

HICKSVILLE PUBLIC SCHOOLS

Office of the Registrar
Administration Building
200 Division Ave.
Hicksville, NY 11801
(516)-733-2168

NEW ENTRANT APPLICATION PROCESS

Required Forms for Registration and Documentation needed:

- Enrollment Form – Residency Questionnaire
- Migrant Education Program - Work Survey
- Affidavit of Residency
- New Entrant Registration Required Documentation
- NYS Public Health Law Immunization Requirements
- Affidavit of Landlord
- New Entrant Application
- Health History Form
- Immunization Form
- Health Examination Form
- Prior Special Education Services Form – optional
- Student Identification Form
- Transfer of Records Form

Instructions:

1. Print legibly to complete all forms in ink.
2. Collect the required documentation. Required documentation is listed on the following page.
3. Call the Registrar for an appointment at **(516)-733-2168**
4. Packet will be reviewed by Registrar.

PLEASE MAKE SURE TO INCLUDE YOUR E-MAIL ADDRESS ON THE NEW ENTRANT APPLICATION

Kindly note that there is no in-person registration.

Please drop off the completed packet with all the pages fully filled out, signed and dated along with copies (no originals) of all required documents in a sealed envelope with your child(ren)'s name(s) and DOB(s) at the Administration Building located at 200 Division Avenue between the hours of 8:00am to 3:00pm. The security guard will direct you to the drop-off bin for these applications. If after hours, please place the envelope in the black mailbox outside this building.

HICKSVILLE PUBLIC SCHOOLS
Office of the Registrar
NEW ENTRANT REGISTRATION REQUIRED DOCUMENTATION

Parental Photo ID _____

Proof of Birth (Copy) _____
Birth Certificate or _____ Baptismal Certificate or _____ Passport

Proofs of Parental Relationship:
Birth Certificate _____ Baptismal Certificate _____ Court Guardianship Papers _____ Court Custody Papers _____ Divorce Decree _____ Adoption Papers
Affidavits of Residential Custodial and Non-Residential Custodial Parents
Affidavits of Emancipation _____

Immunizations: New York State Public Health Law, Requirements, Sections 2164

Proof of Prior Schooling:
Transfer Card/Request _____ Reports Card(s) _____ Special Education Records (as appropriate).

Proof of Residency:

HOMEOWNER

ONE (1) _____ PROOF FROM BELOW:
House Title or Deed
Real Estate Closing Statement
Recent Mortgage Statement
Recent Nassau County School Tax Receipt
Recent Nassau County General Tax Receipt
Current Home Insurance Declaration Page

In addition: ONE (1) of the following RECENT original
Proofs in the Homeowner's Name from below:
Utility Bill
Bank Statement
Telephone Bill
Cell Phone Bill
Cable/Satellite Bill
Security System Bill
Credit Card Bill

NON-HOMEOWNER/RENTER

Notarized Landlord Affidavit and/or valid executed Lease from Homeowner

In addition:
TWO (2) of the following RECENT original proofs in the Renter's Name
from below:
Utility Bill
Bank Statement
Telephone Bill
Cell Phone Bill
Cable/Satellite Bill
Security System Bill
Credit Card Bill

**HICKSVILLE PUBLIC SCHOOLS
NEW ENTRANT APPLICATION**
(please print)

Name of Pupil _____ Sex M F Date of Birth / /
Last Name First Name M.I.

Address _____ Telephone No. _____
No. Street Town/State Zip Code

Homeless? YES NO Cell No. _____

Place of Birth _____ Date of Entry to US _____ Foster Child: YES NO
Town/State/Country

e-mail address: _____

PREVIOUS ADDRESSES (LAST 3 YEARS)	DATES FROM / TO	SCHOOL DISTRICT

Last School Attended _____ Last Date Attended _____ Grade Completed _____

School Address _____ Retained in Grade(s) _____

Has child attended school in Hicksville before? Y N If yes, School _____

Father's Name _____ Address _____
(If different than student(s))

Employed by _____ Business Telephone _____ Cell Phone _____ Occupation _____

Mother's Name _____ Address _____
(If different than student(s))

Employed by _____ Business Telephone _____ Cell Phone _____ Occupation _____

Family Physician _____
name address telephone no.

Emergency Contact _____
(Other than parent) name address telephone no.
 Relationship _____

Ethnicity:
 American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Multiracial _____

Black _____ Primary Language: _____

White _____ Language(s) spoken in Home _____

Hispanic _____ Corresponding Language: _____

LIST NAMES OF OTHER CHILDREN IN FAMILY				
NAME	ADDRESS	DATE OF BIRTH	SCHOOL ATTENDING	GRADE

Natural Parent Y N
 Custodial Parent Y N
 Guardian Y N
 Parent / Guardian Signature _____ Date _____

OFFICE USE ONLY

Census Form Completed: Y N Records Requested _____ Rec'd _____
(date) (date)

Registered by: _____ Date _____ School _____ Grade _____ Transport _____

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.



HICKSVILLE PUBLIC SCHOOLS

Theodore Fulton, Ed.D.
Superintendent of Schools

Inna Mishiev
Executive Director of Special Education & PPS

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is strictly confidential.

Student's Name _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? YES _____ NO _____
2. Has anyone in your household moved from one school district to another within the United States to look for season or temporary work in agriculture? Yes _____ NO _____

If you answered NO to either of these questions, please stop. 

If you answered YES, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ + ____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|--|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel Corn | <input type="checkbox"/> Sod Farm |
| <input type="checkbox"/> Tobacco Farm | <input type="checkbox"/> Planting pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or Egg Farm | <input type="checkbox"/> Dairy Farm |
| <input type="checkbox"/> Duck, Turkey, Chicken, Pork or Beef Processing Plant | <input type="checkbox"/> Flora Culture/Gladiola Farm |
| <input type="checkbox"/> Aquaculture/Fish Hatcheries | <input type="checkbox"/> Greenhouse or Plant Nursery |

Please list the names of all of the children in the household under 22 years of age.

CHILD'S NAME	DATE OF BIRTH (DOB)
1.	
2.	
3.	
4.	
5.	
6.	

HICKSVILLE PUBLIC SCHOOLS
Department of Special Education and
Pupil Personnel Services
Administration Building, 200 Division Avenue
Hicksville, New York 11801

Phone: (516) 733-2160

Fax: (516) 733-6683

AFFIDAVIT OF RESIDENCY
(to be signed and notarized by Parent/Guardian)

State of New York)

)ss:
County of _____)

Student Name

_____ being duly sworn, disposes and says:

1. I reside at _____ within the Hicksville Public School District which is my actual and only place of residence.
2. I agree to advise the Hicksville Public School District immediately in the event that I change my residence.
3. I understand that in order for my child/children to attend the Hicksville Public Schools, I must be a resident of the Hicksville Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I further understand that if this certification is found to be false, my child/children will be withdrawn from the Hicksville School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I attest that all information provided by me on this document is true.

(Signature)

PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.

Sworn to before me this _____
Day of _____, 20____

DATED: _____

Notary Public

HICKSVILLE PUBLIC SCHOOLS
Health Services

Dear Parent/Guardian:

Please complete this health history form and return it with your signature.

Student's Name: _____ Sex: _____

DOB: _____ Place of Birth: _____

Address: _____ Phone Number: _____

Mother: _____ Father: _____ Guardian: _____

Family Physician: _____

Address: _____ Phone Number: _____

IF PARENT/GUARDIAN NOT AVAILABLE IN CASE OF EMERGENCY CALL:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

HEALTH HISTORY

Please explain any significant illness, operation or injuries:

Does your child have any of the following: (Please explain any yes answer(s) below)

- | | | | |
|-------------------------|----------------|----------------------------|----------------|
| 1. Asthma | Yes ___ No ___ | 7. Chronic Illness | Yes ___ No ___ |
| 2. Allergies | Yes ___ No ___ | 8. Ear/Hearing Problem | Yes ___ No ___ |
| 3. Diabetes | Yes ___ No ___ | 9. Eye/Vision Problem | Yes ___ No ___ |
| 4. Heart Condition | Yes ___ No ___ | 10. Eyeglasses/Contacts | Yes ___ No ___ |
| 5. Seizures/Epilepsy | Yes ___ No ___ | 11. Takes Medication Daily | Yes ___ No ___ |
| 6. Orthopedic Condition | Yes ___ No ___ | 12. Skin/Rash Condition | Yes ___ No ___ |

Explanation of "Yes" answers:

Any items in bold (numbered items 1-7) that have a "Yes" answer, please fill out the back of this form.

Date: _____ Parent/Guardian Signature: _____

This form must be completed if you answered "Yes" to any item 1-7 on reverse side. Please note: a signed physician's prescription must accompany this form for any special medical considerations.

Physician(s) Clinic treating student: _____

Address: _____ Telephone No.: _____

Diagnosis: _____ Date of Onset: _____

Number of hospitalizations, reasons, outcomes, dates: _____

What were the signs and symptoms of the condition: _____

What specific treatments, interventions, approaches are used: _____

Does your child require use of any emergency medication (i.e. Epi-Pen, Benadryl, Glucagon, Valium, etc): _____

What are the special care needs in school (diet, treatments, equipment, prosthesis, braces, supplies, etc.): _____

What specific medications will your child need to take during school hours and when: _____

What special consideration do you have related to your child's condition while at school (i.e. educational, behavioral, physical education precautions, sports precautions, recess precautions, field trips): _____

How does the condition affect the degree of physical activity the student can do: _____

If your child has a problem at school related to his/her condition, what plan of action would you and your physician prefer the school personnel to take: _____

Please indicate if you have any concerns about having the above information shared with the Classroom teacher(s), bus driver and other appropriate school personnel: Yes* _____ No _____
(*school nurse will contact you to discuss your concerns).

Parent/Guardian Signature: _____

Hicksville Public Schools
Prior Special Education Programs/Services

Student's Name _____ DOB: _____
Street Address _____ Phone: _____
School Attended _____ District: _____
Address _____ Phone#: _____
Last Grade Completed _____ Teacher/Counselor's Name: _____

Did student receive any special education services? No Yes (indicate below):

If you responded "YES" to the above, please complete:

Type of Special Education Program Attended:

- Resource Room Special Class Consultant Teacher Related Services
 BOCES Special Education: School Name: _____
 Other (Specify type of program or name of school) _____

Related Services Provided in Most Recent Placement: check all that apply

- Speech/Language Counseling Occupational Therapy
 Physical Therapy Hearing Services Vision Services

Classification (if known)

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech or | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Language | |
| | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Impairment | |

Do you have a copy of your child's most recent IEP: No Yes (please attach)

Name of CSE Chairperson/Special Education Director _____

Address of CSE Office _____ Phone# _____

Release of Records/Information to the Hicksville Public Schools

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and any other evaluations; IEPs, and records to the Hicksville schools. I am aware that all records will be kept confidential and access limited to school personnel who work with my child. I understand I may review all records. I also consent to having school district personnel who work with my child (principal, psychologist, social worker, regular or special education teachers, related service providers, guidance counselor and/or CSE Chairperson) speak with individuals from the school and CSE office indicated above, I am aware my consent is voluntary and can be **WITHDRAWN** at any time.

Signature of Parent/Person in Parental Relationship

Date

FOR OFFICE USE ONLY: Please Forward Copies of All Evaluations and Records to:
Committee on Special Education
Hicksville School District
200 Division Avenue
Hicksville, NY 11801
(516) 733-2160 Fax: (516) 733-6683

**HICKSVILLE PUBLIC SCHOOLS
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

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

Name of School:

Student Name: Last, First, Middle:

Grade Level:

School District Student Identification Number:

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

DIRECTIONS TO PARENT/GUARDIAN

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

1. Is the student Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- Yes, Hispanic
 No, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box]:
- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below)

- Mother Father Guardian Other (Specify): _____

See reverse for important message to
Parents/Guardians and confidentiality Procedures and Regulations:

HICKSVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL EDUCATION AND PUPIL PERSONNEL SERVICES
REGISTRATION OFFICE
200 Division Avenue
Hicksville, New York 11801
Telephone (516) 733-2168 Fax (516) 733-6683

PARENTAL REQUEST FOR TRANSFER OF RECORDS FORM

PARENT/GUARDIAN PRINT LEGIBLY AND PROVIDE SIGNATURE TO AUTHORIZE RELEASE OF SCHOOL RECORDS:

DATE OF REQUEST: _____ DATE FIRST ENTERED HICKSVILLE: _____

STUDENT: _____ DOB: _____ GRADE: _____

FORMER SCHOOL: _____

FORMER SCHOOL PHONE NUMBER: _____ FAX NUMBER: _____

FORMER HOME ADDRESS: _____

PARENTAL NAME AND SIGNATURE: _____

PARENTAL E-MAIL ADDRESS: _____

FORMER DISTRICT PLEASE SEND ALL PERTINENT EDUCATIONAL RECORDS TO:

___ Burns Avenue School, 40 Burns Avenue, Hicksville, NY 11801; Phone (516) 733-2311 Fax 733-6694

___ Dutch Lane School, 50 Stewart Avenue, NY 11801; Phone (516) 733-2361 Fax 733-3520

___ East Street School, 50 East Street, Hicksville, NY 11801; Phone (516) 733-2321 Fax 733-3533

___ Fork Lane School, 4 Fork Lane, Hicksville, NY 11801; Phone (516) 733-2341 Fax 733-3521

___ Lee Avenue School, 1 Seventh Street, Hicksville, NY 11801; Phone (516) 733-2351 Fax 733-3522

___ Old Country Road School, 49 Rhodes Lane, Hicksville, NY 11801; Phone (516) 733-2301 Fax 733-3523

___ Woodland School, 85 Ketcham Road, Hicksville, NY 11801; Phone (516) 733-2331 Fax 733-3524

___ Middle School, 215 Jerusalem Avenue, Hicksville, NY 11801; Phone (516) 733-2272 Fax 733-6528
ATTENTION GUIDANCE DEPARTMENT

___ High School, 180 Division Avenue, Hicksville, NY 11801; Phone (516) 733-2221 Fax 733-1194
ATTENTION GUIDANCE DEPARTMENT

PLEASE SEND ALL SPECIAL EDUCATION IEP'S or 504 PLAN AS APPLICABLE TO BE SENT TO:

___ Director of PPS & Special Education, Hicksville Public Schools, 200 Division Avenue, Hicksville, NY 11801,
Phone (516) 733-2160; Fax (516) 733-6683

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district. Every question must be answered or the Affidavit will not be considered.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF LANDLORD

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I, _____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of the property located at _____ in the Hicksville School District

2. _____ is a tenant and has been a tenant at the above premises since _____, 20____. A true and complete copy of this tenant's lease, if in written form, is attached hereto. In the event that the tenant does not have a written lease, the pertinent terms of said lease are as follows:

A. Circle one of the following: month to month / year to year

B. Rental Amount: \$ _____ per _____

C. The names of the permissible tenants are as follows:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

3. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

4. I do do not believe that _____ has been a tenant at the above premises

1. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

(Landlord)

Sworn and subscribed before
Me this _____ day of _____, 20____.

(Notary Public)

Exhibit 1

HICKSVILLE PUBLIC SCHOOLS
Office of the Registrar
NEW ENTRANT REGISTRATION REQUIRED DOCUMENTATION

Immunizations: New York State Public Health Law, Requirements, Sections 2164

As of July 1, 2015, no child shall be admitted to school, or in the case of students entering from outside New York, be allowed to attend school, in excess of 14 days without satisfactory written evidence that the student has been immunized. Below is a summary of the changes to School Immunization Requirements for the 2019-2020 School Year based on NYSDOH amended regulations:

- MMR (grades K-12) 2 doses; (Pre-K) 1 dose
- Tdap (grades 6-12) 1 dose
- DTap (grades Pre-K-6) 4-5 doses – if the 4th dose is received after age 4 then only 4 doses required; (grades 6-12) 3 doses.
- Polio (grades K-5 and 6-11) 4 doses – if the 3rd dose was received after 4, then 3 doses required; (grades Pre-K – 5, 11 and 12) 3 doses required.
- Varicella (grades K-5, 6-11) 2 doses (grades Pre-K and 12) 1 dose
- Hepatitis B (grades Pre-K-12) 3 doses
- Meningococcal (grades 7, 8, 9, & 10) 1 dose; (grade 12) 2 doses – 1 dose acceptable if given after age 16
- Haemophilus Influenzae Type B (HIB) (Pre-K) 1-4 doses
- Pneumococcal Conjugate Vaccine (PCV) (Pre-K) 1-4 doses

Any student who does not meet the above-stated criteria is in violation of New York State Public Health Law, Section 2164, and will not be admitted to school until the student presents satisfactory written evidence of compliance. Doses must meet proper intervals established by ACIP.

MEDICAL EXEMPTION

Medical exemption must be renewed annually; it must contain information to identify medical contraindications to specific immunization, must specify the length of time immunization contraindicated and must be written by a physician licensed to practice in the state of New York.

For the 2020-2021 School Year the following amendments to the above requirements will be in effect:

- Polio (Grades K-12) will now require 4 doses
- Varicella (Grades K-12) will now require 2 doses
- Meningitis (Grades 7-11) will now require 1 dose & (Grade 12) will now require 2 doses

**HICKSVILLE PUBLIC SCHOOLS
CERTIFICATE OF IMMUNIZATIONS**

This is to certify that _____

(first name)

(last name)

GRADE _____ SCHOOL _____ DATE OF BIRTH _____

Received the following immunizations (indicate full date: month, day, year)

Measles _____ Disease date _____ Titer _____

Mumps _____ Disease date _____ Titer _____

Rubella _____ Disease date _____ Titer _____

MMR _____

HIB _____

PCV _____

Polio _____

DPT/dtap _____

DT/TD _____

Tdap _____

Meningococcal _____

Hepatitis B _____

Hepatitis A _____

Varicella _____ Disease Date _____

Lead screening _____

PPD _____ CXR _____

Medical Exemption _____

Serology attached _____

PHYSICIAN STAMP

DATE _____ PHYSICIAN SIGNATURE _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE 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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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: Yes Not Done

Hypertension: Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

System Review Within Normal Limits
 Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
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Additional Information Attached *Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:
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SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>

Notes

Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.	Not Done
--	-----------------

Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes	<input type="checkbox"/>
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Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	Negative	Positive	Referral	Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

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

*Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act

Student may participate in all activities without restrictions.

If Restrictions Apply – Complete the information below

Student is restricted from participation in:

- Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V

Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

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

MEDICATIONS

Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	IMMUNIZATIONS
<input type="checkbox"/> Confirmed free of communicable disease during exam	<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

Please Return This Form to Your Child's School Health Office When Completed.

NOTORIZED CUSTODIAL AFFIDAVITS

THE FOLLOWING APPLIES TO PARENTS/GUARDIANS WHO...

SUBMIT A PASSPORT INSTEAD OF A BIRTH CERTIFICATE FOR THEIR CHILD'S REGISTRATION:

- If parents have elected to submit a child's passport instead of a birth certificate, each parent must complete and have signed in front of a notary the attached Custodial Affidavit-Resident to prove custody. If you choose to submit a birth certificate, then disregard having these affidavits completed and skip this step.

PARENTS LIVING IN SEPARATE HOUSEHOLDS:

- If the child's father and the child's mother live in separate households, the parent registering the child who lives within Hicksville Public Schools, must complete a Custodial Affidavit-resident and sign it in front of a notary.
- If the other parent also lives in Hicksville, then they, too, would complete a Custodial Affidavit-resident and sign it in front of a notary. If the other parent lives outside of Hicksville, then that parent must, instead, complete a Custodial Affidavit-non-resident and sign it in front of a notary.
- If there are court papers outlining the custody arrangements, naturally, that can be submitted instead of these affidavits.

GUARDIAN(S) WHO ARE NOT LISTED ON THE CHILD'S BIRTH CERTIFICATE:

- If a guardian(s) is registering a child, then that child's guardian(s) must complete a Custodial Affidavit-resident and sign it in front of a notary. If there are court papers or special power of transfer outlining the custody arrangements, naturally, that can be submitted instead of these affidavits. Both sets of documentation may be required depending on the circumstances.

IF ANY OF THE ABOVE APPLIES, PLEASE INCLUDE THESE COMPLETED DOCUMENTS ALONG WITH THE CHILD'S REGISTRATION PACKET.

IF THE ABOVE CIRCUMSTANCES DO NOT APPLY TO YOUR HOUSEHOLD, THEN PLEASE DISREGARD AND SKIP THIS STEP.

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF HICKSVILLE RESIDENT IN CUSTODIAL RELATIONSHIP

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I, _____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I reside at _____, in the Hicksville School District, in the County of Nassau in the State of New York.
2. I attest that _____, who is _____ years old, resides with me on a full time, year round basis at _____, in the Hicksville School District.
3. The above child has resided with me since _____, 20____, and it is my intention that the above child will reside with me until _____.
4. The above child cannot reside with his/her parent/guardian for the following reason(s):

5. I state herein that I will/I will not (circle one) claim the above named child as a dependent for the current tax year.
- 6a. I support the above named child entirely and without charge.
OR
- 6b. I receive \$ _____ toward the support of the above named child per week/month/year (circle one) from _____.
7. I hereby accept full responsibility for ALL aspects of the above child's care including, but not limited to, authorization to consent to any and all educational programs, as well as to consent to, and provide for, any and all health, medical and safety need of the above child.
8. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.
9. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

Sworn and subscribed before
me this _____ day of _____, 20_____.

(Hicksville Resident in Custodial Relationship)

(Notary Public)

Exhibit 4

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF NON-RESIDENT CUSTODIAL PARENT OR LEGAL GUARDIAN

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I, _____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I reside at _____, in the town (city) of _____, in the State of _____.
2. I am the legal custodian/guardian of _____, who is _____ years old, and who resides with _____, on a full time, year round basis at _____, in the Hicksville School District.

(A COPY OF THE DULY EXECUTED CUSTODY/GUARDIANSHIP PAPERS MAY BE ATTACHED).

3. My child has resided with the above person since _____, 20____, and it is my intention that my child will reside with the above person until _____.
4. My child cannot reside with me for the following reason(s): _____

5. I state herein that I will/will not(circle one) claim the above named child as a dependent for the current tax year.
- 6a. _____, entirely supports my above named child without charge
OR
- 6b. I provide \$ _____ toward the support of my above named child per week/month/year (circle one)
7. I hereby authorize _____, to have full responsibility for ALL aspects of my child's care including, but not limited to, authorization to consent to any and all educational programs, as well as to consent to, and provide for, any and all health, medical and safety needs of my child.
8. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.
9. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

Sworn and subscribed before
me this _____ day of _____, 20____

(Notary Public)

(Parent/Guardian)

Exhibit 2