

Dear Parent/Guardian,

Enclosed are the documents that are necessary to complete in order to refer your child to the Committee on Preschool Special Education. Your preschool child must be registered with the Wappingers Central School District before your request for an evaluation can be processed.

Enclosed please find a registration packet, including:

- Registration forms and a letter detailing the documents you will need to provide at the time of your registration appointment.
- Consent forms for you to complete and sign, along with the list of approved preschool evaluation agencies that contract with Dutchess County.
- Prior Written Notice reviewing the evaluation request, and Part B Procedural Safeguard Notice, both of which are for your files.

Once you have gathered your appropriate documents, **please call central registration at 845-298-5000 x40132 to schedule an appointment.** Your request for referral to the CPSE will be processed once your registration is complete.

**Forms to bring with you to the registration appointment:**

- Complete registration packet, including all necessary registration forms
  - Proof of residency, your child's original birth certificate, recent physical examination record, immunizations, and guardianship or custody papers (if applicable)
- Sign and complete "Request for consent to Evaluate" form
  - Be sure to indicate your choice for evaluating agency on this form
- Complete "Referral to Committee on Preschool Special Education" form
- Any additional medical and/or preschool documents that may be helpful in identifying your child's abilities and areas of concern

**Forms to keep for your records:**

- Prior Written Notice reviewing the evaluation request
- Part B Procedural Safeguard Notice (See link in Prior Written Notice Letter)

Please contact the preschool special education office with any questions.

Regards,

*Committee on Preschool Special Education Chairperson*

(845) 298-5000 x14027



### Committee on Preschool Special Education

25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x14027 • Fax (845) 463-7326

#### Prior Written Notice Proposed Referral and Request for Consent for Evaluation

Dear Parent/Guardian:

The purpose of this notice is to inform you, in writing, of the school district's recommendation(s) regarding the identification, evaluation, educational placement and/or provision of special education services to your child.

SUBJECT OF THIS NOTICE:

Your child has been referred to the Committee on Preschool Special Education.

DESCRIPTION OF ACTION PROPOSED OR REFUSED:

The Committee on Preschool Special Education is requesting consent to conduct an evaluation to determine initial eligibility for preschool special education services.

EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

This referral was initiated in response to concerns about your child's progress.

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

A social history, observation and psychological evaluation. If needed, a speech and language evaluation, an educational assessment, and/or motor abilities assessment. If applicable, review of current provider reports and/or medical records.

DESCRIPTION OF THE PROPOSED INITIAL OR REEVALUATION AND THE USES TO BE MADE OF THE INFORMATION:

**Psychological Evaluation**

Assesses such areas as development, organization, memory, learning and other personality characteristics.

**Social History**

A report of information about the child, the child's family and environment that may be influencing performance in age appropriate activities.

**\*If needed, evaluations can include:**

**Speech/Language Evaluation**

**Educational Evaluation**

**Occupational Therapy Evaluation**

**Physical Therapy Evaluation**

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

There were no other options considered at this time.

DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:

There were no other factors relevant at this time.

YOU HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION. (CLICK BELOW)

[Procedural Safeguards Notice](#)

SOURCES YOU MAY CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:

For more information on Special Education rules and processes please contact your Area Special Education Office. They can answer any questions you have. You can also contact the following agencies.

The Hudson Valley Region NYSED Special Education Parent Center Contact information is:  
The Westchester Institute for Human Development, Cedarwood Hall, Room 326, Valhalla, NY 10595.  
Phone 914-493-7665, Fax 914-493-7899. Website: [www.hvsepc.org](http://www.hvsepc.org)  
The center provides information, resources and strategies to assist parents of children with disabilities.

The District Special Education Office is located at: 25 Corporate Park Drive, Hopewell Junction, NY 12533.  
Phone 845-298-5000 ext. 40103

A Parent Guide to Special Education is available on NYSED web site:  
<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:

Your written consent to the proposed initial evaluation is requested and a consent form is enclosed. You have the right to consent or to withhold consent to the initial evaluation of your child. If you consent, please sign and return the enclosed form as soon as possible so that we can address your child's learning needs in a timely manner.

You must select an approved evaluation site to conduct an initial evaluation of your child. Enclosed is a list of approved evaluation sites and the procedures you must follow to select a program that is available to conduct the evaluation of your child within the time period required by State regulations.

You may also submit evaluation information which will be considered by the Committee as part of the initial evaluation.

When the evaluation is completed, you will have the opportunity to discuss the test results and meet with the Committee on Preschool Special Education. You will receive a written notice of the date, time and location of the Committee meeting, and we encourage your attendance.

You have the right to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you have any questions or would like to request a meeting to further discuss information contained in this notice, please contact Lauren Broadbelt or Dr. Leah Raftis at 845-298-5260 ext. 14027.

Sincerely,

*Committee for Preschool Special Education Chairperson*

Encl.: 1. Consent for Initial Evaluation  
2. List of Approved Evaluators



25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845)298-5000 x14027 • Fax (845) 463-7326

**REFERRAL TO COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Dear CPSE Chairperson,**

**I am writing to refer my child to the Committee on Preschool Special Education. I am requesting that you conduct an initial evaluation to determine whether my child has a disability that is affecting his/her ability to participate appropriately in activities. I am concerned about my child's development in the following areas:**

- \_\_\_\_\_ **Cognitive/Learning**
- \_\_\_\_\_ **Speech and Language**
- \_\_\_\_\_ **Fine Motor**
- \_\_\_\_\_ **Gross Motor**
- \_\_\_\_\_ **Attention**
- \_\_\_\_\_ **Social Emotional Development/ Play**
- \_\_\_\_\_ **Adaptive/Self Help**
- \_\_\_\_\_ **Other** \_\_\_\_\_

**List pertinent medical diagnoses, as well as previous programs and/or services (Early Intervention, private services, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sincerely,**

\_\_\_\_\_  
**(Parent/ Guardian Signature)**

**Please Print:**

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



**REQUEST FOR CONSENT TO EVALUATE**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Please check your choice below and fill in the information requested.**

**I consent for my child to be evaluated by the Committee on Preschool Special Education (CPSE).**  
**The evaluations will include: Social History, Psychological Evaluation, Observation and any supplemental evaluations deemed necessary based on concerns and needs.**

**Evaluating Agency Choice:** \_\_\_\_\_  
**Name of Parent/Guardian:** \_\_\_\_\_  
**Telephone number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Do you need a bilingual evaluation? Y/N If yes, what language** \_\_\_\_\_

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

**No preference for evaluating agency**

*Please check off one of the required checkboxes and sign on the signature line.  
 Evaluation referrals will not be sent until the consent is completed.*

**OR**

**I DO NOT CONSENT for my child to be evaluated.**

**OR**

**I request a conference to discuss the proposed evaluation of my child. I understand that no evaluation will take place until this conference is held. Please contact me to schedule a date for a conference.**  
**Signature of Parent:** \_\_\_\_\_

**Office Use Only**  
 Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_



**AUTHORIZATION TO REQUEST AND/OR RELEASE CONFIDENTIAL INFORMATION**

Student's Name: \_\_\_\_\_ Sex (M) \_\_\_ (F) \_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned parent/guardian or eligible student, hereby give my written consent to the Wappingers Central School District

<i>CHECK</i>	<i>SERVICES</i>	<i>PROVIDER</i>
( )	Counseling	Certified School Counselor
( )	Psychological	Certified School Psychologist
( )	Social Worker	Certified School Social Worker

to request, receive and/or release medical, psychological, psychiatric, academic, and any other records deemed necessary concerning my child:

To the following Person and/or Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_

My consent is subject to revocation at any time and, unless an earlier date is specified, my consent expires after one (1) year from the date of my signature.

DATE OF REVOCATION, IF OTHER THAN ONE (1) YEAR: \_\_\_\_\_

- If there are any additional parties (e.g., agency, hospital, or professional personnel that have serviced the client) to whom the receiving person or agency may disclose the information contained in the student records, please list the names, addresses and nature of each party's interest below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

## Universal Pre-K & Kindergarten Registration Packet

**Prior to July 1**, parents registering their child for **Kindergarten** should contact their neighborhood school to schedule an appointment. Children must be 5 years old by December 1 in order to register. All other grades must contact Central Registration. [If you are unsure of your neighborhood elementary school, click here to access our boundary maps or visit <http://www.wappingersschools.org/domain/33>](#)

Brinckerhoff Elementary School: 897-6800 ext. 10001  
James. S. Evans Elementary School: 298-5240 ext. 11001  
Fishkill Elementary School: 897-6780 ext. 12001  
Fishkill Plains Elementary School: 227-1770 ext. 13000  
Gayhead Elementary School: 227-1756 ext.14005  
Myers Corners Elementary School: 298-5260 16003  
Oak Grove Elementary School: 298-5280 ext. 17000  
Sheafe Road Elementary School: 298-5290 ext. 18000  
Vassar Road Elementary School: 463-7860 ext. 19000

**After July 1**, parents/guardians wishing to register their child/children in the Wappingers Central School District should begin the **process by calling the *Central Registration Office* at 25 Corporate Park Drive, PO Box 396, Hopewell Junction, NY 12533 (298-5000 x 40132) and scheduling an appointment.** Hours of operation are Mondays – Fridays from 8:00 a.m. – 3:30 p.m.

### **In the Event of Inclement Weather:**

If there is a school cancelation or delayed opening due to inclement weather, your appointment will automatically be canceled, and you will need to call to reschedule. Information on cancelations or delays will be announced on the following local radio stations beginning at 6:00 a.m.

WBNR – 1260 AM	WRWD – FM 107.3
WCZX – FM 97.7	WSPK – FM 104.7
WHUD – FM 100.7	WPDH – FM 101.5
WRNQ – FM 92.1	WEOK – 1390 AM
WKIP – 1450 AM	WGNY – 1200 AM

You may also get school closing/delay information on our district website: [www.wappingersschools.org](http://www.wappingersschools.org) or by downloading our mobile app by clicking on [iTunes Store](#) or [Google Play](#).



Parent Retain for their Records

**GUIDELINES FOR REGISTERING YOUR CHILD: \*\*PLEASE PRINT SINGLE-SIDED\*\***

**Proof of Residency**

All new students seeking enrollment in the Wappingers Central School District must provide proper documentation and/or information to establish residency.

Within three (3) business days of your child’s initial enrollment, your documentation and/or information will be reviewed to make a final residency decision. If a determination of non-residency is made, you will be notified in writing.

The following is documentation that may be used to establish residency (**Note: This is not intended to be an exhaustive list, and the District may consider other documentation and/or information, as appropriate**):

- A copy of a residential lease or proof of ownership of a home, such as a deed or a mortgage statement.
- A notarized or signed statement by a third-party landlord, owner or tenant from whom the parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property within the District.
- Other forms of documentation include:
  - Pay Stubs
  - Federal or NYS Income Tax, W-2 or Earnings Statement
  - Utility Bill
  - Voter Registration Notification Card
  - Official driver’s license, learner’s permit or non-driver identification
  - Documents issued by federal, state or local agencies (such as social services agency)
  - Government-issued identification
  - Membership document based on residency

If you are not the natural parent but have legal guardianship of the student(s), please provide us with any available relevant documents or complete custody affidavit (Click here for [Parent Affidavit/Custodial Affidavit](#) Forms or visit <https://goo.gl/H4NCmC>.)

**Proof of Age**

In accordance with the NYS Education Law, the District requires documentation verifying your child’s age. Acceptable documentation may include a birth certificate or record of baptism, including a certified transcript of a foreign birth certificate or record of baptism. When this information is unavailable, the

District may accept a passport, including a foreign passport, to determine the child’s age. If the previously listed documentation is not available, the District may consider the following documents or recorded evidence if in existence two (2) or more years, except an affidavit of age, to determine a child’s age:

- State or other government-issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Official driver’s license
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Court orders or other court-issued documents
- Native American tribal document



**Documentation Relating to Legal Custody and Special Circumstances**

If there are any other special circumstances such as custody agreements or orders of protection, please submit those documents to us. They will be copied and filed in the student’s records. The schools cannot refuse to release a child to a parent/legal guardian unless there are court documents on file with the District to the contrary.

**Proof of Health Examination & Immunizations**

In accordance with the Commissioner’s Regulations, students entering public school at any grade are required to have a satisfactory health examination conducted no more than 12 months before the first day of the school year in question. If an acceptable health certificate is not provided within 30 days, the District’s physician will conduct the examination. The District does not require a health certificate if they or their parents object claiming a conflict with their genuine and sincere religious beliefs. This exemption request must be in writing and supporting documentation provided.

Immunization records or documentation of exemption are also required for every student entering or attending public schools in accordance with New York State Public Health Law. The Public Health Law allows for a limited period of attendance for 14 days without proof of immunization, upon a showing that the student is making a good faith effort to obtain the necessary immunizations and/or documentation verifying the immunizations. “(Note: when the child is transferring from another state or country, the 14-day period may be extended to not more than 30 days). Please refer to the next page for the schedule of immunizations required of students.

**Warning:** Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition-free education from the Wappingers Central School District may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant’s child resides outside of the Wappingers Central School District, the District may take legal action to collect tuition charges. The tuition of \$9,495.00 (Regular Ed. K-6); \$10,324.00 (Regular Ed. 7-12); \$35,090.00 (Special Ed. K-6); \$35,919.00 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student’s residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Signature of Witness (WCSD)

Signature of parent/guardian will confirm that they have read and understand the residency policy of the Wappingers Central School District and the consequences they might incur if false information is wrongfully provided.

*For Office Use Only: Please Return Form to Main Office Student Cumulative Folder*



**Registration Data Sheet**  
(Shaded areas to be completed by WCSD Personnel)

Student's Last Name	First	Middle	Student ID #	Yr. Grad.	Building	HR	Entry Date	New OR Repeat
Student's Street Address House No. (Lot)	Apt. No.	City	State	Zip Code				
Mailing Address (If Different)	Street	Apt. No.	City	State	Zip Code			
Gender	Proof of Age (Birth Certificate or Other)		Home Phone #					
Birth Date	Country	City	State/Province	Zip				
School Name	Grade	Teacher						
Parent/Guardian Name			Parent/Guardian Address – If different than child			Emergency Phone #		
Parent/Guardian Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Parent /Guardian Email Address:								
Additional Parent/Guardian Name			Additional Parent/Guardian Address – If different than child			Emergency Phone #		
Additional Parent/Guardian Occupation		Place Of Employment		Work Phone # 1		Cell Phone #		
Additional Parent/Guardian Email Address:								
Child Living with Biological/Natural Parents <input type="checkbox"/> YES <input type="checkbox"/> NO		Language Spoken at Home			Language of Student			
Custody Clarified	Limited Release	<b>OTHER</b> <input type="checkbox"/> Social Service Form DSS – 2999 Completed; Agency _____ <input type="checkbox"/> Foster Child Report Completed <input type="checkbox"/> Designation for Homeless Child Form Completed <input type="checkbox"/> Migrant <input type="checkbox"/> Exchange Student				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
What Are Your Living Arrangements?		Verification of Legal Residency				Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Schools Previously Attended			City, State, Country			Dates		Grade (s)
Previously Retained <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade(s)?		If Previously Attended School in Wappingers Central School District, What School and When Attended?					
Comments								
ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>OTHER CHILDREN</b>								
Name	Birth Date	School	Grade	Name	Birth Date	School	Grade	
<b>Signatures:</b>								
_____ Administrator			_____ Parent (Signature indicates you are aware that a general screening of all new students is required in NYS)					
_____ Counselor REV.17/18			_____ Student					



Department of Special Education and Student Services  
25 Corporate Park Drive, P.O. 396 Hopewell Junction, NY 12533  
(845) 298-5000 ext. 40135 Fax (845) 897-2482

**Temporary Residence REFERRAL (McKinney-Vento Program)**

All parents/guardians must sign the form (bottom of page) to indicate they have read the form. Students in temporary housing conditions may be eligible for additional school support. Eligibility can be determined by completing the information below. Additional information may be needed.

Currently are you and/or your children in any of the following situations?  Yes  No

- Shelter     Hotel/Motel     unsheltered, in a car or campsite     awaiting foster care
- Child NOT living with parent or guardian     temporarily living with another family or others

Current Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address prior to temporary housing: \_\_\_\_\_

Transportation required? Please circle Yes No    Date of housing change: \_\_\_\_\_

Reason for current living situation: \_\_\_\_\_

Previous School and District: \_\_\_\_\_

Name of Child and School ID Please include all children in home	Date of Birth	M/F	Grade	School Attending in WCSD

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature, if done in person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person completing form, if not guardian

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For approval:** Fax to Richard Zipp, 897-2482 attn: Noreen Van Tassell or email to [noreen.vantassell@wcsdny.org](mailto:noreen.vantassell@wcsdny.org)  
Contact Laura Brundage at 298-5240 x11020 with questions.

**APPROVED BY:** \_\_\_\_\_

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 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 by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**



## IMMUNIZATIONS

New York State Law Section 2164 requires these immunizations for admission to school K-12  
(Born on or after 1/1/2005)

New York State Law requires immunizations for all students against Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, and Varicella. Meningococcal meningitis for grades 7 and 12.

The mandate requires you to comply with the law since schools are bound to refuse admission to your child if the records of immunization are not available.

Immunization	Number of Doses
<b>Polio</b>	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Hepatitis B</b>	3 doses at specific intervals*
<b>Diphtheria/Pertussis/Tetanus</b>	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Measles/Mumps/Rubella</b>	2 doses received prior Kindergarten
<b>Tdap</b>	Students 11 years or older entering Grades 6 through 12 are required to have one dose of Tdap. Students who are 10 years old in Grade 6 and who have not received a Tdap vaccine may enter but must receive the vaccine when they turn 11 years old.
<b>Varicella</b>	2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.
<b>Meningococcal</b>	1st dose required prior to admission into Grades 7 and 8 and 2nd dose required prior to entrance to Grade 12. 2nd dose not required if 1st dose was given at age 16 or older.

\*Hepatitis B doses must be given with 4 weeks between 1<sup>st</sup> and 2<sup>nd</sup> doses, 8 weeks in between 2<sup>nd</sup> and 3<sup>rd</sup> doses, 16 weeks between 1<sup>st</sup> and 3<sup>rd</sup> dose.

### PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.

Proof of immunization must be any of 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.

**SCHOOL HEALTH SERVICES**  
**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**SCHOOL**

**REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

**To Be Completed By Health Care Provider Every School Year**

Immunization/s which cannot be administered:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> DPT/DTaP/Tdap | <input type="checkbox"/> Polio     | <input type="checkbox"/> MMR                      |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal Meningitis |

Reason for exemption: \_\_\_\_\_

Name of licensed provider (Please print or use stamp) \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Provider phone \_\_\_\_\_

NYSDOH Public Health Law requires adequate dose or doses of immunizing agents against diphtheria, pertussis, tetanus, poliomyelitis, mumps, measles, rubella, hepatitis B, meningococcal meningitis and varicella for school entry.

New York State Law Section 66-1.3 (7) (c)-Requirement for School Admission permits medical exemption to required immunizations if the parent/guardian provides a certificate from a physician, licensed to practice medicine in New York State, that one or more of the required immunizations may be detrimental to the child's health.

The Centers for Disease Control's (CDC) resources on contraindications to vaccination can be found at: <http://www.immunize.org/catg.d/p3072a.pdf>.

Your certificate should include:

- The specific immunization that is medically contraindicated
- The reason for the medical contraindication

**Please return this form to the school Health Office. It will then be sent to the WCSD Medical Director for approval.**

**This document will be filed with the student's cumulative health record.**



Elisa Alvarez, Associate 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 Person in Parental Relation:  
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.*

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

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	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	_____ specify	<input type="checkbox"/> Parent 2 _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NY'S STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School: _____ Address: _____	

# Home Language Questionnaire (HLQ)—Page Two

## Educational History

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

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

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

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

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

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

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

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

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

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

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

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

Relationship to student:     Parent     Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:     No     Yes

<b>**DATE OF INDIVIDUAL INTERVIEW:</b> _____ <small>MO.      DAY      YR.</small>	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
---	---

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

**DATE OF NYSITELL ADMINISTRATION:** \_\_\_\_\_ **PROFICIENCY LEVEL ACHIEVED ON NYSITELL:**

MO.      DAY      YR.

ENTERING     EMERGING     TRANSITIONING     EXPANDING     COMMANDING

**FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:**



**SOCIAL - HOME SURVEY (KINDERGARTEN ONLY)**

Please complete this survey and return to your child’s kindergarten teacher. It will be placed in your child’s permanent record folder and limited to use by the school staff. This survey will be removed from your child’s folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

What name does your child prefer to be called? \_\_\_\_\_

With whom does your child live? (Check all that apply)

- Parent       Additional Parent    Siblings    Grandparents    Other \_

Where does your child fall in the family order?

- First Child       Middle Child       Last child       Only child       Other \_

Has your child attended nursery school or daycare?       Yes       No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

May we call for information?       Yes       No

**CHILD DEVELOPMENT**

Can your child dress him/herself?       Yes       No

Can your child take care of his/her bathroom needs?       Yes       No

Can your child follow directions?       Yes       No

Can your child attend to a story or activity for 15 – 20 minutes?       Yes       No

Has your child chosen which hand he/she prefers to use?       Yes       No

If yes, which hand?       Left       Right

Can you and/or others understand your child’s speech?       Yes       No

*For Office Use Only: Please Return Form to Main Office Student Cumulative Folder*



Do you think your child will require special assistance in any of the areas listed below?

1. Speech                       Yes       No
2. Behavior                    Yes       No
3. Rate of Learning         Yes       No
4. Health                      Yes       No
5. Coordination             Yes       No

How often do you read to your child? \_\_\_\_\_

\_\_\_\_\_

Are there any hobbies or interests that you or your family would be willing to share with your child's kindergarten class?

\_\_\_\_\_

\_\_\_\_\_

Please share any other information about your child that you feel would be helpful for his/her teacher to know. Some examples are: special interests, unusual experiences, and fears, family history – which may include custody and/or health issues – such as food allergies, problems with eating or sleeping. If you prefer, you may share specific information by speaking directly to your child's teacher.

\_\_\_\_\_

\_\_\_\_\_

**Academic Strengths/Needs:**

**Behavioral Strengths/Needs:**

**Social/Emotional Strengths/Needs:**

**Work/Organizational Skills Strengths/Needs:**

**Additional Comments, Information and Suggestions:**

**Academic Records:** Examples: copy of most recent report card, marks given up to last date of attendance in former preschool/nursery, and any special education records you can provide.

*For Office Use Only: Please Return Form to Main Office Student Cumulative Folder*

**RELEASE OF STUDENT INFORMATION**

Date: \_\_\_\_\_

Dear Educator,

The following student has enrolled in the Wappingers Central School District. **Please forward copies of records, including report cards, health, and any other pertinent information to the address indicated below.**

Thank you for your attention to this request.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

WCSD School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Wappingers Central School District**

**Please fax records to 845-896-1459**

If you need to call the Central Registrar, please dial **845-298-5000 x 40132.**

**Previous school information:**

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

- Birth Certificate
- Immunizations
- IEP/504\*
- ENL/NYSESLAT/NYSITELL Record\*
- Transcript
- Discipline Record\*

Address: \_\_\_\_\_

*\*If applicable*

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Please Return Requested Records to:**

Susan Aboshanab, Central Records Associate:

**susan.aboshanab@wcsdny.org** OR

Martha Bulding-Puig

Bilingual Services Associate/Asociada de Servicios Bilingue:

**martha.puig@wcsdny.org**



### School Health Services

\_\_\_\_\_ SCHOOL

#### HEALTH DATA SHEET

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Additional Parent Name \_\_\_\_\_  
 Parent Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Additional Parent Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent Address \_\_\_\_\_  
 Additional Parent Address \_\_\_\_\_

With whom does this child live?

Both Parents  Parent  Additional Parent  Guardian Other \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Phone # \_\_\_\_\_

#### PRENATAL AND DEVELOPMENTAL HISTORY

Did the mother have any unusual problems/illness during the pregnancy or the birth such as breech, forceps or Cesarean delivery?  Yes  No If yes, please explain briefly:

\_\_\_\_\_  
\_\_\_\_\_

Was this infant born:  Full term  Premature  Post mature

What was this infant's birth weight? \_\_\_\_\_ lb. \_\_\_\_\_ oz.

Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea spells or convulsions?  Yes  No If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
 Please give an approximate age at which this child: sat up alone \_\_\_\_\_ walked \_\_\_\_\_  
 said single words \_\_\_\_\_ said sentences \_\_\_\_\_ was toilet trained \_\_\_\_\_

Please briefly describe this child's overall development in relation to his/her other siblings: \_\_\_\_\_

### School Health Services: HEALTH CONDITIONS

Please check any that are a chronic problem.

- Diabetes     Seizures     Epilepsy     Heart Problems

*If your child has any of the above, please contact the school nurse.*

- High Fevers     Eye Problems     Poor Vision     Poor Hearing     Crossed Eyes  
 Tubes in Ears     Bed wetting     Bowel Problems     Toothaches     Dental Infections  
 Frequent Ear Infections     Frequent Headaches     Frequent Nosebleeds  
 Frequent Sore Throats     Other \_\_\_\_\_

### MEDICAL INFORMATION

Does this child have any allergies?  Yes  No

If yes, to what? \_\_\_\_\_

What are the child's triggers to this/these allergies? \_\_\_\_\_

What are the child's reactions to this/these allergies? \_\_\_\_\_

What treatment or medication does this child require for this/these allergies?  
\_\_\_\_\_

Does this child have asthma that has been diagnosed by a physician?  Yes  No

If yes, what treatment and/or medication has been prescribed? \_\_\_\_\_  
\_\_\_\_\_

Does this child have any medical condition other than listed above?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

### INJURIES, ILLNESSES, AND SURGERIES

Please list any severe injuries, illnesses and/or surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION

Is this child on daily medication?  Yes  No

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Is this child on medication on a regular basis, but not daily?  Yes  No

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Do any family members have any long-term illness, such as diabetes, cancer, high blood pressure, etc.?  Yes  No If yes, please list the illness and the relationship of the person to this child. \_\_\_\_\_

\_\_\_\_\_

Do you have any other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Would you like a conference with the school nurse?  Yes  No

## School Health Services

New York State Law, as well as local regulations, strictly outlines the rules that schools must follow concerning medication administered in school.

The overall guideline is that such dispensing of medication must be kept to a minimum; therefore, it is administered only with specific written physician's order and only when deemed necessary to be given during school hours.

Nurses are required to follow these regulations:

1. The nurse should administer medication only as necessary.
2. Instructions for administering medication must be in writing from the physician and include:
  - a. The name of the student
  - b. Medical condition of the student
  - c. The name of the medication
  - d. The medication dosage and time the medication is to be given
  - e. A list of possible side effects
3. A Parent Permission form must be filled out by the parent/guardian.
4. Medication **MUST** be brought to the school by the parent/guardian. It may **NOT** be sent to the school with the student. All medication **MUST** be in a properly labeled original container.
5. New prescriptions and physician's orders are required at the beginning of each school year.
6. All unused medication must be picked up by the parent/guardian within 7 days after it is no longer needed or it will be disposed of.
7. All prescribed medications will be kept in a locked cabinet and dispensed only by authorized personnel.
8. If, at any time, the physician wishes to change the dosage, he/she must submit this request in writing.
  - a. A verbal or telephone request/order from the physician or parent is not acceptable.
9. Special guidelines apply to field trips. Contact the school nurse for specific information.
10. The term "medications" is a broad one referring to both prescription and non-prescription (over-the-counter) drugs and treatments.

## School Health Services

\_\_\_\_\_ SCHOOL

### PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ ID# \_\_\_\_\_

Date: \_\_\_\_\_

I give permission to the school nurse or designated school personnel to administer \_\_\_\_\_ as prescribed by the physician.  
(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to the medication order from the physician will need to be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate communication with the ordering prescriber-related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the school nurse or designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

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

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

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

Please indicate times and dosage of any and all medications taken at home in the space below.

\_\_\_\_\_  
\_\_\_\_\_



## School Health Services

\_\_\_\_\_ SCHOOL

Dear Parent/Guardian:

As of September 2008, New York State requests Kindergarten; 1st, 3rd, 5th and 7th, 9th and 11th-grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months before the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

### DENTAL HEALTH CERTIFICATE

Student Name: \_\_\_\_\_

Date of Comprehensive Dental Examination: \_\_\_\_\_

No Treatment Required  Treatment in Progress  Treatment Completed

Student is in fit condition of dental health to permit school attendance:  Yes  No

Print Name of Dentist: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_

Address of Dentist: \_\_\_\_\_

Telephone Number of Dentist: \_\_\_\_\_

**Student Records/Directory Information (FERPA Rights)  
Annual Notification**

The Board of Education recognizes the legal requirement to maintain the confidentiality of student records. The procedures for ensuring the confidentiality of student records shall be consistent with state and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing regulations.

The Board also recognizes its responsibility to ensure the orderly retention and disposition of the district's student records in accordance with Schedule ED-1 as adopted by the Board in policy 1120.

The Superintendent of Schools shall be responsible for ensuring that all requirements under federal statutes and Commissioner's Regulations be carried out by the district.

**Annual Notification**

At the beginning of each school year, the district will publish a notification that informs parents, guardians and eligible students currently in attendance of their rights under FERPA and the procedures for exercising those rights. This notice may be published in a newspaper, handbook or other school bulletin or publication. This notice will also be provided to parents, guardians, and eligible students who enroll during the school year.

The notice will include a statement that the parent or eligible student has a right to:

1. inspect and review the student's education records;
2. request that records be amended to ensure that they are not inaccurate, misleading, or otherwise in violation of the students privacy or other rights;
3. consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent; and
4. file a complaint with the U.S. Department of Education alleging failure of the district to comply with FERPA and its regulations; and

In addition, the annual notice will inform parents/guardians and eligible students:

1. that it is the district's policy to disclose personally identifiable information from student records, without consent, to other school officials within the district whom the district has determined to have legitimate educational interests. For purposes of this policy, a school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law

enforcement unit personnel; a member of the Board of Education; a person or company with whom the district has contracted to perform a special task such as an attorney, auditor, medical consultant, or therapist; or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks). A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his/her professional responsibilities.

2. that, upon request, the district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.
3. of the procedure for exercising the right to inspect, review and request amendment of student records.

The district shall arrange to provide translations of this notice to non-English speaking parent(s) or guardian(s) or eligible student(s) in their native language or dominant mode of communication.

WCSD Bus Transportation  
To/From Private Child Care or Registered Day Care Providers  
2024-2025 School Year

WCSD Students in grades K-8 are eligible for bus transportation to and/or from a private child care or registered day care provider if the student's legal residence and the child care provider's location are both located within the boundaries of the WCSD.

Transportation requests must be completed every year, even if there is no change to your student's day care/ child care provider. All day care requests must be for five (5) days per week, to and/or from school. If a request is made for less than five (5) days per week, a note will need to be given to the school daily and the pick-up and drop-off location will be assigned to an existing stop on an existing route.

**Day Care Providers** that **are registered** under Section 390 of the NYS Department of Social Services are entitled to transportation to and/or from locations within the boundaries of Wappingers Central School District. A “CHILDCARE TRANSPORTATION REQUEST” form must be received before the **4/1/24 deadline**. All requests received after 4/1/24 will be considered late and may not be approved.

**Private Child Care** locations that **are not licensed or registered** under Section 390 of the NYS Department of Social Services are restricted to transportation only within the **attendance zone** of the school your child attends. Transportation, to and/or from, must be within the boundaries of the school the child is attending. If you are late, please be sure to plan accordingly as there may not be a bus available to and/or from your chosen private child care provider.

WCSD bus routing is complete by the end of August. This is to ensure the safety of your child, the bus driver, their teacher, the school and Transportation Department, as all need to be aware of all assigned buses and bus stops.

Child Care Transportation Request Forms are available on our website at [www.wappingersschools.org](http://www.wappingersschools.org) and also in the main office of all K-8 schools. Please fill out one form per student. Return the form to your child's home school for the Principal's approval. Please allow five (5) days for processing once Transportation receives the form.

**If you are new to the District**, please make an appointment with the WCSD Central Registrar to register your child for transportation at **845-298-5000 ext. 40132**. **For families who become district residents after 4/1/24**, a transportation request must be submitted within thirty (30) days of establishing district residency. If you have any questions regarding Transportation, please call 845-298-5225.



Students in Grades K-8 are eligible for childcare transportation. A new childcare form must be submitted every year preceding the next school year, even if there is no change, and must be received by the April 1<sup>st</sup> deadline. Registered daycare providers are entitled to transportation to and/or from locations within the boundaries of WCSD. Private childcare locations that are not licensed or registered are restricted to transportation only within the attendance zone of the school your child attends. An existing stop on an existing bus route within the child's individual school attendance zone will be offered for requests received after April 1<sup>st</sup>. Please visit our Transportation page on our district website for more information. [www.wappingersschools.org](http://www.wappingersschools.org)

CURRENT SCHOOL YEAR

**CHILDCARE TRANSPORTATION REQUEST**

NEXT SCHOOL YEAR

**Student**

Date \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Home Address (no PO Box): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Childcare**

Childcare Provider's Name: \_\_\_\_\_

Childcare Provider's Address: \_\_\_\_\_

Childcare Provider's Phone: \_\_\_\_\_

AM Pick-up (Same location five (5) days per week)  Home  Childcare Provider  
PM Drop-off (Same location five (5) days per week)  Home  Childcare Provider

I certify that all information contained on this form is accurate and that the student is under the care of the specified childcare provider.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

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

Parent/Guardian email: \_\_\_\_\_

Verification: Principal/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only one (1) form per student - Return to the Main Office of your child's school  
A new form must be submitted each time changes are made or to cancel**

SCHOOL OFFICE STAFF: PLEASE SCAN THIS FORM TO TRANSPORTATION UPON COMPLETION

Childcare transportation requests for families who become district residents after the April 1<sup>st</sup> deadline must be submitted within thirty (30) days of establishing district residency or transportation may not be available.



Art Schouten • Director of Instructional Technology, Data, Assessment and Technology Education  
25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x40180 • Fax (845) 896-1973

## Computer Use Background Information

The Wappingers Central School District is committed to providing quality educational services to our staff, students, and school community. As part of these services, the District may provide staff and students with access to district computer-based devices and related services. The access to or use of district devices is intended for the purposes of education, school business, school operations, teaching, learning, and duties. This includes, but is not limited to: the Internet, including online services and electronic communications; hardware, such as computers; software; networks; information systems; electronic/digital files; and store of data/information.

The Board of Education's policies and procedures regarding the acceptable use of district computer systems place an obligation on both the district and the students and staff that use its technology. (The Board's computer use policies are in part 4526 of the district's Policy Manual. The entire manual is on the BoardDocs part of the district's website [<http://www.boarddocs.com/ny/wcsd/Board.nsf>]. Once there, click "Enter Public Site" and then the "Policies" link at the top of the next page.)

The district makes no warranties of any kind, either expressed or implied, for the district devices or the access provided. Furthermore, the District assumes no responsibility for the quality, availability, accuracy, nature, or reliability of the material or information provided on district devices.

Acceptable use of district devices is for the purpose relating to a user's status with the District. This guideline does not attempt to articulate all acceptable uses of district devices and related services. In addition, it is not the intention of this guideline to define all inappropriate usage. All users shall adhere to this guideline and the laws, policies and rules governing computers and computer networks, electronic communications, the Internet, and Technology.

### Acceptable Use:

In accordance with the responsible use of district devices and related services:

- The district offers equal access to computers.
- The district will respect privacy rights while prohibiting the unauthorized disclosure, use, and dissemination of personal information regarding students and staff.
- The district will provide a safe venue for computer use through the use of Internet filters and staff supervision. It is recognized that the district cannot control everything that appears on a computer screen.
- Use of the district's systems is a privilege, rather than a right, subject to revocation by the district.

## **Prohibited Use.**

The following uses, though not intended to be all-inclusive, are among those considered unacceptable and are expressly prohibited. If a student has a question regarding whether a particular activity or use is acceptable, he or she should seek guidance from their teacher or principal or the District's Office of Technology, Testing, and Assessment. Staff should direct their questions to the Office of Technology, Testing, and Assessment.

Prohibited activities include, but are not limited to:

- Use of district devices and related services that violates Federal law, State law, local law, regulations of the Commissioner of Education, New York State Education Law, or school board policies as labeled above.
- Use of district devices and related services for the reproduction or dissemination of information that violates privacy rights, copyright laws, licensing agreements, and policies and regulations of the District.
- Use of district devices and related services for commercial activity including advertising that is not related to work at the District.
- Unauthorized installation of software and hardware. Software from outside sources, such as home or from the Internet, is not authorized to be used on district devices unless expressed written authorization has been obtained from District administration.
- Intentionally causing harm or damaging district devices, including unauthorized modification of electronic information of others or the District. This includes hacking and other activities that may knowingly harm or disrupt district devices or electronic information of others or the District. Use of district devices or other services for malicious, fraudulent, or misrepresentative purposes is not acceptable.
- Creating, viewing, downloading, reproducing, or disseminating any material considered harmful to minors or any illegal material.
- Creating, viewing, downloading, reproducing, or disseminating any material that is obscene, offensive, abusive, racist, sexist, containing sexually explicit material, or is considered harassing, intimidating, or bullying.
- Making, using, or installing illegal copies of copyrighted software or files and storing them on district systems or sending them to other networks.
- Using district servers to store personal files, such as music or personal photographs, without a system administrator's permission.

## **Website and Web Content**

The Internet and World Wide Web provide valuable connectivity and access to information. In terms of employees creating web pages, this should be done in collaboration with your school's Principal, supervisor, or designee. Employees are encouraged to use the many tools now available to create helpful and relevant web pages as part of their school or District's website. Every employee should

proof read all content for appropriateness, spelling, and grammar. Adherence to the FERPA and Copyright regulations are required. Sound practices relating to teacher, classroom, team, department, school or District websites and web content are to be followed.

**Additional Topics:**

- The district retains control, custody, and supervision of all computers, software, networks, and Internet services owned or leased by the district.
- Students and staff have no expectation of privacy in their use of district computers including, but not limited to, personal email, private files, and stored files.
- The district reserves the right to monitor all computer and Internet activity by users and to review on-line activities.
- Students and staff should avoid disclosing personal information through the Internet without the specific permission of a parent or adult supervising computer use.

**Penalties for Improper Use:**

The use of a District account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including but not limited to, suspension, expulsion, dismissal from District employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

**Disclaimer:**

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from the use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees. I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Wappingers Central School District.





## Student Technology Use Permission Form

### Kindergarten Registration

Please sign this form and return to your child's school. You should keep the **Computer Use Background Information** form for your own records.

- I desire to be given access to the district's computers, networks, software, and Internet connection.
- I have read the District's *Computer Use Background Information* form.
- I understand that I will use computers and the Internet for educational purposes and not for non-educational, unlawful, or harmful purposes.
- I understand that I will follow the directions of the adult supervising an area with computers.
- I understand that I will follow generally accepted rules of network etiquette, interpersonal relations, and regard for property.
- I understand that violations of these guidelines will be dealt with in a manner consistent with district codes of conduct.

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Note: According to Board of Education Policy, if the account holder is a student under the age of 18, such student's parent or guardian must complete the following:

As parent/guardian or **person(s) in parental relation** to this student, I have read the Wappingers School District's Computer Use Background Information form. I understand that computer and Internet access is for educational purposes and that both the District and its staff and students are responsible for appropriate use of computer systems. I also recognize and understand that while the District maintains filtering systems and other network safeguards, it is impossible for the District to restrict access to all controversial materials on the Internet and I will not hold them responsible for materials that my child may acquire on the Internet.

I hereby give permission for the school district to provide my child with access to district computers, networks, and the Internet.

Student's Full Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Please Print Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BLACKBOARD MASS NOTIFICATION SYSTEM DIRECTIONS

Dear Parents and Guardians,

Welcome to Wappingers Central School District! Our District is committed to providing timely communication to all of our families and staff. Blackboard Connect allows our District to share information with parents and staff members on matters such as attendance, general interest activities, as well as building and District emergencies. In addition to allowing the District to communicate with traditional email, telephone and text messages, Blackboard Connect has a mobile app customized for our District.

Parents registering their child for Kindergarten will receive an email over the summer from Blackboard with the Parent ID and a temporary password to log into your mass notification account. Simply follow the steps below to login to your account through the secure Blackboard Connect web site or by downloading the mobile app.

We invite all families to download the FREE District Blackboard app through the [iTunes store](#) or [Google Play](#). Blackboard Connect allows you to control how the District contacts you.

### Steps for updating your account from a computer:

Enter the following URL into your web browser: <https://wappingersschools.parentlink.net/main/login>

1. Enter the Parent ID and temporary password provided by the District in a separate email. The system does provide the possibility of logging into your account with your Facebook or Google account, if you choose. The first time you login, the system will prompt you to change your password. Passwords must be a minimum of six characters. Once you type in your new password, retype it to confirm, click on save.

[**Note:** Blackboard Connect has a strict privacy policy and does not sell or distribute your contact information to any 3<sup>rd</sup> party.]

2. Once you've logged into your account, you're ready to customize your contact preferences. Locate the **Account** tab located on the right-hand sign of the screen (in the black bar and click to open. The first tab (**Account Info**) allows you to update your first and last name, gender and select the language you would prefer to receive your emails. Under "Delivery addresses" you can add, remove or update email addresses or phone numbers by selecting Add. A dropdown box appears to select if you want to add a phone number, Text/SMS, email address, and mailing address. Make sure that you click **SAVE** when you are done making changes to customize how the District communicates to you, click on the **Delivery Preferences**. **Once opened you will see**

**Emergency, Attendance, Balance, Survey and Other.** For each type of contact you have entered (phone number, Text/SMS, email address, and mailing address) you can uncheck a box by clicking on the green icons to the right. If you place your mouse over each icon, the type of notification will appear. The contact choices in the order they appear are **push notification** (this would be to a mobile device), **text/SMS, phone** and **email address**). Once you select a notification type, any contact information you have added will appear. If you do not want a number called or email address used, simply uncheck the box. You must have at least one contact selected for each category.

**Download the FREE mobile app in three easy steps.**

1. On your smartphone go to the
  - a. iTunes App Store (Click or go to: <https://itunes.apple.com/us/app/wappingers-csd/id1227452354?mt=8> or
  - b. Google Play (Click or go to: <https://play.google.com/store/apps/details?id=com.blackboard.community.wappingersschools&hl=en>).
2. Search for Wappingers CSD
3. Then select our Wappingers app for free download
4. Once download, login using the parent ID and temporary password (unless you have already updated your password) sent via email from the District.
5. From an iPhone device, go to Settings and choose Follow Schools to customize which the notifications you want to receive. You can have notifications sent to your mobile device from the specific schools you choose and the District.
6. From an Android device, go to Settings and choose

School news in the palm of your hand, your new WCSD mobile app is just a few taps away. Download it today!

Thank you for staying connected to our District. We hope you enjoy Blackboard Connect!

**Dutchess County Preschool Special Education  
2023-2024 SY List of NYS SED Approved Preschool Providers**

**- Dutchess County Evaluation Agencies -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Abilities First Preschool</b>	Marissa St. John	(845) 298-2090	167 Myers Corners Road, Suite 104 Wappingers Falls, NY 12590
<b>Achieve Beyond Child &amp; Parent Services (Bilinguals Inc.)</b>	Tara Ramondelli	(914) 328-2868 *Multilingual available	1311 Mamaroneck Avenue, Suite 150, White Plains, NY 10605
<b>Arc of Greater Hudson Valley Educational Learning Experience</b>	Beth Laub	(845) 344-2292 x-4149	1145 Little Britain Road, New Windsor, NY 12553
<b>Astor Services For Children &amp; Families</b>	Lauren Sweeney	(845) 452-4167 *Spanish Available	50 Delafield St., Poughkeepsie, NY 12601
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>HTA Of New York</b>	Leslie Lupetin	(845) 528-2011 *Spanish available	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Learning Together, Inc. (formerly EEC)</b>	Kathy Masloski	(845) 883-5151	40 Park Lane, Highland, NY 12528
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>Mid Hudson Valley Early Education Center</b>	Andrea Sherman Marisa Wolpert	(845) 431-8815 (845) 431-8292 *Spanish available	241 North Road, Poughkeepsie, NY 12603
<b>Milestones for Munchkins (with Kinderwise)</b>	Katharine Bolender	(914) 774-3608	534 Route 6, Mahopac, NY 10541
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>Putnam &amp; Southern Dutchess UCP (Hudson Valley Early Childhood Center)</b>	Aimee Martine	(845) 878-9078 x-5555	40 Jon Barrett Road Patterson, NY 12563(mailing) 15 Mount Ebo Road South, Brewster, NY 10509 (school)
<b>River Valley Speech - Kathleen Phillips (Carriage House)</b>	Kathleen Phillips	(845) 462-6701	50 Springside Ave, Poughkeepsie, NY 12603
<b>Somos Bilingues, SLP PLLC</b>	Jaridy Fabre	914-306-0863 *Spanish, Haitian Creole, Arabic, Greek available	50 Hamilton Street, Dobbs Ferry, NY 10522 <b>Email: <a href="mailto:CPSE@somosbilinguesslp.com">CPSE@somosbilinguesslp.com</a></b> <b>**They prefer email referrals</b>

**- Preschool Augmentative Communication Evaluation Agencies (PACE) –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Location – Site Based Service</b>
<b>Mid Hudson Valley Early Education Center</b>	Margaret Slomin	(845) 483-5682	Poughkeepsie, Beacon