

# HUDSON FALLS CENTRAL SCHOOL DISTRICT

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## **PART 2: ENROLLMENT/REGISTRATION REQUIREMENTS**

*Grades 1-12*

PLEASE BE PREPARED TO SUBMIT THE FOLLOWING ADDITIONAL REQUIREMENTS AFTER STUDENT IS ENROLLED

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

- \_\_\_ HQL: HOME LANGUAGE QUESTIONNAIRE
- \_\_\_ STUDENT RACIAL / ETHNIC IDENTIFICATION FORM
- \_\_\_ TRANSPORTATION / SITTER FORM
- \_\_\_ PESTICIDE APPLICATION
- \_\_\_ STUDENT QUESTIONNAIRE
- \_\_\_ IMMUNIZATION RECORDS
- \_\_\_ HEALTH HISTORY FORM
- \_\_\_ DENTAL HEALTH CERTIFICATE (UPK – 5TH grade)
- \_\_\_ COUNTY FORM DSS-2999 (for foster children)
- \_\_\_ CHROMEBOOK USER AGREEMENT (grades 4-11)
- \_\_\_ AUP – INTERNET USAGE FORM (grade 12)
- \_\_\_ ATHELETIC PARTICIPATION REGISTRATION FORM (High School only)
- \_\_\_ HFCSD SPORTS PARENTAL APPROVAL FORM (High School & Middle School)
- \_\_\_ HEALTH CLASS PERMISSION FORM (Middle School only)
- \_\_\_ KINDERGARTEN PARENT INTERVIEW PACKET (Kindergarten Only)
- \_\_\_ LEAD SCREENING REPORT (UPK Only)

# HUDSON FALLS CENTRAL SCHOOL DISTRICT

## 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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

To Be Completed By School Personnel

District: Hudson Falls Central School District School: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ ID# \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Number of years enrolled in school outside the US: \_\_\_\_\_

Name/Position of School Personnel Completing This Section:

\_\_\_\_\_

Determination:     Possible LEP     English Proficient

(Circle all that apply)

- |                                                                                           |         |         |             |         |
|-------------------------------------------------------------------------------------------|---------|---------|-------------|---------|
| 1. What language(s) is spoken in the student's home or residence?                         | English | Spanish | Other _____ | Specify |
| 2. What language(s) are spoken most of the time to the student, in the home or residence? | English | Spanish | Other _____ | Specify |
| 3. What language(s) does the student understand?                                          | English | Spanish | Other _____ | Specify |
| 4. What language(s) does the student speak?                                               | English | Spanish | Other _____ | Specify |
| 5. What language(s) does the student read?                                                | English | Spanish | Other _____ | Specify |
| 6. What language(s) does the student write?                                               | English | Spanish | Other _____ | Specify |

7. In your opinion, how well does the student understand, speak, read and write English?  
(Please circle one)

Understands English:	Very Well	Only a little	Not at all
Speaks English:	Very Well	Only a little	Not at all
Reads English:	Very Well	Only a little	Not at all
Writes English:	Very Well	Only a little	Not at all

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

# Hudson Falls Central School District

## Student Racial and Ethnic Identification

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle mm/dd/yyyy

**Directions to Parent/Guardian:** PLEASE ANSWER BOTH QUESTIONS BELOW. PLEASE READ THEM BEFORE YOU RESPOND.

FOR QUESTION (1) **CHECK ONLY ONE** RESPONSE THAT BEST DESCRIBES YOUR CHILD.

FOR QUESTION (2) CHECK ALL GROUPS THAT APPLY TO YOUR CHILD. **Check at least ONE choice.**

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **YES**, Hispanic \_\_\_\_\_ **NO**, Not Hispanic

2. Select one or more races from the following five racial groups.

\_\_\_\_\_ **AMERICAN INDIAN OR ALASKA 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. (For example: Cherokee, Mohawk, Inuit, etc.)

\_\_\_\_\_ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **BLACK:** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (Please circle one): Mother Father Guardian Other (Specify)\_\_\_\_\_

This form will become part of your child's permanent record. The information you provide on this form is confidential and it is protected by the Confidentiality Regulations cited here: "The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."

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

**Hudson Falls Central School  
Transportation Information Form  
Hudson Falls School District Policy**

1. Students who are in Pre-K or Kindergarten MUST be met by an Adult, if nobody is there to meet the student, they will be taken back to school.
2. Transportation Information Form must be filled out for each school year, even if the information is the same as the previous year.
3. Transportation Information Forms are available at each school and/or the Transportation Department.

**NOTE: REQUEST FORM MUST BE FILLED OUT PRIOR TO CHANGE AND PLEASE PLAN FOR CHANGES TO TAKE A MINIMUM OF ONE WEEK TO PROCESS!**

Today's Date \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

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

Primary Home Address: \_\_\_\_\_

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

**AM Sitter/Child Care Provider** : \_\_\_\_\_

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

Sitter Home Phone: \_\_\_\_\_ Sitter Cell Phone: \_\_\_\_\_

Please *circle* which days your child will be PICKED UP at daycare:

MON          TUES          WED          THURS          FRI

**PM Sitter/Child Care Provider** : \_\_\_\_\_

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

Sitter Home Phone: \_\_\_\_\_ Sitter Cell Phone: \_\_\_\_\_

Please *circle* which days your child will be DROPPED OFF to daycare:

MON          TUES          WED          THURS          FRI

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

Please mail to: Hudson Falls Central School  
Transportation Department  
3663 Burgoyne Avenue  
Hudson Falls, NY 12839  
FAX 518-747-9179

rev 3/30/16

Dear Parent, Guardian, and School Staff:

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

The Hudson Falls Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. We will use Integrated Pest Management (IPM) practices. IPM practices are designed to have minimal effects on non-target species and on human health. Certain methods of pest control may not be preceded by a notification.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return it to David McKeighan, the Hudson Falls Central School District pesticide representative at 3665 Burgoyne Avenue, Hudson Falls, NY 12839. Tel 681-4570. Fax no. 747-8554. E-mail [dmckeighan@hfcsd.org](mailto:dmckeighan@hfcsd.org).

<b>Hudson Falls Central School District Request for Pesticide Application Notification (please print)</b>		
_____ School Building		
Please Print Parent/Guardian Name:		Address:
Date:	Phone:	Town:

Please feel free to contact David McKeighan the Hudson Falls Central School District pesticide representative at 3665 Burgoyne Avenue, Hudson Falls, NY 12839. Tel 681-4570. Fax no. 747-8554. E-mail [dmckeighan@hfcsd.org](mailto:dmckeighan@hfcsd.org) for further information on these requirements.

**HUDSON FALLS CENTRAL SCHOOL DISTRICT – STUDENT QUESTIONNAIRE**

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Reason for student’s transfer: \_\_\_\_\_

Are you the legal parent? YES NO (Please Circle One)

If No, please state relationship to child: \_\_\_\_\_

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ELEMENTARY LEVEL: K-5 Please check all that apply

- |                                                          |                                                             |
|----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Enjoys School                   | <input type="checkbox"/> Almost always completes homework   |
| <input type="checkbox"/> Makes friends easily            | <input type="checkbox"/> Has difficulty completing homework |
| <input type="checkbox"/> Is happy and outgoing           | <input type="checkbox"/> Has trouble following school rules |
| <input type="checkbox"/> Follows school rules            | <input type="checkbox"/> Is nervous about a new school      |
| <input type="checkbox"/> Gets along well with classmates | <input type="checkbox"/> Has trouble making friends         |
| <input type="checkbox"/> Works independently             | <input type="checkbox"/> Is shy and withdrawn               |

What does your child like the most about school? \_\_\_\_\_

Is there anything you would like to share that will help us get to know your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EDUCATIONAL HISTORY: Please list all prior school districts your child has attended, by grade level.

UPK/Pre-K \_\_\_\_\_

K \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

8<sup>th</sup> \_\_\_\_\_

10<sup>th</sup> \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

7<sup>th</sup> \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_

11<sup>th</sup> \_\_\_\_\_

Has your child ever been suspended from school? YES NO (Please Circle)

If yes, what grade level and describe the reason(s) for suspension \_\_\_\_\_

\_\_\_\_\_

Has your child ever received a psycho educational evaluation? YES NO If yes, at what grade level? \_\_\_\_\_

Has your child ever been diagnosed with ADD/ADHD? YES NO (Please circle one)

If yes, please note the year/age and physician \_\_\_\_\_

Has your child ever exhibited violent or threatening behaviors? YES NO (Please circle one)

If yes, please explain \_\_\_\_\_

Is your child/family currently working with any outside service providers such as social service workers, counselors/therapists, drug/alcohol counselors, probation, PINS Diversion, etc.? YES NO (please circle one)

If yes, please list names and agencies of service providers below:

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

Do we have your permission to share information regarding your child with the above service providers?

YES NO (please circle one)

Do you need information about outside services for your family? YES NO (please circle one)

If yes, please note concerns \_\_\_\_\_

\_\_\_\_\_

Please note here any specific behavioral/social/emotional concerns that you have about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note here any comments/suggestions you may have regarding your child's educational program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**BAND / ORCHESTRA / CHOIR**

If your child participates in a music program, please circle which program listed below.

**Band** 5 6 7 8 9 10 11 12      What instrument? \_\_\_\_\_ Own or Rent

**Orchestra** 4 5 6 7 8 9 10 11 12      What instrument? \_\_\_\_\_ Own or Rent

**Choir** 7 8 9 10 11 12

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Parent/Guardian Name (Please Print) \_\_\_\_\_

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

# 2017-18 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**  
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 9, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 4, 5, 10, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 10 through 12. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

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

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



1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
  - b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
  - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required. If the first dose was received on or after the first birthday, then 3 doses are required. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
  - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 4, 5, 10, 11 and 12 in the 2017-18 school year.
  - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for prekindergarten and grades 10 through 12. Two doses are required for grades kindergarten through 9.
  - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7 and 8.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

For further information, contact:

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

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

Hudson Falls Central School District **Health History Form** (Page 1 of 2)

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_

**Health History to be completed by Parent/Guardian: If you answer “yes” to any questions, please give details on back of form. Place an “X” in the correct box**

	Yes	No		Yes	No
Ever been restricted by a medical provider from sports participation for any reason?			Has not had an injury, pain, swelling of joint that caused him/her to miss game or practice since last physical?		
Have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> Sickle Cell Trait or Disease			Ever been unable to move arms/legs, or had tingling, numbness or weakness after being hit or falling?		
Ever had surgery?			Ever have headaches with exercise?		
Ever spent the night in the hospital?			Ever had a seizure?		
Have a life threatening allergy? <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other			Ever had a hit to the head that caused a headache, dizziness, nausea, confusion or a concussion?		
Carry an epinephrine auto-injector?			Currently being treated for a seizure disorder or epilepsy?		
Ever passed out during or after exercise?			Use a brace, orthotic or other device?		
Ever complained of lightheadedness or dizziness during or after exercise?			Have any problems with hearing or wear hearing aids?		
Ever complained of chest pain, tightness or pressure during or after exercise?			Have any problems with hearing or wear hearing aids?		
Ever complained of fluttering in their chest, skipped beats or their heart racing or have a pacemaker?			Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?		
Ever had a test done on their heart? (e.g EKG, echocardiogram, stress test)			Have any problems with vision; have vision in only one eye?		
Ever been told they Have a heart condition or problem?			Wear glasses or contact?		
Ever had high or low blood pressure?			Ever had a hernia?		
Ever been told they have asthma?			Have only 1 functioning kidney?		
Wheeze or cough frequently during or after exercise?			Have a bleeding disorder?		
Ever complained of getting more tired or short of breath that their friends during exercise?			<b>FEMALES ONLY:</b> Started her period? Age began? <input type="checkbox"/> How often? <input type="text"/>		
Use or carry an inhaler or nebulizer?			Date of last period <input type="text"/>		
Ever become ill while exercising in hot weather?			<b>MALES ONLY:</b> Does he have only one testicle?		
On a special diet or have to avoid certain foods?			<b>FAMILY HISTORY:</b> Has any relative been diagnosed with a heart condition, hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long or short QT syndrome, catecholaminergic polymorphic ventricular tachycardia?		
Have to worry about their weight?			Has any relative died suddenly before the age of 50 from unknown or heart related causes?		

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_

**Please explain fully any question you answered “yes” to in the space below.**

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**By signing this application, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. I also certify that: I understand the questions and statements on this application. I have read and understand the legal information. I understand the penalties for giving false information or breaking the rules.**

**I certify that to the best of my knowledge my answers are complete and true.**

**My child may have a school physical \_\_\_\_\_ Yes \_\_\_\_\_ No**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

**HUDSON FALLS CENTRAL SCHOOL**

**DENTAL HEALTH CERTIFICATE**

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**School** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Date of Comprehensive Dental Examination** \_\_\_\_\_

**Describe Dental Health Condition at time of Dental Exam:**

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

**The student is in fit condition of dental health to permit his/her attendance in school: (please check)**

**Yes**

**No**

**Dental Provider's Signature:** \_\_\_\_\_

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

**Provider's Name/Address:** \_\_\_\_\_

In accordance with New York State Education Law, a dental health certificate is requested of all new entrants and students in grades K, 2, 4, 7, and 10. The date of the dental health exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.

Parents/Guardians of students without dental insurance or with limited insurance, should contact the Health Office in which their child attends. Parents/guardians needing assistance in locating a dental provider should also contact their child's Health Office. If you have questions or concerns regarding this request, please contact Brenda Brooks, School Nurse-Teacher at (518) 747-2121 ext. 4218.



## **HFCSD Chromebook User Guidelines and Acceptable Use Policy Student Account Hudson Falls Central School District, Hudson Falls, NY 12839**

HFCSD is pleased to offer our students individual access to Chromebooks in grades 5-10. Access to Chromebooks is a privilege, not a right, and is to be used by HFCSD students only. They are provided to enhance, enrich and facilitate teaching and learning. Chromebooks are to be used for school related use, curriculum support, research, communications and other instructional purposes. We believe the advantages to having access to digital resources far outweigh any disadvantages to not providing access to technology in the school environment. To that end, students and staff have participated in appropriate trainings and use Positive Behavior Intervention Strategies to help facilitate the use of technology in the classroom.

The following guidelines are provided to help manage the use of this equipment. These guidelines apply to Chromebooks owned by HFCSD.

1. Chromebooks used by school district students remain the legal property of HFCSD.
2. Before a Chromebook is issued, the student and parent must sign the HFCSD Chromebook User Agreement, as well as the HFCSD Acceptable Use Policy. Both the User Agreement and the Acceptable Use Policy will remain on file with IT Administration.
3. Students will be responsible for any data on the Chromebook outside of the default image. Any intentional malicious activity caused by student data will be the student's sole responsibility.
4. In the event of problems with the Chromebook, the user will immediately bring it to the attention of the teacher or building lab assistant.
5. Chromebooks will be turned in at the end of the year for all students 5-8 or prior to a student transferring out of the district. Chromebooks can be turned in to the building lab assistant or directly to the IT Dept.
6. It is the student's responsibility to keep their assigned Chromebook secure and protected at all times.

### **Safe Care and Use**

1. Chromebooks should be shut down when not in use to conserve battery life and at the end of each day.
2. Never leave Chromebooks in an unsecure location or unattended in a classroom.
3. It is your responsibility to return your Chromebook at the end of each day to its designated charging station or arrive at school prepared with a fully charged Chromebook.
4. Carry your Chromebook closed. Do not place anything on the keyboard before closing the lid. (pens, earbuds, notebooks)
5. Keep drinks, food, lotions, liquids of any kind and other harmful materials away from your Chromebook.

# HFCSO Chromebook User Agreement and Acceptable Use Policy

- I will take good care of my Chromebook knowing that I will be issued the same Chromebook each year
- I will never leave my Chromebook unattended or in an unsecured or unsupervised location
- I will not loan my Chromebook to others
- I will be responsible for charging my Chromebook
- I will use my Chromebook for educational purposes only
- I will be responsible for all damage caused by neglect or abuse
- I understand any form of cyberbullying is strictly prohibited and will result in removal of all email and Internet privileges
- I understand that failure to return my Chromebook if I move or at the end of the school year will be considered unlawful appropriation of public school property
- I understand that the use of the Internet as part of my educational program is a privilege, not a right, and inappropriate use will result in removal of these privileges

This application indicates that you agree and will follow the guidelines and regulations for Internet access and use of your Chromebook.

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

Student Signature: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I acknowledge this Chromebook belongs to HFCSO and is intended only for my individual school/district related use. I have read the Chromebook User Guidelines and agree to abide by the terms and conditions of those guidelines.

The terms and conditions of this agreement are subject to change.

I understand that violation of these guidelines may result in disciplinary action by the issuing administrative authority.

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

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

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

Questions regarding this application may be directed to [help@hfcsd.org](mailto:help@hfcsd.org) or by calling 681-4357

Please return this form to your homeroom teacher or the main office.

**Student - Internet Account**  
**Acceptable Use Policy (AUP)**  
**Hudson Falls Central School District, Hudson Falls, NY 12839**

Computers, networks, and on-line access are used to support learning and to enhance instruction. These tools and connections to the Internet allow communications with millions of users through hundreds of thousands of networks. Your application for an internet account indicates you will comply with the "Acceptable Use Policy" and regulations which are found on the reverse side of this form, and will be a responsible, efficient and ethical user. Failure to adhere to the policies and guidelines will result in the revocation of the use privileges.

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Hudson Falls High School

Address \_\_\_\_\_

Hudson Falls Middle School

Hudson Falls Intermediate School

Please complete the appropriate student information:

1. Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

2. I have been provided training on the appropriate use of the Internet from:

Name of teacher/trainer \_\_\_\_\_ Date \_\_\_\_\_

**Items 3-5 must be initialed by the applicant**  
**(Regulations are found on the reverse side of this form)**

3. I have read the Hudson Falls Board of Education policies and will comply with it and the referenced policies.

YES  NO (Please initial appropriate box)

4. I understand that any violation of the "Acceptable Use Policy" will result in loss of access, personal payment of any fees incurred and possible prosecution.

YES  NO (Please initial appropriate box)

5. I understand that the use if the Internet as part of an educational program is a privilege, not a right, and inappropriate use will result in cancellation of these privileges.

YES  NO (Please initial appropriate box)

With connections to computers and people all over the world also comes the availability of material that may not be considered to be of appropriate educational value. On a global network, it is impossible to restrict access to all controversial materials. It is the responsibility of the student to ensure that access to telecommunication networks and computers provided by the educational system is not abused.

**Students and Parents/Guardian: complete this box**

By placing my signature on this document, I am confirming I have read, understand, and will abide by the "Acceptable Use Policy" that is found on the reverse side of this form.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

The district has taken considerable steps to electronically block inappropriate materials and sites. Unfortunately though, and by the very nature of the Internet, I understand that my son/daughter may be able to gain access to services on the Internet which the District has not authorized for educational purposes. I, also, understand the communications on the Internet are not censored by the district. Further, I understand that my son/daughter may gain access to information and communications which I may find inappropriate, offensive, and controversial. I assume this risk by consenting to allow my son/daughter to participate in the use of the Internet. I understand that my child may keep this access throughout the school year as long as the procedures, policies, and guidelines are followed and the child is a student in good standing with the school.

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

Print or type Parent/Guardian's name: \_\_\_\_\_

## STAFF AND STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES

The following comprise the rules and regulations relating to the use of the district's computer network system:

### Administration:

1. The Superintendent of Schools shall designate the Director of Education Technology (DET) to over see the district's computer network.
2. The DET shall monitor and examine all network activities as deemed appropriate to ensure proper use of the district technologies.
3. He/she shall disseminate and interpret district policy and regulations governing use of the district's network at the building level with all network users.
4. He/she shall provide employee training for proper use of the network and will ensure that staff supervising students using the district's network provide similar training to their students, including copies of district policy and regulations governing use of the district's network.
5. He/she shall insure that all disks and software loaded onto the computer network have been scanned for computer viruses.
6. All student agreements to abide by district policy and regulations shall be kept on file in the district office or other appropriate site.

### System Access:

The following individuals may be designated as members with access to the computer network system:

1. Intermediate, Middle and secondary students may be granted an account for the duration of time allowed by District Administration.
2. K – 3 teachers may apply for a class and/or individual account.
3. Other district employees as deemed necessary.
4. Community members as deemed necessary.

### Procedures for Proper Use:

1. The district's computer network shall be used only for educational purposes consistent with the district's mission and goals.
2. The individual in whose name an account is issued is responsible at all times for its proper use.
3. Network users will be issued a log-in name and password. Passwords must be changed every 90 days.
4. Network users identifying a security problem on the district's system must notify the appropriate teacher, administrator, or computer coordinator. Do not demonstrate the problem to anyone else.
5. Student account information will be maintained in accordance with applicable education records, law and district policy and regulations.
6. Copyrighted material may not be placed on any computer connected to the district's network without author's permission. Only staff specially authorized may upload copyrighted material to the network.
7. Copyrighted material shall be used in accordance with the fair use doctrine and district policy and regulations.
8. Any network user identified as a security risk or having a history of violations of district computer use guidelines may be denied access to the district's network.
9. Only instructional materials approved by the DET and/or the Assistant Superintendent of Curriculum may be loaded on the district network and/or stand-alone desktop computers.

The Board of Education will provide users with various computerized information resources through the DCS consisting of software, hardware, computer networks and electronic communication systems. This will include access to electronic mail, so called "on-line" services and "Internet." It will also include independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off premises, shall be subject to this policy and accompanying regulations. The Board encourages users to make use of the DCS to explore educational topics, conduct research and contact others in the educational world. The Board anticipates that users access to various computerized information resources will both expedite the performance of tasks associated with their positions and assignments. Toward that end, the Board directs the Superintendent or his/her designee(s) to provide users with training in the proper and effective use of the DCS. Use of the DCS is conditioned upon written agreement by users that use of the DCS will conform to the requirements of this policy and any regulations adopted to insure acceptable use of the DCS. All such agreements shall be kept on file in the office of the DET. Generally, the same standards of acceptable user conduct which apply to any aspect of job performance shall apply to use of the DCS. Electronic mail and tele-communications are not to be utilized to share confidential information about others.

## AGREEMENT FOR SCHOOL DISTRICT STAFF USE OF COMPUTERIZED INFORMATION RESOURCES

In consideration for the privilege of using the DCS, I agree that I have been provided with a copy of the District's policies on staff and student use of computerized information resources and the regulations established in connection with those policies. I agree to adhere to the staff policy and the regulations herein. I also agree to adhere to related policies published in the Staff handbook. I shall report all student violations of the District's policy on student use of computerized information resources to district officials.

### Prohibitions:

The following is a list of prohibited actions concerning use of the district's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the network.

1. There must be no sharing of passwords.
2. Attempts to read, delete, copy or modify the electronic mail of other system users is prohibited as is deliberate interference with the ability of system users to send/receive electronic mail. Forgery and attempted forgery of electronic mail messages is prohibited.
3. No personal software or disks may be loaded onto the district's computers and/or network, without permission of the DET.
4. Attempts by a student to log on to the district's system in the name of another individual, with or without the individual's password is prohibited.
5. With the use of network resources system users shall not encourage the use of tobacco, alcohol, or controlled substances or otherwise promote any other activity prohibited by district policy, state, or federal law.
6. Use of computer access to data and access to secure areas other than for educational purposes is prohibited.
7. System users shall not evade, change, or exceed resource quotas as set by the administration. A user who continues to violate disk space quotas may have their files removed by the DET. Such quotas may be exceeded only by requesting to the appropriate administrator or system coordinator that disk quotas be increased and stating the need for the increase.
8. Transmission of material, information, or software in violation of any district policy or regulation, local, state, or federal law is prohibited.
9. Vandalism will result in cancellation of system use and network privileges. Vandalism is defined as a malicious attempt to harm or destroy district equipment or materials, including software and related print material, data of another user of the district's system or any of the agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading, downloading, or creating of computer viruses.
10. Tampering with or misuse of the computer system or taking any other action inconsistent with this policy and regulation will be viewed as a security violation.
11. Any form of "cyber bullying" is strictly prohibited and will result in immediate revocation of all email and Internet privileges.

Any user of the District's Computer System (DCS) that accesses another network or other computer resources shall be subject to that network's Acceptable use policy. All uses of district technology resources from home are subject to the same rules, regulations, and penalties resulting from a violation of this policy.

### Sanctions:

1. The DET will report any unacceptable behavior by the user to the appropriate building/district administrator who will take appropriate disciplinary action. Violations of district policy may result in a loss of access to the DCS and/or disciplinary action. When applicable, law enforcement agencies may be involved.

### Notification:

All staff will be given a copy of the District's policies on staff and student use of computerized information resources and the regulations established in connections with those policies. Each staff member will sign an acceptable use agreement before establishing an account or continuing their use of the DCS.

## USE OF COMPUTERIZED INFORMATION RESOURCE

This policy does not attempt to articulate all required and/or acceptable uses of the DCS, nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate conduct and use as well as proscribed behavior.

District users shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and rights of privacy created by federal and state laws.

Users who engage in unacceptable use may lose access to the DCS and may be subject to further discipline under the law. Legal action may be initiated against a user who willfully, maliciously or unlawfully damages or destroys property of the district.

### Privacy Rights

User data files and electronic storage areas shall remain District property, subject to District control and inspection. The DET may access all such files and communications to insure system integrity and that users are complying with requirements of this policy and accompanying regulations. Users should NOT expect that information stored on the DCS will be private.

### Implementation

Administrative regulations will be developed to implement the terms of this policy, addressing general parameters of acceptable user conduct as well as prohibited activities so as to provide appropriate guidelines for all users of the DCS.

I understand that failure to comply with these policies and accompanying regulations may result in the loss of my access to the DCS and may, in addition, result in the imposition of discipline under the law and/or the applicable bargaining agreement. I further understand that the District reserves the right to pursue legal action against me if I willingly, maliciously, or unlawfully damage or destroy property of the District.



ATHLETIC PARTICIPATION  
REGISTRATION FORM

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Gender: Male/Female DOB: \_\_\_\_\_

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

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

Residence in School District

The person(s) you are living with in this district: \_\_\_\_\_

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

\*\*\*\*\*Previous School Information\*\*\*\*\*

**Has your child previously played a sport?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill out transfer notification form, if no, continue to military survey

Previous School: \_\_\_\_\_

Sports Played in Previous School

Level and Number of Years Played

Fall Sport \_\_\_\_\_

\_\_\_ Modified \_\_\_ JV \_\_\_ Varsity

Winter Sport \_\_\_\_\_

\_\_\_ Modified \_\_\_ JV \_\_\_ Varsity

Spring Sport \_\_\_\_\_

\_\_\_ Modified \_\_\_ JV \_\_\_ Varsity

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

The person(s) you are living with in this district: \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

\*\*\*\*\*Academic Information\*\*\*\*\*

Year Entered 9th grade: \_\_\_\_\_ Verification: \_\_\_\_\_

Counselor's initials

Have you ever been retained in a grade in High School? \_\_\_yes \_\_\_no

If Yes, which grade? \_\_\_\_\_

PLEASE LIST OTHER HIGH SCHOOLS THAT THE STUDENT HAS ATTENDED

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# TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:

gr. 7-12

**UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.**

Please check one: **(The required supporting documentation must be attached.)**

       **Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer.*

       **School District of Residence (SDR)** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

       **Divorced/Legally Separated Parents** *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge. (proof required)* \_\_\_\_\_ Parent(s) Signature

       **Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

       **Other:** Refer to By-Law #30 and state applicable exemption. \_\_\_\_\_

       **Residency Change** *NYSPHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA regulations.*

**By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intend to remain indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

## **PART ONE** **TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL**

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Student/Family Previous Address: \_\_\_\_\_

Student/Family Present Address: \_\_\_\_\_

Parent's Names and Current Address(es)  
**(Parent #1's name & address)** \_\_\_\_\_

**(Parent #2's name & address)** \_\_\_\_\_

Name of Sending School \_\_\_\_\_

Did student participate in athletics at sending school? Yes No

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED  
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

Name of Student \_\_\_\_\_ Date entered 9<sup>th</sup> grade \_\_\_\_\_

Did student repeat any grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Name of School(s) Attended Prior to Transfer \_\_\_\_\_

Date of entrance to this school \_\_\_\_\_ Date of withdrawal from this school \_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_

With whom did student reside at this address (name)? \_\_\_\_\_

Relationship of this (these) person(s)? \_\_\_\_\_

**PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)**

	Year	Sport	Level	APP'd (Sel. Class.)		School
7th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
8th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
9th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
10th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
11th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
12th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Parents:

Under the Every Student Succeeds Act, the NYS Education Department requires school districts to gather data regarding the military involvement of the parents or guardians of students enrolled in their district. Military involvement includes Army, Navy, Air Force, Marine Corps, or Coast Guard.

The information required pertains to any student whose mother, father, or legal guardian meets the following criteria:

- A) Parent or guardian is full-time active duty in military
- B) Parent or guardian is a civilian working on a military post

Completion of the survey need only be done by those individuals who meet the criteria noted above.

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

Active Duty     Civilian  
(Please check one)

Date entered active duty \_\_\_\_\_ Military Branch: \_\_\_\_\_

Custodial Students:

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

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

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

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

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

Thank you for your cooperation ~

*Linda Goewey,  
Superintendent of Schools*