



# Menands Union Free School District

19 Wards Lane, Menands, NY 12204

T (518) 465-4561 F (518)- 434-2840

[www.menands.org](http://www.menands.org)

Welcome to the Menands School District! Please complete one packet for each child you are registering.

**PROOF OF RESIDENCY:** When you register by appointment, the parent (s) or person(s) in parental relation to the child will be required to submit (3) forms of documentation establishing residency in the school district, including but not limited to, the following:

- A copy of a residential lease; deed; or mortgage statement
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (notarized affidavit)
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.
- Pay stub
- Income tax form
- Utility or other bills
- Membership documents based upon residency (e.g. library cards)
- Voter registration document(s)
- Official driver's license, learner's permit, or non-driver ID
- State or other government issued identification
- Documents issued by federal, state, or local agencies
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

The Menands School District will make a residency determination based upon the material provided by the parent(s)/guardian(s).

**PROOF OF AGE:** In order to determine a student's age, a certified transcript of a birth certificate or record of baptism, (including a certified transcript of a foreign birth certificate or record of baptism) is required. If such documents are not available a passport would be accepted.

**HEALTH REQUIREMENTS:** NY Public Health Law §2164(7) (a) states no child can be admitted to attend school, in excess of fourteen days, without certification provided as evidence of the child's immunization against polio, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and where applicable Haemophilus influenza type b (Hib) and pneumococcal disease. If parent is transferring from out- of-state or from another country and can show a good faith effort to get the necessary certifications the 14-day period can be extended to not more than 30 days. Each new entrant is also required by NY Public Health Law to submit proof of a health examination which shall not be more than (12) months prior to the commencement of the school year.

Once you have all the required documentation, you're ready to register your child.  
Please contact Sabrina Calderon at (518) 465-4561 Ext. 215 to make an appointment for  
registration or email: [scalderon@menands.org](mailto:scalderon@menands.org)

When all paperwork has been submitted, reviewed, and determined complete, you will be notified  
with your child's start date, teacher assignment, and transportation information.

Sincerely,

Sabrina Calderon  
Menands UFSD Registrar

**Dr. Maureen A. Long**  
Superintendent of School's  
Ext 101

**Jennifer Cannavo**  
Principal  
Ext 119

**Kathy Cietek**  
District Treasurer  
Ext 105

**Cheri Vandenberg**  
Guidance Counselor  
Ext 156

**Meghan Amatrano**  
CSE Chairperson  
Ext 115

**Carin D'Ambro**  
School Nurse  
Ext 109  
Fax 434-2840

#### **Board of Education**

**President**  
Jeff Masline

**Vice President**  
William Nevins

**Members**  
Courtney Jaskula  
Jennifer Wilson  
John Diefenderfer

**District Clerk**  
Jeanne Mentiplay

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## MENANDS SCHOOL CONTACT LIST

	Contact Person	Phone	Ext
REGISTRATION	Sabrina Calderon	518-465-4561	215
MCKINNEY-VENTO LIASON	Cheri Vandenberg	518-465-4561	156
SPECIAL EDUCATION	Meghan Amatrano	518-465-4561	115
TRANSPORTATION	Sue McCormick	518-465-4561	101
HEALTH OFFICE	Carin D'Ambro	518-465-4561	109
CAFETERIA	Mike Tehan	518-465-4561	120
AFTER SCHOOL CHILD CARE	Capital District YMCA	518-857-3212	

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## ENROLLMENT CHECKLIST

### For Parent/Guardian:

- ☐ **Proof of Age: Student's Birth Certificate, Baptismal Certificate, or Passport**
- ☐ **Immunization Records**
- ☐ **Physical exam (within one year)**
- ☐ **Residency Questionnaire**
- ☐ **Proof of Residency: mortgage statement/deed/lease agreement - + 2 additional**  
\*An Affidavit of Residency must be filled out and notarized **ONLY IF** the parent/guardian resides in dwelling that they do not lease or own.
- ☐ **Photo ID of parent/guardian registering student (driver's license or passport)**
- ☐ **Student Registration Form Filled with parent signature**
- ☐ **Foreign Language questionnaire**
- ☐ **School Records Release Form**
- ☐ **IEP (if applicable)**
- ☐ **Custody Paperwork (if applicable)**

### For School Use only:

- ☐ **\_Determine enrollment eligibility OR give 3 days to provide missing information**
- ☐ **\_McKinney-Vento determination –STAC202 Completed**
- ☐ **\_Application complete and accepted**
- ☐ **\_Application incomplete. Information needed: \_\_\_\_\_**

## **STUDENT AGREEMENT**

**As a student of the Menands Union Free School District, I acknowledge that I have read the student handbook concerning use of student information, computer use and the school's conduct/disciplinary policy. I agree to follow all the rules set forth in those documents. I also agree to accept the consequences for my actions should I break any of those rules.**

**Student Name (Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PARENT/GUARDIAN AGREEMENT**

**As parent/legal guardian of the student signing above, I acknowledge that I also have read and agree to the rules, regulations, and policies set forth in this handbook.**

**Parent Name (Print):** \_\_\_\_\_

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

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## AUTHORIZATION FOR THE RELEASE OF RECORDS/INFORMATION

**\*The Federal Family rights and Privacy Act (FERPA) requires schools to have written consent from a parent or legal guardian before releasing educational records\***

Date of Request: \_\_\_\_\_

### STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Prior School Phone: \_\_\_\_\_

Prior School Fax: \_\_\_\_\_

### USE AND DISCLOSURE INFORMATION

I, the undersigned, do hereby authorize \_\_\_\_\_  
*{name of agency or educational institution maintaining records}*

to disclose and deliver the complete education records maintained under the above name including but not limited to the following  
(Please check all that apply):

☐ Grades and Transcripts

☐ Psychological & Educational Testing

☐ Other (specify) \_\_\_\_\_

☐ School Health Records

☐ Special Education Records/Most Recent IEP

☐ Scores (if applicable)

☐ Discipline

**The education records checked above shall be delivered to:**

**Name:** Menands School Registrar – Sabrina Calderon

**School:** Menands UFSD

**Address:** 19 Wards Lane  
Menands, NY 12204

**Phone:** 518-465-4561 ext. 215 **Fax:** (518) 434-2840

**Preferred Method of Transmission:** Email: [scalderon@menands.org](mailto:scalderon@menands.org) or Fax (above)

I understand that the information obtained by the Menands Union Free School District will be treated in a confidential manner under provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under prior consent for release.

Signature of parent/guardian: \_\_\_\_\_

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

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## PROOF OF RESIDENCE FORM

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

DOB: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Own or Rent (Please Circle One)

To enroll you must reside in the Menands Union Free School District. Solely owning property or a home does not constitute residency. Proof of residency is required before a student may be registered. Post office boxes will not be accepted. You must provide at least three (3) proofs from the following list. Your name and address must be indicated on these documents and they must be current.

#### One From Below:

☐ Mortgage Statement

☐ Purchase Contract (must contain both the seller's and the purchaser's name and the address of the property to be Purchased)

☐ Lease Agreement (must be current, legal, and valid between owner and renter, must contain the landlord's name, signature, address, and phone number.

#### Two Additional From Below:

☐ Tax Bill

☐ Driver's License

☐ Utility Bill

☐ Car Registration or Insurance ID

☐ Telephone Bill

☐ Credit Card Bill

☐ Cable/TV Bill

This documentation will be retained in the student's file along with other required documents.

Your child(ren) **will not** be admitted to the district until these forms have been received and verified.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by: Signature

\_\_\_\_\_  
Date

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## Residency Questionnaire

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

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:

- ☐ Male  
☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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

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

Email: \_\_\_\_\_

*The answer you give below will help the Menands UFSD determine what services you or your child may be able to receive. Under the McKinney-Vento Act, students are entitled to immediate enrollment in school even if they do not have the documents normally required 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.*

*\*The McKinney-Vento Assistance Act of 1987 is a federal law that provides money for homeless shelter programs.*

**Where is the student currently living? – Please check ONE box.**

- ☐ In permanent housing  
☐ In an emergency or transitional shelter  
☐ In a motel/hotel  
☐ With another family or person because of loss of housing or economic hardship  
☐ In a car, park, bus, train, campsite, or abandoned building  
☐ Other temporary living situation \_\_\_\_\_.

\_\_\_\_\_  
Print name of Parent, Guardian, or student

X\_\_\_\_\_  
Signature of Parent, Guardian, or Student



# Menands Union Free School District

112 Menands Lane, Menands, NY 12029  
518 537 2200 ext 1111, 1112, 1113  
www.menands.org



## AFFIDAVIT OF RESIDENCY – PROPERTY OWNER

(To be filled out in the event that proof of residence cannot be established through other documentation)

I, \_\_\_\_\_ being duly sworn, depose and say: \_\_\_\_\_ and his/her  
(Property Owner) (Name of Parent/Guardian)

child(ren), \_\_\_\_\_, reside at my property located at \_\_\_\_\_.  
(Name of child/ren)

My property is the actual and only residence of the parties named, and they reside there on a daily basis, and have so resided there for \_\_\_\_ months.

The sole purpose of this affidavit is to confirm the residence of parties named so that \_\_\_\_\_  
(Name of child/ren)  
can attend the Menands Union Free School District tuition free.

I understand that the Menands Union Free School District has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my property.

I also understand that \_\_\_\_\_ is/are not residing at my property solely for the reason of attending school within this district.

Any false statement made in this affidavit may be a crime subject to appropriate penalty as contained within the Penal Law of the State of New York.

I can be contacted at the number(s) listed below should the Menands Union Free School District require further information.

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

Primary Property Owner Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public



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Menands, NY 12204  
Phone: 518-465-4561  
Fax: 518-434-2840

## New Student Registration Form

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### Resident Address:

Street Address \_\_\_\_\_ Apt/Room # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this student a foster child? ☐ Yes If yes, what is the home district: \_\_\_\_\_  
☐ No If yes, a DSS 2999 Form is required

Check box if for Transportation Only: ☐ School Registering for: \_\_\_\_\_

### Previous Enrollment Information

Former Address (House #, Street, City, State, Zip, Apt #)  
\_\_\_\_\_

Has this student ever been ☐ Yes  
enrolled in Menands ☐ No

Former School:

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Has the child ever been expelled from school? ☐ Yes ☐ No

If yes, give reason: \_\_\_\_\_

### Special Education Needs

Does the child receive special education services? ☐ Yes ☐ No

If so, please place a checkmark next to each service your child is receiving.

<input type="checkbox"/> 1:1 Aide	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Consultant Teacher
<input type="checkbox"/> Extended Test Taking Time	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BOCES	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Self-Contained Classroom
<input type="checkbox"/> Classroom Aide		

## **Health Information**

Family Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

Health Care Facility: \_\_\_\_\_ Dentist: \_\_\_\_\_

Please list any treatments, illnesses, accidents, or allergies: \_\_\_\_\_

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

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## **Student Race and Ethnicity**

**Please answer questions (1) and (2). Please read them before you respond**

[For question (1) Select the box that best describes your child.] Select only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or 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 racial groups.

[For question (2) you may select all groups that apply to your child. Select at least ONE box.]

- ☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.  
Asian:
- ☐ 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/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ Black: 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.

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## **Immigration Information**

### **For Immigrants Only: (Must answer all 4)**

Years in U.S. schools: \_\_\_\_\_

Country of origin: \_\_\_\_\_

City where born: \_\_\_\_\_

Home language: \_\_\_\_\_

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## **Emergency Contacts**

List 2 relatives and a neighbor who will be responsible for your child in case of illness/accident and you cannot be reached

- Imperative in the event of an emergency – cannot be Parents

Contact 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact 1 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact 2 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact 3 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## **Siblings in Same Household**

Name:	Date of Birth	Gender	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

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## **Other Information**

Has family moved within past 3 years to obtain migratory employment? ☐ Yes ☐ No

- If yes, complete migrant worker form.
- Did your Child Receive Free and/or Reduced lunch in your prior school? ☐ Yes ☐ No

### **Internet Permission**

My child has permission to use the internet at school: ☐ Yes ☐ No

### **Custody**

Is there a custody issue? ☐ Yes ☐ No

If Yes, who has custody? \_\_\_\_\_

**(A copy of the custody papers must be given to the school district at the time of registration and any updates in the future must also be kept on file at the school)**

Is there an order of protection? ☐ Yes ☐ No

**Important: The District shall presume that either parent of the student has the authority to obtain the child's release from school unless provided with legal documentation stating otherwise**

### **Adults Authorized to Pick up Children (Other than Parents)**

The following individuals have my permission to pick up my children from school

(\*Please list all individuals including emergency contacts if you so choose. **YOUR CHILD CANNOT BE RELEASED TO OTHER THAN THOSE LISTED.**)

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

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

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

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

### **Parent/Guardian Information**

#### **Parent 1**

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

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

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Can this person:	Yes	No
Receive mail about this student	<input type="checkbox"/>	<input type="checkbox"/>
Pick up this student from school	<input type="checkbox"/>	<input type="checkbox"/>
Is Active Military	<input type="checkbox"/>	<input type="checkbox"/>
Has custody	<input type="checkbox"/>	<input type="checkbox"/>

Address: \_\_\_\_\_  
(If Different from Student) City State Zip

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Spoken Language: \_\_\_\_\_ Written Language: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

## Parent/Guardian Information

### Parent 2

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.  Other

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

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Address: \_\_\_\_\_  
(If Different from Student) City State Zip

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Spoken Language: \_\_\_\_\_ Written Language: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Can this person:	Yes	No
Receive mail about this student	<input type="checkbox"/>	<input type="checkbox"/>
Pick up this student from school	<input type="checkbox"/>	<input type="checkbox"/>
Is Active Military	<input type="checkbox"/>	<input type="checkbox"/>
Has custody	<input type="checkbox"/>	<input type="checkbox"/>

## Parent/Guardian Information

### Parent 3

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.  Other

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

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Address: \_\_\_\_\_  
(If Different from Student) City State Zip

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Spoken Language: \_\_\_\_\_ Written Language: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Can this person:	Yes	No
Receive mail about this student	<input type="checkbox"/>	<input type="checkbox"/>
Pick up this student from school	<input type="checkbox"/>	<input type="checkbox"/>
Is Active Military	<input type="checkbox"/>	<input type="checkbox"/>
Has custody	<input type="checkbox"/>	<input type="checkbox"/>

## MENANDS SCHOOL CAFETERIA

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ I do not give permission for my child to purchase snacks using his or hers cafeteria account. My child will bring cash to school when he or she is going to purchase a snack

\_\_\_\_\_ I do not give permission for my child to purchase a la carte items using his or hers cafeteria account. My child will bring cash to school when he or she is going to purchase an a la carte item.

### Allergies to Foods

**Please list below any food allergies your child has**

- ☐ None
- ☐ Peanut or Nut Allergy
- ☐ Other \_\_\_\_\_

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### Special Food Considerations

**Please check all boxes that apply to your child's dietary needs**

- ☐ None
- ☐ Gluten Free
- ☐ No Pork Allowed
- ☐ Vegan
- ☐ Vegetarian
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

## MENANDS UFSD DISMISSAL PROCEDURES

Students Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_

### GRADES K-4

Students' safety is our number one concern each day. In order to ensure the safety of each student at the end of the day, we will continue to follow the dismissal procedures listed below.

- Students attending the YMCA program, or being picked up by parents will be dismissed from classrooms at 3:00. Parents who are picking their child up must report to the "new school entrance" at 3:00.
- Parents who are picking up their child at dismissal need to come into the new "main office" and sign their child out. *Please park in the main parking lot and not the drop off area ("the loop") located in front of the district office.*
- Parents of all K-4 students need to identify their child's regular dismissal procedure on the form below. This form will need to be returned to homeroom teachers.
- On any day that the child's dismissal procedure differs from their regular dismissal procedure, the parents need to send a "blue note" to the homeroom teacher. On any day that the homeroom teacher has not received a "blue note" identifying a change in the child's dismissal plan, the homeroom teacher will have the child follow his or her regular dismissal routine. **We will not be able to accept phone calls, emails or faxes with dismissal changes.** The "blue slip" must be used for all dismissal changes except emergencies.
- On any day that a K-4 student stays after school for a club, the parent must send the homeroom teacher a "blue note" identifying the change in the regular dismissal procedure.
- Parents who are picking up their child after a club need to come into the new school entrance and sign their child out.

Several "blue notes" have been included in this mailing for your convenience. You can find additional copies of this form on the school website.

Please check the child's regular dismissal procedure – what the child is expected to do on most days at the end of the regular school day:

Ride 3:05 bus \_\_\_\_\_ parent pick-up at 3:00 \_\_\_\_\_ attend YMCA program \_\_\_\_\_

\_\_\_\_\_ (Initial) I understand that on any day that my child's dismissal procedure differs from what is indicated here that I need to send a "blue note" to the homeroom teacher. If I have not sent a "blue note", the homeroom teacher will follow my child's regular dismissal procedure.

### Walking/Biking Permission Slip Grades 5-8 ONLY

**(This must be completed and submitted back to school for all Students in Grades 5-8)**

- My child has \_\_\_\_\_ does not have \_\_\_\_\_ permission to walk to and from school
- My child has \_\_\_\_\_ does not have \_\_\_\_\_ permission to ride a bicycle to and from school.
- Parents need to be aware that there is no supervision for students walking or riding bicycles to or from school. The administration does not recommend that students travel to or from school alone.
- Students riding bicycles on school property must obey the bicycle helmet law. **The helmet laws states that no person under the age of 14 shall operate a bicycle unless the person is wearing a helmet that meets the standards of the American National Standards Institute.**
- Parents who are picking up their child after a club need to come into the new school entrance and sign their child out.

Student Signature: \_\_\_\_\_ Please Print Student Name: \_\_\_\_\_  
(Necessary to ride bicycles)

Parent's Signature \_\_\_\_\_ Please Print Parent's Name \_\_\_\_\_



Menands Union Free School District  
19 Wards Lane, Menands, N.Y. 12204  
Ph: 518-465-4561 x. 109 Fax: 518-465-4572

School Nurse: Carin D'Ambro R.N.

Dear Parents/Guardians:

The Menands School would like to take this opportunity to explain the role of the School Health Office, and to ask your help in our work with your child.

**Special Health Needs:** So that we may provide the best care for your child, please inform us of the following:

1. Food Allergy
2. Bee Sting Allergy
3. Allergy to any other medication
4. Difficulty with vision, hearing, or speech
5. Need for medication during the school day
6. Any medical diagnosis for which your child may take medication at home
7. Any head injury or concussion that occurs.

**Medication in School:**

In order to have medication administered to your child while in school you **MUST** have the following:

1. A physician's order completed by their doctor
2. Parent permission completed on the physician's order form.
3. An adult **MUST** bring the medication into school
4. Medications must be in the original container

\*The above refers to ALL medications including over the counter medications that are used on an "as needed basis."

**Emergency Contact Information:**

It is important for your emergency contact information to be up-to date. It is imperative to be able to reach an adult in the event of an emergency or early school closure. If you have any changes to your contact information please contact the school.

**Accidents and Injuries in School:**

If an accident occurs in school, the parent/ guardian will be notified as deemed appropriate by the school nurse. If necessary, the student will be treated with appropriate first aid measures.

**Menands Union Free School District**  
19 Wards Lane, Menands, N.Y. 12204  
Ph: 518-465-4561 x. 109 Fax: 518-465-4572

School Nurse: Carin D'Ambro R.N.

**Immunizations:**

All student must be in compliance with NYS immunization standards in order to attend school. A child will not be allowed to attend school without proper verification of the immunizations.

**School Physician:**

The New York Education Law requires a physical exam for all new students upon entrance to school and routinely in grades K, 2, 4, and 7. We encourage this to be done by your child's physician, as he /she can offer a more complete examination through his/her knowledge of your family. If a physical is done by our school physician you will be notified of any abnormal findings.

**Dental Certificates:**

Dental Health is important to your child's overall health. Please have your child's dentist fill out the Dental Health Form at your next visit. If you need assistance obtaining Dental care please contact the Health Office

**Attendance:**

Per Menands School Attendance Policy: An excuse written by a parent or guardian must be sent to school with the student on the next day they return to school. It is very important that parents and school staff cooperate in an effort to make sure all students are safe and accounted for each day of school. Without a written note your child will be marked "unexcused" If your child is absent due to a medical/dental appointment you may send in a note from their doctor to excuse their absence.

**Screening Procedures:**

Students in all grades are screened by the Health Office nurse for visual acuity and hearing. Students from ages 8-16 are also screened for scoliosis according to NYS law.

Name:	DOB: Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian:	Home Phone:	Date:
	Cell Phone:	

Check all that applies:	YES	NO	If Yes, please explain and include date:
Ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Followed by medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other (Explain)
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Injury that required an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of consciousness, concussion or serious head injury. Please indicate approximate date.	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Vision impairment or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> Prosthesis
Hearing impairment or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have any family members under the age of 50 ever:</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, please specify:</b>
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis  |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headaches/migraines                | <input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Autism/Asperger          | <input type="checkbox"/> Heart Conditions                   | <input type="checkbox"/> Skin Condition   |
| <input type="checkbox"/> Dental Injuries          | <input type="checkbox"/> High Blood Pressure                | <input type="checkbox"/> Speech Condition   |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Mental Health Condition            | <input type="checkbox"/> Urinary Condition  |
| <input type="checkbox"/> Ear Infections           | (Depression, ODD, OCD, anxiety, ect.)                       |   |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐No ☐Yes: \_\_\_\_\_

Please list any additional concerns: (use back of sheet if necessary):

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

Month Day Year

**GENDER:**

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

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

**SCHOOL DISTRICT INFORMATION:**

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

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

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

Yes\*    No    Not sure

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_

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

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

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)

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

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

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

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

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

Relationship to student:    ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

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

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

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

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

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

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO.    DAY    YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

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

DATE OF NYSITELL  
ADMINISTRATION:

MO.    DAY    YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

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