

ENROLLMENT PROCEDURES FOR
BRUSHTON-MOIRA CENTRAL SCHOOL

FORMS that **Must** be Completed before Enrollment:

- _____ BMC District Registration Packet:
(Academic records, CSE/504 records/psychological reports,
Health/Immunization records)
- _____ Proof of Residency/Residency Questionnaire:
i.e. notarized letter from landlord; utility bill; drivers license

Additional **DOCUMENTS** that **Must** be provided/received before Enrollment:

- _____ Copy of Birth Certificate
- _____ Copy of Court Ordered Custody, if applicable
- _____ Transcript of School Records
- _____ Cumulative Health Records to include:
Immunizations and Request for current Physical (within 1 year)
and Dental Health Certification
- _____ Copy of IEP/504 Plan, if applicable
- _____ DSS Certification of Foster Care, if applicable
- _____ Free & Reduced Lunch Application

STEPS New Students **Must** take before they can start classes:

1. Administrative and Board of Education approval, if Non-Resident Applicant
2. Meet with School Counselor (MS/HS)
3. If available, meet with Principal
4. If available, meet with School Nurse
5. Tour of building, if needed
6. Go to Middle Level (5-8) or High School (9-12) office to get New Student Packet:
(locker assignment; student agenda; acceptable use form; etc.)

BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Student Name _____ Gender: M F (Circle One)
Last
First
Middle

Date of Birth / / Birthplace _____ Grade _____
City/State/Country

School Last Attended _____ City, State, Zip _____

Multiple Birth: Twin Triplet Quadruplet Other: _____

If applicable: U.S. Entry Date: / / Date first enrolled in U.S. School / /

Primary language spoken at home: _____ Other Language: _____

Documentation: Alien Card Baptismal Certificate Birth Certificate Passport

Child's Ethnicity: Is the student Hispanic, Latino or of Spanish origin? Yes No
 Multiracial (If checked, please check all races that apply. If not multiracial, please check only one.)
 White (not of Hispanic origin) Hispanic African American/Black American Indian/Alaskan Native
 Asian Pacific Islander

HEALTH INFORMATION

Does your child have any health problems or disabilities? If yes, please list _____

Has your child ever received any of the following services?

Special Education _____	Remedial Reading _____
Speech _____	Remedial Writing _____
504 Accommodations _____	Remedial Math _____
Vision or hearing _____	Counseling _____
Occupational therapy _____	Physical Therapy _____

OTHER CHILDREN IN FAMILY

(Please include younger siblings even if not enrolled in school)

Name _____ Sex M F DOB _____ Living at home? Yes No

Name _____ Sex M F DOB _____ Living at home? Yes No

Name _____ Sex M F DOB _____ Living at home? Yes No

Name _____ Sex M F DOB _____ Living at home? Yes No

Name _____ Sex M F DOB _____ Living at home? Yes No

Please check this box if the above student is living in shelter, with relatives or others due to a lack of housing, in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station, or other similar situation due to the lack alternative, adequate housing; or temporarily housed in a shelter awaiting a OCFS permanent foster care placement.

PARENT/GUARDIAN INFORMATION

***PLEASE NOTE:** A copy of custody papers is required for separated and divorced parents.

FATHER/MALE GUARDIAN

Last Name First name Middle Initial

() () () Home Work Cell

Home Phone Work Phone Cell Phone Phone call priority (1-3)

911 Address City/State/Zip

Mailing Address (PO Box if applicable) City/State/Zip

Relationship: Father Step-Father Legal Guardian Other _____

Resides in household? Yes No Household Head? Yes No

Custodial Parent? Yes No | *Verified? Yes No | Correspondence? Yes No

Occupation Employer Name

Employer Address (City/State/Zip) () / Phone Number /Ext.

MOTHER/FEMALE GUARDIAN

Last Name First name Middle Initial

() () () Home Work Cell

Home Phone Work Phone Cell Phone Phone call priority (1-3)

911 Address City/State/Zip

Mailing Address (PO Box if applicable) City/State/Zip

Relationship: Mother Step-Mother Legal Guardian Other _____

Resides in household? Yes No Household Head? Yes No

Custodial Parent? Yes No | *Verified? Yes No | Correspondence? Yes No

Occupation Employer Name

Employer Address (City/State/Zip) () / Phone Number /Ext.

Student Name _____
Last First Middle

TRANSPORTATION/RELEASE INFORMATION

Please list the people who are authorized to pick your child up at school:

1) _____ 2) _____ 3) _____

If your child needs to be picked up or dropped off at a location other than home, please list the following information:

Address: _____

Phone number _____
Name of adult(s) at this location _____

In the event of an emergency school closing, where do you want your children to go? (If other than home of address listed above)

Address: _____

Phone number _____
Name of adult(s) at this location _____

EMERGENCY CONTACT INFORMATION
(Not parents or guardians – local contacts preferred)

Name: _____ Gender: F M Relationship: _____

Address: _____
Street City State/Zip

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Name: _____ Gender: F M Relationship: _____

Address: _____
Street City State/Zip

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

OTHER PERTINENT INFORMATION

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Student Name: _____
Last First Middle

Student ID Number: _____

COHORT: _____ (MUST BE VERIFIED BY GUIDANCE FOR GRADES 9-12 ONLY)

Educational Program: Regular _____ Special Education: District _____ BOCES _____

Grade _____ Homeroom Number _____ Homeroom Teacher _____

Language Course preference (seventh grade only): French _____ Spanish _____

Has student previously attended the Brushton-Moira Central School District? Yes _____ No _____

Previous Drop-Out: Yes No

Date of 1st Polio Vaccine ____/____/____ # of Adults in Household _____ # of Seniors in Household _____

Residence type: Own Lease Rent Proof of Residence _____

TRANSPORTATION

Address: _____

Bus number: _____

Walker: _____

Elementary copies sent to:

_____ Main Office

_____ Cafeteria

_____ Transportation

_____ CSE Office

_____ Nurse

_____ Records Requested

____/____/____ Date entered into Student Information System

____/____/____ Date enrollment verified

Secondary completed copies sent to:

_____ Guidance

_____ Cafeteria

_____ Transportation

_____ CSE Office

_____ Nurse

_____ Records Requested

____/____/____ Date entered into Student Information System

____/____/____ Date enrollment verified

9. Does your child have/had a heart or lung condition? Yes/No _____

If yes, please describe: _____

10. Has your child had any operations or surgeries? Yes/No _____

If yes, please describe: _____

11. Has your child ever been stung by a bee? Yes/No _____

If so, please describe reaction: _____

12. Has your child ever had or does your child currently have any activity restrictions? Yes/No _____

If so, please describe: _____

13. Does your child take any medications? Yes/No _____

If so, please list and state for what reason and when: _____

14. Does your child receive mental health counseling services? Yes/No _____

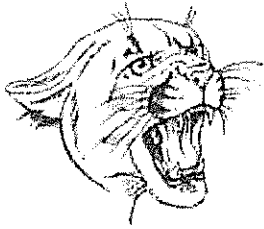
Please give the name of agency and/or counselor: _____

15. Does your child have any food or medication allergies? Yes/No _____

If so, list the allergies along with a description of your child's reaction to the allergies: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

The Brushton-Moira Central School District does not discriminate on the basis of sex, age, race, creed, color, national origin, religion or disability in the educational programs or activities which it operates, and it is required by Title IX of the Educational Amendments of 1972 not to discriminate in such a manner.



Brushton-Moira Central School District

Welcome to the Brushton-Moira School District. As a new entrant, there are important immunization requirements that the New York State Department of Health mandates we have on record. Below is a chart that lists the minimum requirements for entry to school.

Parent of students enrolling are responsible for providing proof of immunizations. The following is a chart that lists the minimum requirements for entry to school.

Parents of students enrolling are responsible for providing proof of immunizations. The following list identifies the acceptable forms of documentation:

- A certificate from a physician, physician's assistant, or nurse practitioner
- A military dependent's shot record
- An immunization record card signed by a physician, physician's assistant, or nurse practitioner
- An immunization registry record
- An official school health record transferred directly from another school
- The immunization portion of a passport

If you are entering from within New York State, you have 14 calendar days to provide us with this information. If you are entering from another state, you have 30 days to provide us with the information. If we do not obtain the required immunization information within the specified time, your child will be excluded from school until such time as this information is provided.

<u>Vaccine</u>	<u>Pre-Kindergarten</u>	<u>Kindergarten-Twelfth</u>
Diphtheria Toxoid-Containing Vaccine	3 Doses	3 Doses
Tetanus Toxoid-Containing Vaccine and Pertussis Vaccine (DTaP, DTP)	3 Doses if born on or after 1/1/2005	3 Doses if born on or after 1/1/2005
Tetanus, Diphtheria, and Pertussis Booster (Tdap)	No applicable	Born on or after 1/1/94 and enrolling in grades 6 through 9 for the 2010-2011 school year 1 Dose
Polio (IPV or OPV)	3 Doses	3 Doses
Measles, Mumps and Rubella (MMR)	1 Dose	2 Doses of measles-containing vaccine and 1 Dose each of mumps and rubella (preferably as MMR)
Hepatitis B	3 Doses	3 Doses
Haemophilus Influenza Type B (Hib)	3 Doses if less than 15 months of age or 1 Dose administered on or after 15 months of age	No applicable
Pneumococcal Conjugate Vaccine (PCV)	Born on or after 1/1/08 4 Doses by 15 months of age, given at age-appropriate times and intervals	Not applicable
Varicella (Chickenpox)	Born on or after 1/1/2000	Born on or after 1/1/98 or born on or after 1/1/94 and enrolling in grades 6 through 11 for the 2010-2011 school year 1 Dose

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's 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: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Month Day Year					
School: _____					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

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

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

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

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

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

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

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

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

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

Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

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

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

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