NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

_____ _____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Date

If **ANY box other than "In Permanent Housing" is checked,** , then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre ☐ Mujer Fecha de Nacimiento: _____ / _____ / _____ Grado:_____ ID#: _____
Mes Día Año (jardín de infantes – 12) (opciónal)

Dirección: _____ Teléfono: _____

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

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

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

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

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

_____
Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción **y el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegúrese que una Formulario de Designación sea completado.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent**.** Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"*With another family or other person" (also referred to as "doubled-up")"*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"*Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

Instructions for Registering Your Child

- Please complete all forms in the registration packet.
- Be sure to sign wherever “Parent/Guardian Signature” is required.
- Do not leave out **any** information.

++

Please bring all of these completed documents with you when you register your child.

Parent/Guardian picture I.D. is required.

You must bring your child’s **original** birth certificate (or other certification of age as outlined on the “Verification of Age” sheet enclosed) and your child’s immunization records signed and stamped from your physician.

You must provide residency proof as stated on the Residency Proof form. If you have any questions as to what is acceptable residency proof, please call **prior** to your registration appointment.

Please provide any custody papers, protection orders or legal guardian documents with you ***at the time of registration and let us know if there are any issues regarding the supervision of your child.**

Thank you for your cooperation.
Welcome to Commack Schools!

Linda Caccamo
Registrar

Phone: (631) 912-2028
Email: LCaccamo@Commack.k12.ny.us
Fax: (631) 912- 2045

COMMACK UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION

ID#_____ **School Year:**_____

☐ **New Registration** ☐ **Re-Registration** ☐ **Transfer from Private/Parochial**

☐ **Own** ☐ **Rent** ☐ **Live with Another Family** **Today's Date** ____/____/_____

Family Surname_____ **Immunizations Received** _____

Street Address_____ **Town**_____

State _____ **Zip Code**_____ **Home Phone (**_____**)**_____

Child's *LEGAL* Name_____
(Last Name) **(First Name)** **(Middle Name)**

☐ **Male** ☐ **Female** **Date of Birth** _____/_____/_____ **Age**_____

Student's Nickname (if applicable)_____

For Office Use Only: Residency Proof Provided

☐ **Notarized Landlord Affidavit** ☐ **Notarized Original Lease** ☐ **House Deed**
☐ **Contract *and* Mortgage Commitment** ☐ **Property Tax Bill** ☐ **Mortgage Statement**
☐ **Homeowners/Renters Insurance** ☐ **Auto Insurance/Registration** ☐ **Post Office Change**
☐ **Pay Stub** ☐ **Water Bill** ☐ **Utility Bill** ☐ **Phone** ☐ **Other** _____ **Initial**_____
☐ **Additional proof required** _____

For Office Use Only: Proof of Birth

☐ **BIRTH CERTIFICATE** ☐ **BAPTISMAL CERTIFICATE** ☐ **PASSPORT** ☐ **DSS DOCUMENTS**
☐ **NOTARIZED GUARDIANSHIP** ☐ **ADOPTION DOCUMENTS** ☐ **CUSTODY PAPERS**
☐ **NOTARIZED PARENT AFFIDAVIT** ☐ **OTHER** _____ **Initial**_____

Previous Home Address_____

Name & Address of Previous School_____

_____

_____

Last Grade Completed_____ **Grade upon Entering Commack UFSD** _____

Commack School_____ **Anticipated Start** _____/_____/_____

COMMACK UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION

Household Information:

Name of Mother _____

Name of Father _____

Step Parent Information _____

_____

_____

Name and Address of Parent *not* living with child:

_____

_____

_____**Phone**_____

Do you have ***LEGAL* custody of this child?** ☐ **No** ☐ **Yes (If not parents, please explain)**

Are there any court papers preventing anyone from access to this child? (Please explain)

☐ **No** ☐ **Yes (must provide documents)**

List *All* other children in the family household:

Full Name	Gender	D.O.B.	School	Grade

Signature of Parent or Guardian: _____Photo ID_____

Relationship to Child: _____

COMMACK PUBLIC SCHOOLS

COMMACK, NEW YORK 11725

REQUEST FOR RELEASE OF INFORMATION

The student named below has registered in the Commack School District. As part of our admissions procedure, we need to review the academic and health records of each new entrant. Please forward a copy of his or her **complete school record**, including, but not limited to, the following checked items, at your earliest convenience:

___1. School Transcripts
___2. Current School Schedule
___3. Results of Standardized Testing
___2. Health and Medical Records
___3. Psychological/Psychiatric Reports
___4. Individualized Education Programs
___5. Records of Participation in Intellectually Gifted Programs
___6. NYSESLAT or NYSITELL Current Results
___7. Other pertinent records (i.e., Speech, Remedial Reading, Other Special Services)
___8. Student Disciplinary Record

Information requested about: _____

Student's Name

_____

Student's Former Address

_____

Date of Birth

Commack School Requesting Information:
(All information should be sent to this school)

_____

Name of Commack School

_____

Address of Commack School

_____

Phone of Commack School

_____

Fax of Commack School

Student's Previous School: _____

Name of Previous School

_____

Address of Previous School

_____

Phone of Previous School

_____

Fax of Previous School

Parent/Guardian Signature: _____ Date: _____

COMMACK UFSD

STUDENT EMERGENCY CONTACT FORM

PLEASE PRINT

School_____ Date_____

Name of Student _____ Grade_____

Date of Birth _____

Home Address _____

Home Telephone # _____

Father's Name _____

Father's Cell Phone # _____ Father's Work Phone #_____

Father's e-mail Address _____

Mother's Name _____

Mother's Cell Phone # _____ Mother's Work Phone #_____

Mother's e-mail Address _____

IN CASE OF ILLNESS: **LOCAL** PERSONS TO BE CALLED IN EVENT PARENT CANNOT BE REACHED

Unless the below box is checked, I authorize the District to release my child to any of the emergency contacts listed below in case of illness or emergency.

☐ **I do not authorize the District to release my child to the emergency contacts.**

Emergency Contact Name _____

Relationship to Student _____

Home Phone #_____ Cell Phone #_____

Emergency Contact Name _____

Relationship to Student _____

Home Phone #_____ Cell Phone #_____

Physician's Name_____ Physician's Phone #_____

Dentist's Name_____ Dentist's Phone #_____

Physicals are required for 1) All new entrants and 2) Grades Pre-K or K, 1, 3, 5, 7, 9 and 11. These physicals may be given by your private physician – written proof required – by October 15th. After that date your child will be examined by the School Physician or Physician's Assistant.

Printed Name of Parent/Guardian Signing Form_____

Signature (**form must be signed**)_____

Revised 11/2018

COMMACK UNION FREE SCHOOL DISTRICT

REGISTRATION DOCUMENTS

VERIFICATION OF RESIDENCY

The parent(s) or person(s) in parental relation must submit documentation and/or information establishing the physical presence of the parent(s) or person(s) in relation and the child in the Commack School District ("the District"). Below is a non-exhaustive list of forms of documentation that may be submitted:

(1) A copy of residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
(2) A sworn or unsworn statement by a third-party landlord, owner, or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District;
(3) Any other statement by a third-party establishing the parent(s) or person(s) in parental relation's physical presence in the District;
(4) Pay stub with home address in the District;
(5) Income tax form;
(6) Utility or other bills;
(7) Membership documents(e.g. library cards) based upon residency;
(8) Voter registration document(s)
(9) Official driver's license, learner's permit or non-driver identification with home address in the District;
(10) State or other government-issued identification;
(11) Documents issued by federal, State or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
(12) Evidence of custody of the child including, but not limited to, judicial custody orders or guardianship papers.

The District will require the parent(s) or person(s) in parental relation to provide an affidavit either: (1) indicating that they are the parent(s) with whom the child lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control. In the case of a person(s) in parental relation to the child, the affidavit must describe how they obtained total and permanent custody and control (e.g., through formal guardianship or otherwise). A judicial custody order or an order of guardianship will not be required as a condition of enrollment.

The District will also accept other proof of residency such as documentation indicating that the child resides with federally appointed sponsor.

COMMACK UNION FREE SCHOOL DISTRICT

REGISTRATION DOCUMENTS

VERIFICATION OF AGE

When available, an original or certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate of record of baptism) giving the date of birth will be used to determine a child's age. If either of these documents is available, the District will not require any other document to determine a child's age. If these documents are not available, a passport (including a foreign passport) may be used to determine a child's age. If a passport is not available, the District will consider other documentary or recorded evidence in existence for at least two years to determine a child's age. Other evidence may include, but not be limited to, the following:

(1) Official driver's license;
(2) State or other government-issued identification;
(3) School photo identification with date of birth
(4) Consulate identification card;
(5) Hospital or health records;
(6) Military dependent identification card;
(7) Documents issued by federal, State or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement);
(8) Court orders or other court-issued documents;
(9) Native American tribal document; or
(10) Records from non-profit international aid agencies and voluntary agencies.

If the above documents originate from a foreign country, the District may request verification for the appropriate foreign government or agency. The verification will not delay enrollment.

2018-19 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 and 10	Grades 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]	**4 doses**	**5 doses or 4 doses** if the 4th dose was received at 4 years or older or **3 doses** if 7 years or older and the series was started at 1 year or older		**3 doses**	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)[3]	**Not applicable**			**1 dose**	
Polio vaccine (IPV/OPV)[4]	**3 doses**	**4 doses or 3 doses** if the 3rd dose was received at 4 years or older	**3 doses**	**4 doses or 3 doses** if the 3rd dose was received at 4 years or older	**3 doses**
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**			
Hepatitis B vaccine[6]	**3 doses**	**3 doses or 2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine[7]	**1 dose**	**2 doses**	**1 dose**	**2 doses**	**1 dose**
Meningococcal conjugate vaccine (MenACWY)[8]	**Not applicable**			**Grades 7, 8 and 9: 1 dose**	**Grade 12: 2 doses or 1 dose** if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)[9]	**1 to 4 doses**	**Not applicable**			
Pneumococcal Conjugate vaccine (PCV)[10]	**1 to 4 doses**	**Not applicable**			

NEW YORK STATE | Department of Health

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.

   b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.

   c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.

   d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)

   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.

   b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)

   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.

   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

   d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 5, 11 and 12 in the 2018-19 school year.

   e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

   c. Mumps: One dose is required for prekindergarten and grades 11 and 12. Two doses are required for grades kindergarten through 10.

   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.

   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)

   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)

   a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8 and 9.

   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.

   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.

   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

   d. If dose 1 was received at 15 months or older, only 1 dose is required.

   e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

    a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

    b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.

    c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.

    d. If one dose of vaccine was received at 24 months or older, no further doses are required.

    e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

COMMACK UNION FREE SCHOOL DISTRICT

HUBBS ADMINISTRATION CENTER

480 Clay Pitts Road
East Northport, NY 11731
Telephone (631) 912-2009
Telefax: (631) 912-2240

Amy J. Ryan
Assistant Superintendent For Curriculum Instruction, Assessment & Student Support Services

MAILING ADDRESS:
Post Office Box 150
Commack, NY 11725

Dear Parents/Guardians:

New York State Law requires that each school age child have a physical examination upon ***their first entrance*** into school and in the ***first, third, fifth, seventh, ninth*** and ***eleventh*** grades. The physical examination form, attached to this letter, should be completed by your family physician and *returned by your child to the school he or she attends in September.*

If this form is not returned to school by the end of the first week in October, the examination will be done by the physician's assistant or our school physician. We urge you to take your child to your family physician for an early and complete medical examination.

The Commack Schools share with you and interest in your child's health. It is clear to all of us that the physical well-being of students is an important factor in their progress and success in school.

Sincerely yours,

Amy J. Ryan

Commack Schools Student Health History Form-*TO BE COMPLETED BY PARENT/GUARDIAN*

Name: _____ **Date of Birth:** _____

Address: _____ **Home Phone #** _____

_____ **Family Physician/Phone:** _____

_____ **Family Dentist/Phone:** _____

Mother's Name _____ **Work #** _____ **Cell #** _____

Father's Name _____ **Work #** _____ **Cell #** _____

School: _____ **Gender:** ❑ **M** ❑ **F** **Grade:** _____ **Teacher:** _____

Chicken Pox _____ **Pneumonia** _____ **Diabetes** _____

Diphtheria _____ **Poliomyelitis** _____ **Epilepsy** _____

German Measles _____ **Scarlet Fever** _____ **Tuberculosis** _____

Measles _____ **Whooping Cough** _____ **TB Contact** _____

Mumps _____ **Rheumatic Fever** _____

Please check each item with YES or NO	**NO**	**YES-PLEASE EXPLAIN AND INCLUDE DATES**
1. Eye Disorder, Loss of Vision, Detached Retina		
2. Ear Disorder, Hearing Loss		
3. Nose Disorders		
4.Throat Disorders, Thyroid Conditions		
5. Facial Injuries		
6. Heart Murmur, Heart Disease, Rheumatic Fever		
7. Lungs, Pneumonia, Bronchitis, Asthma		
8. Kidney/Bladder Disorder, Loss of Kidney		
9. Abdominal, Intestinal Disorders		
10. Hernia, Varicocele, Hydrocele		
11. Undescended Testicle, Loss of Testicle		
12. Bones/Joints- Fractures, Dislocations, Disorders		
13. Head Injuries, Seizure Disorder, Loss of Consciousness		
14. Allergies		
15. Prescribed Medications- Regular Basis Dosage		
16. Surgeries, Hospital Admissions		
17. Diabetes, Endocrine Disorders		

My child _____has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses/and or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take calculated risks involved and assume responsibility for replacement of the above, should they be lost, stolen or broken. ( ) Contact Lenses ( ) Orthodontic Appliances

Date_____ **Parent/Guardian Signature**_____

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. 11/2018*

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results:_____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI_____kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V ☐

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Commack Union Free School District
Hubbs Administration Center
480 Clay Pitts Road
East Northport, New York 11731
Telephone: (631) 912-2033
Fax: (631) 912-2241

Amy Ryan
Assistant Superintendent for Curriculum, Instruction,
Assessment & Student Support Services

Dear Parents/Guardians:

Maintaining healthy teeth is an important part of a child's general health. Your child's first teeth and permanent teeth are important and should receive regular care by a dentist.

This letter is to inform you that New York State suggests a dental certificate as part of a student's physical for new entrants and for students in grades Pre-K or Kindergarten, 1, 3, 5, 7, 9, and 11.

We encourage you to take your child to the dentist for an oral examination. The form on the next page should be completed by your family dentist and **returned to your school nurse.**

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

Sincerely,

Amy Ryan

Assistant Superintendent for Curriculum, Instruction,
Assessment & Student Support Services

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first oral health assessment? ☐ Yes ☐ No

School: Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

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

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

Parent's Signature_____ Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ _____ on_____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

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

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

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

Dentist's/ Dental Hygienist's name and address (please print or stamp)	**Dentist's/Dental Hygienist's Signature**

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

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

☐ Yes ☐ No **Caries Experience/Restoration History –** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries –** Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

II. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

COMMACK UNION FREE SCHOOL DISTRICT
CENSUS FAMILY PROFILE

Date: _____

Telephone Number_____
Own or Rent _____
Number of Families _____
Number of Adults _____
Number of Children _____

Please indicate your current address for the school census.

Resident Address: _____

_____

_____

Please list the adults who are living at this address.

Names	**Relationship to Child**
1. _____	_____
2. _____	_____
3. _____	_____

Please list all children (birth to age 18) living at above address. Also include any children over the age of 18 who are still attending school.

Name	**Sex**	**Birth Date**	**Current Grade**	**School Attending**	**Disabled**
1.					
2.					
3.					
4.					
5.					
6.					

Please list the names and phone numbers of any other families living at this address.

1. _____

2. _____

Please return this form to the Attendance Office, Hubbs Administration Building.

Forms/census/lg
Rev. 1/00

COMMACK PUBLIC SCHOOLS
Department of Health, Physical Education & Recreation

Registration Form
Athletic Participation

Date: _____ Student # _____

Entering Grade: _____ Male / Female Date of Birth _____

Name: _____ Phone: _____
Last First MI

New Address: _____
Residence in school district

With whom are you living in this district? _____

Parent Name: _____ Phone: _____

************PREVIOUS SCHOOL INFORMATION************

Previous School: _____

Sports Played in Previous School

Fall Sport _____ Level ____ Modified ____ JV ____ Varsity
Winter Sport _____ Level ____ Modified ____ JV ____ Varsity
Spring Sport _____ Level ____ Modified ____ JV ____ Varsity

Previous Address _____

With whom did you live? _____

Reason for leaving previous school _____

_____

************ACADEMIC INFORMATION*************

Year Entered 9th Grade _____ Verification _____
Counselors Initials

Have you repeated a grade in High School? _____ Yes _____ No
If yes, which grade _____

Guidance Department will forward this form to the Director of Athletics when student has been accepted for registration.