times
c. Talk quietly and make no unnecessary noise
d. Keep their head, arms, and personal belongings inside the bus
e. Keep the aisle clear

f. Wait for the driver's signal before crossing the street. Cross at least ten feet in front of the bus
g. Do not eat or drink on the bus on routine am and pm bus routes
h. Do not bully, harass, argue, or engage in any rough housing behavior with any other student on a bus
i. Do not be disrespectful to the bus driver

**Technology Agreement**

The Wainscott Common School District provides the students with computers to use during the school day. The computers have access to the Internet and may be used to enhance learning. Using the computers and the Internet is a privilege and each student must have permission from their parent or guardian before he/she can use the computers at school. The parents of all students are required to sign a form stating that he/she has read the Acceptable Use Policy and agrees to follow its rules.

**Visitors**

Visitors of the Wainscott School must enter the building through the main door and sign in with school personnel.

**Closing of School**

During the school year, the Superintendent may have to cancel classes before school or prior to the scheduled dismissal time because of weather conditions or other unforeseen reasons. If weather conditions or other factors force the closing of school, the following will carry the announcement.

Websites: www.wainscottschool.org
www.news12.com
Radio: WLNG – 92.1 FM
Television: Channel 12 – News