TOWN OF WEBB UNION FREE SCHOOL DISTRICT

3002 State Route 28, P.O. Box 38
Old Forge, New York 13420

BOARD OF EDUCATION

DIANE HEROUX
President

HOLLY ARMENDOLA
Vice-President

MARISSA VAN VALKENBURG

JENNIFER LIS

MARGARET MORELLI

www.towschool.org

OFFICERS

REX A. GERMER
Superintendent

JOHN S. SWICK
K-12 Principal

JENNIFER DUNN
District Treasurer

MARY KATE RUSSELL
District Clerk

Telephone (315) 369-3222

Fax: (315) 369-6216

Dear Parent and Guardians:

Welcome to the Town of Webb Union Free School District!
In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

Instructions to Register a Student in the Town of Webb Union Free School District:

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be picked up in the Counseling Office at the school or by calling (315)369-3222 x 2120 or found on the school's website.

2. Parent/Guardian must provide the following **Documentation of Age** for the child:

   ✓ Documentation of Age should be produced as follows:
   - (a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
   - (b) If (a) is not available, either a foreign or domestic passport; or
   - (c) If (a) or (b) are not available, any other documentary or recorded evidence in existence two or more years, including but not limited to the following:
     - (1) official driver's license;
     - (2) state or other government issued identification;
     - (3) school photo identification with date of birth;
     - (4) consulate identification card;
     - (5) hospital or health records;
     - (6) military dependent identification card;
     - (7) documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement);
     - (8) court orders or other court-issued documents;
     - (9) Native American tribal document; or
     - (10) records from non-profit international aid agencies and voluntary agencies.

3. Parent/Guardian must provide **Proof of Residency**-one of the following is required:

HOMEOWNERS
Proof of Ownership, Original Tax Bill, Title, Mortgage Statement,
or Other Forms of Documentation below
(Home ownership is not ultimate proof of residency)

OR

RENTERS

Original Lease (Parent/Guardian's name must appear on this lease)
or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT

Resident of the District provided statement that parent/guardian and children reside in the District, along with proof of residency listed above.

OR

OTHER FORMS OF RESIDENCY DOCUMENTATION

(a) Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;
(b) Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
   (1) pay stub;
   (2) income tax form;
   (3) utility or other bills;
   (4) membership documents (e.g., library cards) based upon residency;
   (5) voter registration document(s);
   (6) official driver's license, learner's permit or non-driver identification;
   (7) state or other government issued identification;
   (8) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
   (9) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

****Please note: The above Documentation of Age and Proof of Residency documentation is what is required to complete the <u>basic</u> registration process. Your child may not be able to continue to attend school as a resident of the District without this information. Further documentation may be requested after basic enrollment if there are any questions related to actual age or residency requirements****

If possible, the requested information below should also be provided during your initial appointment and registration of your child. Additional time and arrangements can be made at registration to produce the requested information and documentation and will not prevent your child from attending.

4. The Parent or Guardian must provide the following additional items:

✓ Immunization records (up to date immunizations must be presented);

✓ Army Military ID (if applicable);

✓ Current physical no later than 12 months old signed by licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in NY State; and

✓ Any other Documentation to complete the following forms relevant to your child's education & enrollment

Please use the following checklist to ensure you have all documents for enrollment:

____ Enrollment form (enclosed)

____ Authorization for release of records (enclosed)

____ Proof of age (Birth certificate or other acceptable document)

____ Proof of residency

Health Records:

____ Proof of immunizations*

____ Physical exam*

____ Dental Certificate

____ Health history form (enclosed)

*Required by New York State Education Law

For questions regarding health records please contact Nurses Office at (315)369-3222 x 2104 All other enrollment questions can be directed to the Guidance Office (315)369-3222 x 2120

TOWN OF WEBB UNION FREE SCHOOL DISTRICT

3002 State Route 28, P.O. Box 38
Old Forge, New York 13420

BOARD OF EDUCATION

DIANE HEROUX
President

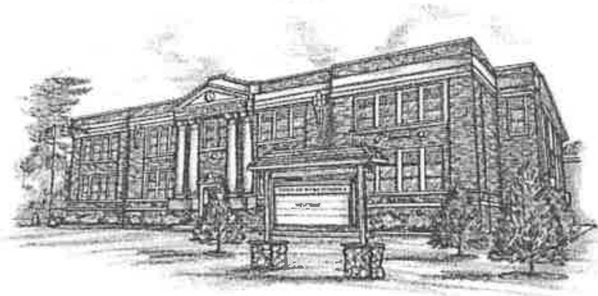
HOLLY ARMENDOLA
Vice-President

MARISSA VAN VALKENBURG

JENNIFER LIS

MARGARET MORELLI

www.towschool.org



OFFICERS

REX A. GERMER
Superintendent

JOHN S. SWICK
K-12 Principal

JENNIFER DUNN
District Treasurer

MARY KATE RUSSELL
District Clerk

Telephone (315) 369-3222

Fax: (315) 369-6216

Date:____________ Student #:____________________ (Office use) Homeroom:________ (Office use)

General Information

Student's name: ____ Gender: M / F (circle one)
Last First Middle

Grade level: _____ DOB: ________

911 Address: ____

Mailing Address: ____

______________________ NY, ________ Home Phone: __________ Cell Phone: ___________

Transferring From: ______________________________ City/State: ___________________________
(Previous School Attended) (Previous School Attended)

Email address:____

The following Optional Questions are utilized for New York State reporting

Ethnicity: (circle one): Hispanic/Latino Not Hispanic/Latino

Race: (circle one): American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
Black or African American Caucasian/White

Family information

Mother's name: ______________________________
Cell phone: ________________
Mother's occupation: ______________________________
Where employed:______________________________
Work phone #:____________________
Custody: yes/no (circle one)
Receive school mailings: yes/no (circle one)
Mailing address: Same as above____
Alternate address ______________________________
Email:______________________________

Father's name:______________________________
Cell phone:________________________
Father's occupation:______________________________
Where employed:______________________________
Work Phone #:____________________
Custody: yes/no (circle one)
Receive school mailings: yes/no (circle one)
Mailing address: Same as above____
Alternate address ______________________________
Email: ______________________________

Transportation to school needed: yes/no (circle one)
Free or reduced lunch received at previous school: yes/no (circle one)

Siblings

Name	Date of birth
______________________	________
______________________	________
______________________	________
______________________	________

***Continue on back of page

Special Interest

Are there any unusual circumstances the school should be aware of in terms of parental custodies and such.

____

Special services received at previous school (CSE, Resource Room, Reading, Math, Speech, etc.)

____

Any unusual health problems:____

Emergency contact #1

Name:______________________________
Relation:____________________________
Address:____________________________
Phone #:____________________

Emergency contact #2

Name:______________________________
Relation:____________________________
Address:____________________________
Phone #:____________________

Permissions

Your permission is required for the following.

I give my permission for my child's/children's picture(s) and/or their name(s) to be used in any article and/or publications and/or media coverage as it relates to the school and the events that occur during the school year. Yes/no (circle one)

I give my permission for my child/children to accompany the class and/or school on field and bus trips to be taken during the school year. Yes/no (circle one)

I authorize the school and school district physician to administer to my child/children any physical examinations required by New York State Educational Law for athletic physicals, vision and hearing screening, scoliosis and other periodic physical examinations as mandated by education law without any cost to me. Yes/no (circle one)

I authorize the school nurse to administer necessary medications as prescribed by my family physician to my child/children. Yes/no (circle one)

Signature:_________________________ Date:_________________

Received (office use):

Immunizations ( ) Permanent record information ( ) Academic records and testing ( )

Psychological records and reports ( ) Records requested date:______________________________

Transportation alerted: yes/no Schedule generated/teachers contacted: yes/no Nurse contacted: yes/no

Academic and personal record screened: yes/no Completed by:______________________ Date:______

TOWN OF WEBB UNION FREE SCHOOL DISTRICT

3002 State Route 28, P.O. Box 38
Old Forge, New York 13420

BOARD OF EDUCATION

DIANE HEROUX
President

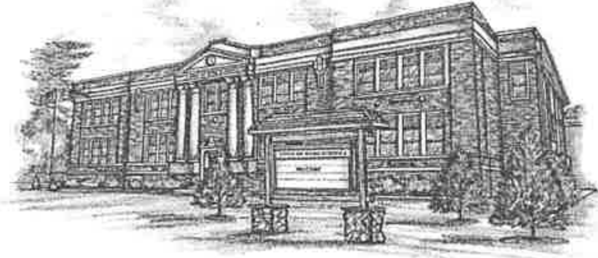
HOLLY ARMENDOLA
Vice-President

MARISSA VAN VALKENBURG

JENNIFER LIS

MARGARET MORELLI

www.towschool.org



OFFICERS

REX A. GERMER
Superintendent

JOHN S. SWICK
K-12 Principal

JENNIFER DUNN
District Treasurer

MARY KATE RUSSELL
District Clerk

Telephone (315) 369-3222

Fax: (315) 369-6216

Authorization for Release of Information-Including all academic and CSE Records

Permission is hereby given to the Town of Webb UFSD ___ to release information: ___ to receive information from:

Student Name: ______________________ Date of Birth: ____________

Name of School: ______________________

Address: ______________________

____

Reason for request: ______________________

If entering Town of Webb-anticipated date of enrollment: ______________

Additional Records and/or Information Provided including:

- **Two Parents in Home**
- **Custody Transfer**
- **Single Parent**
- **Joint Custody**
- **Sole Custody**
- **Separated**
- **Foster Placement (DSS-2999/3424 must be provided)**
- **Single Parent**
- **Emancipated Minor/Student**

- **Orders of Projection**
  Person Restricted
  Exp. Date
- **Custody Papers**
  Restriction Type
  Person Restricted
  Exp. Date
- **Other Documents Provided**
  Doc Type

______________________ ______________

Signature of Parent/Guardian Date

Please send or fax information to:
Town of Webb UFSD Attn: Guidance Office, PO Box 38, Old Forge, NY 13420
Phone: (315)369-3222 x2120 **FAX: (315)369-6216**
This information is released on condition that it will not be released to any other person, agency, or organization without written consent of the parent or the student if he/she is 18 or over.

Town of Webb UFSD Student Health History

Your child's learning depends on good health. To assist in providing health services at school please complete the following and return to the School Nurse.

Name______________________________ Birthdate______________ __M __F
Last First Middle

Does student have private health insurance __yes __no Medicaid? __yes __no ID#____________

Parent/Guardian______________________________ Phone #______________
Parent's employment______________________________
Father phone Mother phone
Emergency contact ______________________________
Name phone Name phone
Doctor's name______________________________ Date of last physical ______________
Dentist's name______________________________ Date of last exam______________
Is student under an orthodontist's care __yes __no Doctor's name______________

Does student have:

Allergies __yes __no To drugs, food, insects, pollen? Please list:______________
Has the allergy required emergency action in the past? __yes __ no
Comments:______________

Bee sting allergy __yes __no Describe reaction: ______________
Difficulty breathing __yes __no Need emergency medication? __yes __No

Asthma __ yes __ no Triggered by______________ Treatment ______________
Diagnosed by doctor: ______________ Date: ______________

Diabetes __ yes __no Takes insulin __yes __ no Date diagnosed ______________

Epilepsy/Seizures __yes __ no Describe seizure ______________
Date of last seizure ______________ Medication ______________

Heart condition __ yes __ no Describe ______________
Any physical restrictions ______________ medication __yes __no

Bone or joint problems __yes __no Describe ______________
Any physical restrictions ______________

Check off the following regarding health concerns that pertain to the student:

Eyes: glasses: __ contacts __ difficulty seeing
__ reading __crosseyed __lazy eye
__ distance

Ears: __ frequent infections
__tubes
__ hearing difficulty explain
____

Hearing aid:
__right __left
__ wear at school

Other: __nosebleeds __ eating __sleeping __ bladder __reequires catheterizations __ menstruation
__lung __neuroligic __headaches __ bowel __ requires diapering __ blood disorder
__ phobias __ ADD/ADHD __ dental __ bedwetting __ skin __ blood pressure

Daily medications at home __yes __no At school __ yes __ no Emergency only __ yes __ no
Name of medications and reason for taking ______________
List serious illness or injuries ______________
Surgeries (operations) ______________ conditions that prevent PE participation ______________
Special education services __ LD __ speech/language __OT/PT __ Counselor __ BD __ EMH __ special diet
__ requires social health care Explain ______________
Other health information concerns ______________

If student requires medication at school, or a change in PE participation, please obtain appropriate forms in the school office

____
Parent or guradian signature Date