



Dear Parent/Guardian,

Welcome to the **North Tonawanda City School District**. Enclosed you will find the registration packet required to register your child(ren) in the North Tonawanda City School District. You will need to complete a separate packet for each child that you are registering. If you have any questions regarding the registration process, please feel free to contact the District Administration Building at 807-3568.

Student registrations are accepted at the Administration Building BY APPOINTMENT ONLY located at 176 Walck Road, Monday through Friday between the hours of 8:00am and 3:30pm. Appointments can be made by calling 716-807-3568.

The items listed in the enclosed pages will provide the district with the information that is needed to properly register your child(ren). All items are essential to the registration process. It is the responsibility of the parent/guardian to obtain and provide all required information. It is necessary to provide us with all original documentation however, we will make copies that will remain with the packet. Registration cannot be completed if any of these items are missing. **Partial packets will not be accepted.**

The entire process of registration for your child(ren) may take up to three days, not to include weekends or holidays. Once you complete Central Registration, your child's school will be notified. If your child is a Middle School or High School student and you would like to make an appointment to visit the school or discuss their schedule, please contact the Middle School at 716.807.3700 or the High School at 716.807.3600 to arrange a time. Thank you!

We wish your child(ren) a happy and successful school year!



Administration Building
176 Walck Road
North Tonawanda, NY 14120

Superintendent – Gregory Woytila
716.807.3500

Executive Director of Educational Services – Patrick Holesko
716.807.3535

Director of Student Services – Michael Tambroni
716.807.3561

North Tonawanda High School
405 Meadow Drive
North Tonawanda, NY 14120
716.807.3600
Principal – Bradley Rowles

North Tonawanda Middle School
455 Meadow Drive
North Tonawanda, NY 14120
716.807.3700
Principal – Joshua Janese

North Tonawanda Intermediate School
1500 Vanderbilt Avenue
North Tonawanda, NY 14120
716.807.3825
Principal – Gregory Burgess

Drake Elementary School
380 Drake Drive
North Tonawanda, NY 14120
716.807.3725
Principal – Janet Matyevich

Ohio Elementary School
625 Ohio Street
North Tonawanda, NY 14120
716.807.3800
Principal – John Steckstor

Spruce Elementary School
195 Spruce Street
North Tonawanda, NY 14120
716.807.3850
Principal – Lindsey Turner

NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road * North Tonawanda, New York 14120-4097 * [716] 807-3568 * FAX [716] 807-3524

Gregory J. Woytila
Superintendent of Schools

Michael P. Tambroni
Director of Student Services

Original documents required at time of registration

1. Documentation of age of the student:

- An original or certified transcript of a birth certificate or record of baptism.
- Passport (including foreign passport) giving the date of birth.
- Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age.
 - 1. State or other government issued identification
 - 2. Hospital or health records
 - 3. Documents issued by Federal, State, or Local Agencies
 - 4. Court orders or other court issued documents that list the student's birth date.

2. Proof of Residency:

All applicants must submit at least one document from Column A and one from Column B
These documents are for address verification and must all reflect the address provided for enrollment.

Column A

- *Most recent Mortgage Statement
- *Current Lease
- *Closing Statement from an Attorney
- *Notarized Residency Affidavit from Landlord
- *Property Tax Bill
- *Living with others form (available at District Office)

Column B

- *Current utility bill
- *Current vehicle Registration
- *Any State or Federal documents
- *Current Payroll Stub
- *Current Bank Statement
- *Stamped copy of your Post Office address change

- #### 3. Proof of Parental Relationships:
- Parent(s)/Guardian(s) shall provide proper proof of legal evidence of custody of the child including judicial custody orders or guardianship papers.

Please use this checklist to ensure you have all necessary documentation to enroll your child

- ____ Completed registration packet
- ____ Parent/Guardian photo ID (a copy will be made at the District office)
- ____ Proof of student's age
- ____ Proof of Residency (one from column A and column B)
- ____ Judicial Custody Papers if applicable
- ____ Immunization Records
- ____ Current Physical & Dental Records (Do not need at registration, but will need to provide them to the school within 10 days after start)

NORTH TONAWANDA CITY SCHOOL DISTRICT STUDENT SERVICES

176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3565 ♦ FAX: [716] 807-3524

Gregory J. Woytila
Superintendent of Schools

Michael P. Tambroni
Director of Student Services

HOUSING QUESTIONNAIRE

District of Origin: _____

(Current School District)

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
☐ Female 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 permanent housing (i.e. home, apartment, etc)
- ☐ 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): _____

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

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

Date



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

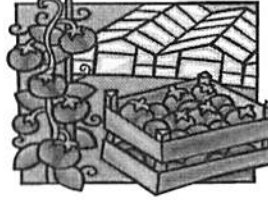
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

**To submit this referral please fax to 585-395-5731, or by mail to Brockport Migrant Education Program-
350 New Campus Drive, B9 Cooper Hall, Brockport, NY 14420.**





PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, sin importar su nacionalidad o estado legal. Este programa es gratuito para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (____)-____-____ Mejor tiempo para ser contactado ____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

Para someter este referido, por favor envíelo por fax a 585-395-5731, o por correo a Brockpor Migrant Education Program- 350 New Campus Drive, B9 Cooper Hall, Brockport, NY 14420.



176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3568 ♦ FAX [716] 807-3524

(Entire Packet must be completed in full)

NAME: _____
 (Last) (First) (Middle)

☐ Male ☐ Female

STUDENT'S LEGAL RESIDENCE: (Must be within the North Tonawanda City School District Boundaries)

If you are a tenant, do you pay rent? ☐YES ☐NO

Landlord Name: _____ Landlord Phone #: _____

(Date)

Date Entered into Eschool: _____ Date of Email: _____ Registration complete? _____

NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3568 ♦ FAX [716] 807-3524

Student Enrollment Form
(Entire Packet must be completed in full)

PARENT/GUARDIAN #1 (Parent/Guardian #1 MUST reside at the same address as indicated for student)

NAME: _____
(Last) (First)

RELATIONSHIP TO STUDENT: _____ EMAIL ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT/GUARDIAN #2 (If 2nd parent is listed on the birth certificate, this section MUST be completed for that parent)

NAME: _____
(Last) (First)

ADDRESS: (Only if different from student): _____
Number & Street Apt # City/State/Zip

RELATIONSHIP TO STUDENT: _____ EMAIL ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

ETHNIC GROUP (FOR GOVERNMENT AGENCY REPORTING)

Please check ONE ethnic group that applies to this student:

☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN ☐ BLACK ☐ PACIFIC ISLANDER ☐ WHITE ☐ MULTIRACIAL

***IF MULTIRACIAL PLEASE CHECK THE
TWO ETHNIC GROUPS THAT APPLY**

Is the student Hispanic, Latino, or of Spanish origin? ☐ YES ☐ NO

SCHOOL HISTORY

GRADE LAST ATTENDED: _____ GRADE(S) REPEATED: _____ PRESENT GRADE: _____

If you suspect your child may have a disability, the district provides for the referral and evaluation of your child for the purposes of special education services or programs. For more information on this topic, please contact Mike Hiller, Director of Special Education, at 716-807-3560 or visit the NYSED website at the following address: <http://www.p.12.nysed.gov/specialed/publications/policy/parentguide.htm>

HAS YOUR CHILD BEEN REVIEWED BY A COMMITTEE ON SPECIAL EDUCATION? ☐ YES ☐ NO

HAS YOUR CHILD BEEN REVIEWED BY A SECTION 504 PLAN COMMITTEE? ☐ YES ☐ NO

HAS YOUR CHILD BEEN RECEIVING SPECIAL EDUCATION SERVICES OR 504 ACCOMMODATIONS? ☐ YES ☐ NO

RECEIVED: ☐ IEP ☐ SECTION 504 PLAN

NAME AND ADDRESS(ES) OF ALL SCHOOLS PREVIOUSLY ATTENDED: (INCLUDE ANY NORTH TONAWANDA SCHOOLS)

(School Name)	(Address)	(Dates Attended)	(Grades)

NORTH TONAWANDA CITY SCHOOL DISTRICT

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Are there any children in the household currently attending North Tonawanda City Schools? ☐ YES ☐ NO

NAME OF STUDENT	CURRENT SCHOOL	GRADE

EMERGENCY CONTACT INFORMATION

****IN THE EVENT A PARENT/GUARDIAN CANNOT BE REACHED****

(Please list someone other than the parent/guardian in this area)

CALL THIS PERSON NEXT WHEN PARENT/GUARDIAN IS NOT AVAILABLE

NAME: _____
(Last) (First)

ADDRESS: _____
(Number & Street) (Apt #) (City, State, Zip)

RELATIONSHIP TO STUDENT: _____ PERMISSION TO PICK CHILD UP? ☐ YES ☐ NO

HOME/CELL PHONE #: _____ WORK PHONE: _____

IN THE EVENT THE PERSON ABOVE CANNOT BE REACHED

NAME: _____
(Last) (First)

ADDRESS: _____
(Number & Street) (Apt #) (City, State, Zip)

RELATIONSHIP TO STUDENT: _____ PERMISSION TO PICK CHILD UP? ☐ YES ☐ NO

HOME/CELL PHONE #: _____ WORK PHONE: _____

NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120 ♦ [716] 807-3565 ♦ FAX: [716] 807-3524

Dear Parent or Guardian:

The North Tonawanda City School District often publishes achievements of students on its website, the Internet, in the district newsletter, and through local newspaper and television. By filling out this form, you either give NTCSD permission to use your child's name, photos/video and/or their art/classroom work for the newspaper, television, district newsletter or website or you decline permission to participate.

Parents do have the opportunity to update this form at any time during their child's enrollment with the North Tonawanda City School District, as this form will be kept in their permanent folder. Additional forms are available at the District Office and on the district's website- www.ntschoools.org.

OPT-OUT FORM

☐ I give permission for the North Tonawanda City School District to use my child's name, photograph/video and/or their art/classroom work for the newspaper, television, district newsletter or website.

☐ My child **does not** have permission for the North Tonawanda City School District to use my child's name, photograph/video and/or their art/classroom work for the newspaper, television, district newsletter or website.

Student's Name

Parent's Signature

Date

**NORTH TONAWADA CITY SCHOOL DISTRICT
PERSONAL TECHNOLOGY PERMISSION FORM**

All student use of personal technology is governed by the Student Acceptable Use Policy (AUP), the Student Use of Personal Technology policy and regulation, and the Code of Conduct. Any student requesting use of personal technology within the District must read and sign this agreement with his or her parent and return it to the homeroom teacher prior to use.

- 1) The student takes full responsibility for his or her device and will keep it in his or her possession at all times. The school is not responsible for the security of the device. The District is not responsible if the device is lost, stolen, or broken.
- 2) The student and his or her family are responsible for the proper care of his or her personal device, including any costs of repair, replacement, or any modifications needed to use the device at school.
- 3) The school reserves the right to inspect a student's personal device if there is reason to believe that the student has violated District policies or regulations, the *Code of Conduct*, or has engaged in other misconduct while using his or her personal device.
- 4) The student must comply with all teacher and administrator requests related to the use of personal devices.
- 5) The student may not use the device to record, transmit, or post photos or video of a person or persons on campus without their permission. Images or video recorded for instructional purposes cannot be transmitted or posted without permission of the teacher.
- 6) The student should only use his or her device to access relevant files, software, email, apps, and Internet content necessary for instructional use and appropriate and authorized personal use. Confidential files and student records may not be accessed.
- 7) Students and parents should not use personal technology to circumvent school rules on excuses, dismissals, absences, and the like. Parents or guardians should call the School Office rather than contacting their children directly.
- 8) Students are discouraged from sharing personal devices. If a student uses the personal technology device of another student and commits a violation of District policy, both students may be liable for consequences resulting from its use.
- 9) Students may not utilize any technology to harass, threaten, bully, demean, humiliate, intimidate, embarrass, or annoy their classmates or others in their community. This is unacceptable student behavior known as cyberbullying and will not be tolerated.
- 10) Students must be aware of the appropriateness of usage and communications when using any electronic device. If a student is told to stop inappropriate usage, that student must do so immediately.
- 11) The use of any personal technology is prohibited in locker rooms, Health Offices, restrooms, or any other area where an individual would have a reasonable expectation of privacy.

PERSONAL TECHNOLOGY PERMISSION FORM (Cont'd.)

- 12) Violations of any District policies including the AUP, administrative regulations, the *Code of Conduct*, or school rules involving a student's personally owned device may result in the loss of use of the device in school and/or disciplinary action.

Student's name _____

Parent's name _____

Type of device to be brought to school _____

I have read and understand the above terms and agree to abide by the above policy and guidelines. I further understand that any violation of the above may result in the loss of network and/or device privileges as well as other disciplinary action. As a parent I understand that my child will be responsible for abiding by the above policy and guidelines as outlined here and as stated in the student AUP and *Code of Conduct*. I have read and discussed them with him or her and he or she understands the responsibility he or she has in the use of his or her personal device. I understand that the District is not liable if the device is lost, stolen, or broken.

Parent's Signature

Date

Student's Signature

Date

SUBJECT: STUDENT AUP GUIDELINES

Program Implementation

The District recognizes that effective use of technology is important to our students and will be essential to them as adults. Consequently, the District will provide access to various computerized information resources through the District's computer system (DCS hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, "on-line services," "WiFi" and the "Internet." The District will provide personnel support for usage.

The DCS is for educational and/or research use only and must be consistent with the goals and purposes of the District. The standards of acceptable use as well as prohibited conduct by students accessing the DCS, as outlined in District policy and regulation, are not intended to be all-inclusive. Students are held to the same standards of good behavior whether they are using school computer networks or any other electronic media or communications, including a student's own personal technology or electronic device while on school grounds or at school events. In addition to the specific standards of student conduct delineated in this regulation, the general requirements of acceptable student behavior expected under the District's school conduct and discipline policy and the *Code of Conduct* also apply to student access to the DCS. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Legal and ethical implications of software use will be taught to students of all levels where there is such software use. In addition, the building principal or his or her designee and/or classroom teacher will be responsible for informing District students of rules and regulations governing student access to the DCS.

In order to match electronic resources as closely as possible to the approved District curriculum, District personnel will review and evaluate resources in order to offer "home pages" and menus of materials which comply with Board guidelines governing the selection of instructional materials. In this manner, staff will provide developmentally appropriate guides to students as they make use of telecommunications and electronic information resources to conduct research and other studies related to the District curriculum. As much as possible, access to the District's computerized information resources will be designed in ways which point students to those which have been reviewed and evaluated prior to use. While students may be able to move beyond those resources to others which have not been evaluated by staff, students will be provided with guidelines and lists of resources particularly suited to the learning objectives.

Standards of Conduct Governing Student Access to the DCS

Each student who is granted access will be responsible for that usage. The DCS is provided for students in support of their educational program and to conduct research and communicate with others.

SUBJECT: STUDENT AUP GUIDELINES (Cont'd.)

Student access to external computer networks not controlled by the District is provided to students who act in a considerate and responsible manner. Likewise, students are expected to observe the same standards of behavior when using their own personal technology or electronic devices on school grounds or at school events. Individual users are responsible for their behavior and communications over the District computer network.

During school, teachers will guide students toward appropriate materials. Outside of school, parents or guardians bear responsibility for such guidance as they do with information sources such as television, telephones, movies, radio and other potentially offensive or controversial media.

Use of the DCS which violates any aspect of District policy; the *Code of Conduct*; and federal, state or local laws or regulations is strictly prohibited and may result in disciplinary action in compliance with applicable District guidelines and/or federal, state and local law including, but not limited to, suspension and/or revocation of access to the DCS. In addition to the District's general requirements governing student behavior, specific activities are also prohibited by student users of the DCS including, but not limited to, the following:

- 1) Using the DCS to obtain, view, download, send, print, display or otherwise gain access to or to transmit materials that are unlawful, obscene, pornographic or abusive.
- 2) Use of obscene or vulgar language.
- 3) Harassing, insulting, bullying, threatening or attacking others.
- 4) Damaging, disabling or otherwise interfering with the operation of computers, computer systems, software or related equipment through physical action or by electronic means.
- 5) Using unauthorized software on the DCS.
- 6) Changing, copying, renaming, deleting, reading or otherwise accessing files or software not created by the student without express permission from the computer coordinator.
- 7) Violating copyright law, including the illegal file sharing of music, videos and software.
- 8) Employing the DCS for non-educational, commercial purposes, product advertisement or political lobbying.
- 9) Disclosing an individual password to others or using others' passwords.
- 10) Transmitting material, information or software in violation of any District policy or regulation, the District *Code of Conduct*, and/or federal, state and local law or regulation.

SUBJECT: STUDENT AUP GUIDELINES (Cont'd.)

- 11) Revealing personal information about oneself or of other students including, but not limited to, disclosure of home address or telephone number.
- 12) Accessing personal, interactive sites unless under the direct supervision of a staff member. This includes the use of a student's personal cell phone or digital device to access these social networking sites.
- 13) Creating or using a website or blog which may cause a substantial disruption in the school environment or interfere with the rights of others.
- 14) Using digital device (such as cell or camera phones), electronic technology, or media to facilitate cheating, plagiarism, etc.

Network accounts are to be used only by the authorized owner of the account. Any user of the DCS that accesses another network or computer resources will be subject to that network's acceptable use policy.

If a student or a student's parent or guardian has a District network account, anon-District network account, or any other account or program which will enable direct or indirect access to a District computer, any access to the DCS in violation of District policy or regulation may result in student discipline. Indirect access to a District computer means using a non-District computer in a manner which results in the user gaining access to a District computer, including access to any and all information, records or other material contained or stored in a District computer.

Sanctions

- 1) Violations may result in suspension or revocation of student access to the DCS as determined in accordance with appropriate due process procedures.
- 2) Additional disciplinary action may be determined at the building level in accordance with existing practices and procedures regarding inappropriate language or behavior, as well as federal, state, and local law.
- 3) When applicable, law enforcement agencies may be involved.

Security

Security on any computer system is a high priority, especially when the system involves many users. Users of the DCS identifying a security problem on the District's system must notify the teacher in charge. A student is prohibited from demonstrating the problem to other users. Attempts to log on to

SUBJECT: STUDENT AUP GUIDELINES (Cont'd.)

the DCS as a computer coordinator may result in restriction or suspension of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the DCS. Further, any violations regarding the use and application of the DCS must be reported by the student to the teacher in charge.

Notification

This regulation and its corresponding policy will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

**NORTH TONAWANDA CITY SCHOOL DISTRICT
STUDENT AUP**

In consideration for the use of the North Tonawanda City School District's Computer System (DCS), I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies published in the Student Handbook. .

I understand that failure to comply with these policies and regulations may result in the loss of my access to the DCS. Prior to suspension or revocation of access to the DCS, students will be afforded applicable due process rights. Violation of District policy and regulations may also result in the imposition of discipline under the District's school conduct and discipline policy and the *Code of Conduct*. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously, or unlawfully damage or destroy property of the District. Further, the District may bring suit in civil court in accordance with General Obligations Law Section 3-112 against my parents or guardians if I willfully, maliciously, or unlawfully damage or destroy District property.

Student Signature

School Building

Date

**NORTH TONAWANDA
CITY SCHOOL DISTRICT**

2
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2
0

PARENT OR GUARDIAN NOTIFICATION OF STUDENT AUP

I am the parent or guardian of _____,
the minor student who has signed the District's agreement for student use of computerized information
resources. I have been provided with a copy and I have read the District's policy and regulations
concerning use of DCS.

I also acknowledge receiving notice that, unlike most traditional instructional or library media
materials, the DCS will potentially allow my son or daughter student access to external computer
networks not controlled by the North Tonawanda City School District. I understand that some of the
materials available through these external computer networks may be inappropriate and objectionable;
however, I acknowledge that it is impossible for the District to screen or review all of the available
materials. I accept responsibility to set and convey standards for appropriate and acceptable use of
technology to my son or daughter when he or she is using the DCS or any other electronic media or
communications, including my son or daughter's own personal technology or electronic device on school
grounds or at school events.

I agree to release the North Tonawanda City School District, the Board of Education, its agents and
employees from any and all claims of any nature arising from my son or daughter's use of the DCS in
any manner whatsoever.

I agree that my son or daughter will have access to the DCS and I agree that this may include remote
access from our home.

Parent or Guardian Signature: _____

Student's Name: _____

Date: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother <small>specify</small> <input type="checkbox"/> Father <small>specify</small> <input type="checkbox"/> Guardian(s) <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not write

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	
Address	

ENGLISH

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>
10b. <i>*If referred for an evaluation</i>, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received <i>(Please check all that apply):</i> <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation	Month: Day: Year:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Date

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ			
NAME: _____	POSITION: _____		
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:			
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW			
NAME: _____	POSITION: _____		
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes			
**DATE OF INDIVIDUAL INTERVIEW: <div style="text-align: center; margin-top: 10px;"> MO. DAY YR. </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM </td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
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NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL			
NAME: _____	POSITION: _____		
DATE OF NYSITELL ADMINISTRATION: <div style="text-align: center; margin-top: 10px;"> MO. DAY YR. </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING </td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING		
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>			

ENGLISH



NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3568 ♦ FAX: [716] 807-3524

Dear Parent/Guardian:

New York State Education Law requires that all new students, as well as students in Prekindergarten, Kindergarten and grades 1, 3, 5, 7, 9, and 11 provide proof of a physical exam and a dental certificate upon entry to School.

Please have these forms completed by your family health care provider and dentist, respectively, and return to your child's school health office within 30 days of school entry.

Please refer to the District Website "Health Services" for updated Immunization requirements.

Thank you for your cooperation.

School	Phone
North Tonawanda High School	716.807.3611 716.807.3643
North Tonawanda Middle School	716.807.3124
North Tonawanda Intermediate	716.807.3826 716.807.3828
Drake Elementary	716.807.3824
Ohio Elementary	716.807.3802
Spruce Elementary	716.807.3854
Pre-Kindergarten Program	716.622.7857

NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3568 ♦ FAX [716] 807-3524

HEALTH INFORMATION

Date _____

Grade Entering _____

Child's Name _____ Birth Date _____ Sex _____

Address _____ Home Phone _____

Father's Full Name _____ Mother's Full Name _____

With whom does this child live? _____

Relationship _____

Last school attended _____ Has child attended another N.T. School? _____

IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING DISEASES, PLEASE FILL IN THE YEAR.

*Chickenpox _____	Rheumatic Fever _____	Asthma _____
Diphtheria _____	Scarlet Fever _____	Ear Condition _____
*German Measles _____	Whooping Cough _____	Diabetes _____
*Mumps _____	Kidney Condition _____	Heart Disease _____
*Measles _____	Tuberculosis _____	Contact with TB _____
Anemia _____	Other _____	

** Dr.'s verification necessary. If not available, must be immunized.*

Is your child subject to any of the following?

Speech Difficulty _____ Emotional Problems _____

Poor Hearing _____ Frequent Respiratory Problems _____

Other Conditions (Specify) _____

Family Physician _____ Phone _____

In accordance with Public Health Law 2164 a Principal cannot permit a child to be admitted unless a person in parental relationship to the child furnishes the school with immunization records.

Does your child have any allergies? Yes No To what? _____

Does your child wear glasses? Yes No

Has your child ever been hospitalized? Yes No When _____ For what _____

Has your child ever had surgery? Yes No When _____ For what _____

Has your child ever had a blood transfusion? Yes No When _____

Has your child ever passed out due to head injury? Yes No When _____

Has your child ever injured any bones or joints? Yes No

Be specific _____ When _____

Is your child allergic to latex? Yes No (example: balloons, band-aids, latex gloves)

Is your child taking any regular medication at home? Yes No If so, what _____

Does your child have a history of seizures? Yes No When _____ Type _____

Dental Health Certificate

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: 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<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/m ² Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th - 49 th <input type="checkbox"/> 50 th - 84 th <input type="checkbox"/> 85 th - 94 th <input type="checkbox"/> 95 th - 98 th <input type="checkbox"/> 99 th and >		
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes		

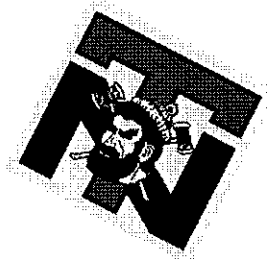
PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 µg/dL				<input type="checkbox"/> Other: _____
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities				
<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	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<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
			_____	_____
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/> Additional Information Attached				

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain <input type="checkbox"/> Brace*/Orthotic <input type="checkbox"/> Colostomy Appliance* <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Insulin Pump/Insulin Sensor* <input type="checkbox"/> Medical/Prosthetic Device* <input type="checkbox"/> Pacemaker/Defibrillator* <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Sport Safety Goggles <input type="checkbox"/> Other:				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS	Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> 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.				



RELEASE OF RECORDS
North Tonawanda City School District
Central Registration Office
176 Walck Road
North Tonawanda, NY 14120



STUDENT'S NAME _____ Date of Birth _____

PREVIOUS SCHOOL DISTRICT: _____

PREVIOUS SCHOOL'S NAME AND ADDRESS: _____

Previous school's phone #: _____ Previous school's fax #: _____

The above named student is registering in the North Tonawanda City School District and I am authorizing **all Educational Records**, including, but not limited to: Academic, Attendance, Disciplines, IEP and Psychological (if applicable), Standardized Tests, Exiting Grades, etc. be sent to the school indicated below:

Parent/Guardian Signature

Date

**Federal Law 99.21 states: "No parent signature required for education records sent to another educational agency."
The party receiving the student records is not authorized to transfer this information to a third party without further consent.

FOR NORTH TONAWANDA OFFICE USE ONLY
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☐ **North Tonawanda High School** - Fax: 716.807.3639 - Phone: 716.807.3664

☐ **North Tonawanda Middle School** - Fax: 716.807.3701 - Phone: 716.807.3114

☐ **NT Intermediate** - Fax: 716.807.3835 - Phone: - 716.807.3827

☐ **Drake Elementary** - Fax: 716.807.3726 - Phone: - 716.807.4030

☐ **Ohio Elementary** - Fax: 716.807.3801 - Phone: - 716.807.7323

☐ **Spruce Elementary** - Fax: 716.807.3858 - Phone: 716.807.3851

☐ **Special Education/Student Services** - Fax: 716.807.3524

Phone: (Grades K-6) 716.807.3533 (Grades 7-12) 716.807.3564