



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](http://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](mailto:anne.farnam@bkwschools.org).

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

### **Pre-K Registration**

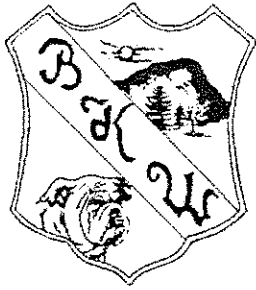
Pre-K registration for the 2025-2026 school year will open on January 29, 2025. Applications will be accepted starting on this date. After completing the online registration, please submit all required documents listed in Step 2 to the elementary main office. Documents must be dropped off by Friday, March 14, 2025, during office hours between 7:30 a.m. and 3:30 p.m.

**PLEASE NOTE:** If the number of registered students exceeds 36, the District will conduct a lottery on **April 1, 2025**, to fill the available slots. If you have any questions or need further assistance, please contact the Main Office at **(518) 872-2030**.

### **Kindergarten Registration**

Kindergarten Registration opens annually on March 15. Applications for the upcoming school year will be accepted on or after this date. Packets with information regarding your child's kindergarten screening will be mailed home towards the end of April. Please bring the additional documents listed in Step 2 below to this appointment. Registration will be complete when all of the required documents have been received.

Please contact Diane Dibble @ **518-872-2030** or [diane.dibble@bkwschools.org](mailto:diane.dibble@bkwschools.org) with any questions regarding Pre-K or Kindergarten registration.



# Berne-Knox-Westerlo Central School District

1738 HELDERBERG TRAIL · BERNE, NEW YORK 12023

Bonnie Kane, 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

## BOARD OF EDUCATION

MATTHEW TEDESCHI  
President

KIMBERLY LOVELL  
Vice President

NATHAN ELBLE  
LISA JOSLIN  
REBECCA MILLER

### 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](mailto:diane.dibble@bkwschools.org) or (518) 872-2031

Grades 7 – 12 email or fax records to Mrs. Hilton [laurie.hilton@bkwschools.org](mailto: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

#### District Mission Statement:

The B-K-W CSD will provide an environment that fosters the creative, emotional, intellectual, and physical well-being of each student in order to enable a mastery of the curriculum and a life-long learning capability to meet the challenges of the future.

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: \_\_\_\_\_



# IMMUNIZATIONS

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

IPV					
DTaP					Tdap
HIB					
Hep B					
Pevnar					
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 <input type="checkbox"/> F <input type="checkbox"/>	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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):  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

Hyperlipidemia:  No  Yes      Hypertension:  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>		<b>Date</b>		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10 \mu\text{g/dL}$				

System Review and Exam Entirely Normal

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

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b>				
Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports				
Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<input type="checkbox"/> Brace*/Orthotic		<input type="checkbox"/> Colostomy Appliance*		<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*		<input type="checkbox"/> Medical/Prosthetic Device*		<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment		<input type="checkbox"/> Sport Safety Goggles		<input type="checkbox"/> Other:
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:				<b>Date:</b>
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				