Berne-Knox-Westerlo CSD
1738 Helderberg Trail
Berne, NY 12023
(518) 872-1293
(518) 872-0938

REGISTRATION REQUIREMENTS

Residency

To enroll your child, you must be a resident of the Berne-Knox-Westerlo Central School District. **Two** proofs of residency are required when you come to register.

Birth Certificate

Birth certificates for all students born in the United States are required.

Are both natural parents living at the same address as the student?

An affidavit indicating with whom the child lawfully resides or indicating that the adult is the person who has permanent and total custody and explains how that custody was obtained (such as guardianship or otherwise) must be submitted if there has been a change in parental relations.

Foster Parent(s)

We need form DSS-2999 from Social Services for the Business Office.

Registration Directions

Step 1: Register online at bkwschools.org

Step 2: Gather the following proofs and additional registration forms:

- Two Proofs of Residence (One from List A and One from List B)
    - LIST A- mortgage statement, closing statement, deed, tax bill, notarized rent receipt, notarized lease
    - LIST B- pay stub, income tax form, utility or other bills, voter registration documents, official driver's license, learner's permit, non-driver identification, state or other government issued identification
- Copy of child's birth certificate
- Updated immunization record
- Custody orders, if applicable (must be signed by a judge)
- Student Residency Questionnaire (located in this registration packet)

- Release of Records (located in this registration packet)
- Health Forms (located in this registration packet)

Step 3: We will contact you to schedule an appointment to review your documents. If you need help or have questions, please contact Anne Farnam @ (518)872-1293 or anne.farnam@bkwschools.org.

If you are registering for **Pre-K** or **Kindergarten** please note the following:

Pre-K Registration

Pre-K Registration opens annually on February 15. Applications for the upcoming school year will not be accepted prior to this date. Once you have completed the online registration, please drop off the required documents listed in Step 2 above to the elementary main office between 8:30 a.m. and 3:30 p.m.

Kindergarten Registration

Kindergarten Registration opens annually on March 15. Applications for the upcoming school year will not be accepted prior to this date. A packet will be mailed to you towards the end of April with the time and date of your child's kindergarten screening. Please bring the additional documents listed in Step 2 above to this appointment. Registration will not be completed until all documents are received.

Any questions on Pre-K or Kindergarten Registration please contact Diane Dibble @ 518-872-2030 or diane.dibble@bkwschools.org.

Berne-Knox-Westerlo Central School District

Student Residency Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____ Sex: _____Male

_____Female

Birth Date:_____ Age: _____ Student ID #(office use only):_____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes_____ No_____

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes_____ No_____

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (check one)

_____ In a motel

_____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place

_____In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____

**Is transportation (bus) required: Yes_____ No_____

**If "Yes," What date would you like transportation to start? _____
(We will make every effort to accommodate your request.)

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of School Official: _____ Date: _____

I certify the above name student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ **McKinney-Vento Liaison Signature:** _____

Berne-Knox-Westerlo Central School District
1738 HELDERBERG TRAIL · BERNE, NEW YORK 12023

Dr. Timothy Mundell, Superintendent (518) 872-1293
http://www.bkwschools.org

District Office · (518) 872-0909 · Fax: (518) 872-0341
Secondary School Office · (518) 872-1482 · Fax: (518) 872-2083
Elementary Office · (518) 872-2030 · Fax: (518) 872-2031
Special Education Office · (518) 872-0945 · Fax: (518) 872-5277

RELEASE OF STUDENT RECORDS

_____
Date

_____ _____
Name of School Student Last Attended Telephone/Fax

Please send all health information, academic records, attendance records, discipline records, IEP (Individual Education Plan), and psychological reports if applicable, for the following student(s) who have enrolled in Berne-Knox-Westerlo Central School District.

Grades K – 6 email or fax records to Mrs. Dibble diane.dibble@bkwschools.org or (518) 872-2031
Grades 7 – 12 email or fax records to Mrs. Hilton laurie.hilton@bkwschools.org or (518) 872-2083

Student	Grade
_____	____
_____	____
_____	____

I hereby give my permission to release my child's records to Berne-Knox-Westerlo CSD.

_____ _____
Signature of Parent/Guardian Date

HEALTH FORM
Berne-Knox-Westerlo Central School District
(to be completed by parent)

Today's Date: _____

Child's Name: _____ Sex: _____

Date and Place of Birth: _____ Grade: _____

Parent/Guardian (resides with): _____

Address: _____

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Home Phone: _____

Father's Place of Business: _____ Phone: _____

Mother's Place of Business: _____ Phone: _____

Family Physician: _____ Phone: _____

Has your child ever had any of the following? If so, indicate the date.		
Chicken Pox	Pneumonia	Diabetes
Diptheria	Poliomyelitis	Seizures
German Measles	Rheumatic Fever	Heart Disease
Mumps	Scarlet Fever	Ruberculosis
Measles	Whooping Cough	Contact with TB

CHECK IF HISTORY AND DESCRIBE
Please list dates, type and medications.

Asthma

Bee Sting Allergy

Allergies

Operations

Frequent colds & sore throat

Ear Condition

Frequent Headaches

Serious Injuries

Under treatment at this time for any other condition? _____

IMMUNIZATIONS

(Please attach physician's record or physician my complete this form)

IPV						
DTaP						Tdap
HIB						
Hep B						
Prevnar						
MMR						
Varivax						
Hep A						
Menactra						
Gardasil						

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: M ☐ F ☐	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:	DOB:

SCREENINGS

Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right dB**	**Left dB**	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.