

# DEER PARK SCHOOL DISTRICT

## KINDERGARTEN Registration

REGISTRATION IS NOT COMPLETE UNTIL ALL NECESSARY  
INFORMATION AND DOCUMENTATION IS PROVIDED



Deer Park School District  
Office of Central Registration  
District Office

1881 Deer Park Avenue, Deer Park New York 11729

Phone: (631) 274-4372 Fax: (631) 274-8867

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The following requirements **must** be met in order to enroll a student into the Deer Park School District:

- The student must be registered by the parent or legal guardian (Proof of legal guardianship and/or court papers are required)
- The student must be present at the registration intake appointment
- Photo Identification (ID) is required of the student's parent/legal guardian.
- Original Birth Certificate
- District's Health Appraisal form (see attached) & Immunization form (see attached) signed and stamped by physician
- Current report card and secondary transcript if available
- Withdrawal card/Discharge documentation from previous school
- Proof of Residency: **(ALL OF THE FOLLOWING MUST BE PROVIDED)**

**Homeowner:** Current property tax statement  
Current utility bill

**Renter:** Landlord Affidavit (See Attached) **must** be notarized  
Current property tax statement of homeowner  
Current utility in renter's name

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Under penalties of perjury, the statements contained in this application are true. Statements in this application are subject to verification by the Deer Park School District and false statements are subject to financial liability where applicable. It is the applicant's responsibility to notify the school district of any changes or circumstances affecting this application. **ANY FALSE STATEMENTS MADE IN THIS APPLICATION ARE ALSO PUNISHABLE AS A CLASS 'A' MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

# REGISTRATION FORM

## PRIMARY DATA

FIRST NAME \_\_\_\_\_  
LAST NAME \_\_\_\_\_  
MIDDLE NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
ETHNICITY \_\_\_\_\_ SEX \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
DISTRICT ID # \_\_\_\_\_  
BIRTH CITY \_\_\_\_\_  
BIRTH STATE \_\_\_\_\_  
BIRTH COUNTRY \_\_\_\_\_

DATE REGISTERED \_\_\_\_\_  
PROOF OF RESIDENCE \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

PREVIOUS SCHOOL \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

Did student previously attend Deer Park Schools?

## ADDITIONAL PEOPLE LIVING IN YOUR HOME

SIBLINGS \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
SIBLINGS \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
SIBLINGS \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
SIBLINGS \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_

ADULT NAME \_\_\_\_\_, \_\_\_\_\_  
Name Relationship  
ADULT NAME \_\_\_\_\_, \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_, \_\_\_\_\_  
Name Date of Birth  
CHILD'S NAME \_\_\_\_\_, \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_, \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

CITY STATE ZIP  
HOME PHONE ( ) \_\_\_\_\_

CITY STATE ZIP  
HOME PHONE ( ) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_  
CELL PHONE ( ) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_  
CELL PHONE ( ) \_\_\_\_\_

### CHECK APPROPRIATE BOXES:

- ok to pick up       legal custody  
 lives with student       receives mailing

### CHECK APPROPRIATE BOXES:

- ok to pick up       legal custody  
 lives with student       receives mailing

### MALE GUARDIAN

Step-Father    Foster Father    Other \_\_\_\_\_  
Relationship

Name \_\_\_\_\_

Address \_\_\_\_\_

CITY STATE ZIP  
HOME PHONE ( ) \_\_\_\_\_  
BUSINESS PHONE ( ) \_\_\_\_\_  
CELL PHONE ( ) \_\_\_\_\_

### FEMALE GUARDIAN

Step-Mother    Foster Mother    Other \_\_\_\_\_  
Relationship

Name \_\_\_\_\_

Address \_\_\_\_\_

CITY STATE ZIP  
HOME PHONE ( ) \_\_\_\_\_  
BUSINESS PHONE ( ) \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to financial liability where applicable.

DEER PARK PUBLIC SCHOOLS

1881 Deer Avenue

Deer Park, New York 11729

**HEALTH INFORMATION FORM**

Child's Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

Birth Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Type of Delivery: \_\_\_\_\_

Full term or Premature: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

Local physician to be called in case of emergency and parent cannot be reached:

Name of Doctor: \_\_\_\_\_

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

Has child had any of the following: Please state dates.

Chicken Pox \_\_\_\_\_

Diabetes \_\_\_\_\_

Serious injuries \_\_\_\_\_

Measles \_\_\_\_\_

Pneumonia \_\_\_\_\_

Tonsillectomy \_\_\_\_\_

German Measles \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Surgery \_\_\_\_\_

Roseola \_\_\_\_\_

Heart Disease \_\_\_\_\_

Allergies \_\_\_\_\_

Mumps \_\_\_\_\_

Poliomyelitis \_\_\_\_\_

Asthma \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Scarlatina \_\_\_\_\_

Epilepsy \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Ear conditions \_\_\_\_\_

Does your child have any eye difficulties: If so, describe including the name of specialist treating eye condition:

\_\_\_\_\_

Does your child have any speech problems. ( lisp, baby talk, etc.) If so, describe:

\_\_\_\_\_

Is there any history in mother or father's family of Diabetes, Epilepsy, Heart Disease or Tuberculosis? If so, name relationship and diagnosis:

\_\_\_\_\_

Please state the approximate age of your child when he/she sat up, \_\_\_\_\_, walked, \_\_\_\_\_, talked, \_\_\_\_\_.

Please list other children in family and their birth dates:

\_\_\_\_\_

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

\_\_\_\_\_  
Date





Deer Park School District

Kindergarten and Pre-K Developmental Screening

Medical Evaluation and History

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone # \_\_\_\_\_ Age \_\_\_\_\_

Father's name \_\_\_\_\_ Sex: \_\_\_\_\_ male \_\_\_\_\_ female

Mother's name \_\_\_\_\_ School: \_\_\_\_\_

Preschool: yes \_\_\_\_\_ no \_\_\_\_\_

Family History: Marital status: \_\_\_\_\_

List name and birthdate of brothers and sisters:

_____	_____
_____	_____
_____	_____

Guardian: \_\_\_\_\_ Other adults in home \_\_\_\_\_

Relationship: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Pre-Natal and Natal Information:

Was there anything unusual about the pregnancy with this child? \_\_\_\_\_ yes \_\_\_\_\_ no  
explain: \_\_\_\_\_

Normal delivery \_\_\_\_\_ Premature \_\_\_\_\_

Caesarian \_\_\_\_\_ Baby's birth weight \_\_\_\_\_

Breech \_\_\_\_\_ Incubator \_\_\_\_\_

Forceps \_\_\_\_\_ Oxygen Administered \_\_\_\_\_

**KINDERGARTEN AND PRE-K DEVELOPMENTAL SCREENING**

Did this child require any special medical care at birth or during the first month? \_\_\_\_yes \_\_\_\_no

explain \_\_\_\_\_  
\_\_\_\_\_

Severe or unusual illness or allergies: \_\_\_\_yes \_\_\_\_no

If yes, age: \_\_\_\_\_ Illness \_\_\_\_\_

Any behavior change? \_\_\_\_\_

Severe fall or injury? \_\_\_\_yes \_\_\_\_no

If yes, age \_\_\_\_\_ Unconscious? \_\_\_\_\_

How long? \_\_\_\_\_ Convulsions? \_\_\_\_\_

Has your child had any evidence of hearing problems? \_\_\_\_yes \_\_\_\_no

Type? \_\_\_\_\_

Does your child take any medication or special vitamins? \_\_\_\_yes \_\_\_\_no

Type? \_\_\_\_\_

This child sat up at age (if guess, label as such) \_\_\_\_\_

This child stood up at age (if guess, label as such) \_\_\_\_\_

This child began walking at age ( If guess, label as such) \_\_\_\_\_

This child can walk up steps using alternate feet \_\_\_\_yes \_\_\_\_no

This child can walk down steps using alternate feet \_\_\_\_yes \_\_\_\_no

This child can ride a tricycle \_\_\_\_yes \_\_\_\_no

Motor development seems good \_\_\_\_yes \_\_\_\_no I have some concerns

This child began saying first words at \_\_\_\_\_

This child began putting 2 or 3 words together at \_\_\_\_\_

This child began speaking in sentences at \_\_\_\_\_

Most people understand him/her \_\_\_\_\_yes \_\_\_\_\_no

Mother/Father has to interpret \_\_\_\_\_yes \_\_\_\_\_no

Child seems to speak a lot \_\_\_\_\_yes \_\_\_\_\_no

I am concerned about speech/language development \_\_\_\_\_yes \_\_\_\_\_no

Child is toilet trained trained at what age? \_\_\_\_\_yes \_\_\_\_\_no

What is his/her bedtime? \_\_\_\_\_ Any difficulty at bedtime? \_\_\_\_\_yes \_\_\_\_\_no

Child eats well? \_\_\_\_\_yes \_\_\_\_\_no

Prefers certain foods? \_\_\_\_\_yes \_\_\_\_\_no If yes, explain \_\_\_\_\_

<b>Does this child (check one) ...</b>	<b>always</b>	<b>sometimes</b>	<b>rarely</b>	<b>don't know</b>
Cry/whine	_____	_____	_____	_____
Seem to be unusually quiet	_____	_____	_____	_____
Repeat actions or words needlessly	_____	_____	_____	_____
Pay attention to what you say or do	_____	_____	_____	_____
Seems to be restless or fidgety	_____	_____	_____	_____
Seems to be happy	_____	_____	_____	_____
Have temper tantrums	_____	_____	_____	_____
Cry when not given his/her own way	_____	_____	_____	_____
Move slowly	_____	_____	_____	_____
Have many friends	_____	_____	_____	_____
Plays well with other children	_____	_____	_____	_____
Fights with siblings	_____	_____	_____	_____

## KINDERGARTEN and PRE-K DEVELOPMENTAL SCREENING

What are this child's favorite activities? \_\_\_\_\_

Does he/she prefer to play alone or with others? \_\_\_\_\_

What kind of things does this child do that bothers you? \_\_\_\_\_

Does this child do things that you feel are unusual? \_\_\_\_\_

Is this child easy to discipline? \_\_\_\_yes \_\_\_\_no  
explain \_\_\_\_\_

What are your concerns about this child? \_\_\_\_\_

### Do you notice, or has a doctor reported, any of the following in this child?

\_\_\_\_ Asthma

\_\_\_\_ Headaches

\_\_\_\_ Indigestion

\_\_\_\_ Nightmares

\_\_\_\_ Constipation

\_\_\_\_ Thumb sucking

\_\_\_\_ Diarrhea

\_\_\_\_ Nail biting

\_\_\_\_ Vomiting

\_\_\_\_ Epilepsy (seizures)

\_\_\_\_ Frequent fevers

\_\_\_\_ Overtired or lacking pep

\_\_\_\_ Sinus trouble

\_\_\_\_ Heart trouble

\_\_\_\_ Nose bleeds

\_\_\_\_ Difficulty hearing

\_\_\_\_ Bed wetting

\_\_\_\_ Difficulty seeing

\_\_\_\_ Allergies

\_\_\_\_ Overactive

Other physical problems or  
comments? \_\_\_\_\_

\_\_\_\_\_

DEER PARK SCHOOL DISTRICT  
Office of Central Registration  
1881 Deer Park Avenue  
Deer Park, New York 11729

Dear Parents/Guardian:

Your child will be attending the Deer Park School District for the upcoming school year. In accordance with New York State Immunization Laws and the ACIP-recommended immunization schedule, children enrolling in school for the first time or new to the District will have their immunization record reviewed by our school nurses. You will be contacted by our Nursing staff if minimum requirements are not met.

**Required immunizations are as follows:**

- Polio vaccine (IPV/OPV)- 3-5 doses.
- Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)- 3-5 doses.
- Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)- 1 dose for students enrolling in grades 6-12 who have not previously received Tdap after 7 yrs. of age.
- Measles, Mumps and Rubella (MMR)- 2 doses required after 12 months of age\*\*\*\*1 dose required for Pre-K enrollment.
- Hepatitis B- 3-4 doses administered at recommended ages and intervals.
- Varicella- 1 dose-Administered after 12 months of age. \*\*\*\*2 doses required for kindergarten, 1<sup>st</sup> grade, 6<sup>th</sup> grade and 7<sup>th</sup> grade enrollment.

**Additional immunizations required for Pre-K are as follows:**

- Haemophilus influenza type B (Hib)- 1-4 doses administered at recommended ages and intervals.
- Pneumococcal Conjugate Vaccine (PCV)- 1-4 doses administered at recommended ages and intervals.

**Deer Park School District Requires:**

- Physical Exam completed within 1 year of school entrance.
- Tuberculin Test administered within a year.
- Lead Level for Pre-K and Kindergarten enrollment.

Please be aware that your child may be **excluded from school** if any of the above required immunizations are incomplete. If you should have any questions regarding this matter, please contact your child's school nurse.

John Quincy Adams School	274-4430
May Moore Primary School	274-4480
John F. Kennedy Intermediate School	274-4330
Robert Frost Middle School	274-4230
Deer Park High School	274-4130
Ss. Cyril and Methodius School	667-6229

X \_\_\_\_\_  
I have read, and understand the contents of this letter.



DEER PARK SCHOOL DISTRICT  
1881 Deer Park Avenue  
Deer Park, New York 11729

Student: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Dear Parents/Guardians:

NYS Immunization Law requires children attending the Deer Park School District have a certificate from his/her healthcare provider for the following immunizations in accordance with the ACIP-recommended immunization schedule. **Month, day and year must be indicated.**

Polio (IPV or OPV) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

DTP or DTaP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Tdap 1. \_\_\_\_\_ (required for students entering 6<sup>th</sup> grade, given after age 7)

TD 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Hepatitis B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

MMR 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ **\*\*OR\*\***

Measles 1. \_\_\_\_\_ 2. \_\_\_\_\_

Mumps 1. \_\_\_\_\_ 2. \_\_\_\_\_

Rubella 1. \_\_\_\_\_ 2. \_\_\_\_\_

Varicella 1. \_\_\_\_\_ 2. \_\_\_\_\_

Haemophilus Influenzae (required for pre-k enrollment)

Type B (Hib) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Pneumococcal Conjugate (required for pre-k enrollment)

(PCV) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Deer Park School District requires:**

Tuberculin Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_ mm

Lead Level Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_ mcg/dl **\*\*For Pre-K & Kindergarten\*\***

Physician's Signature \_\_\_\_\_

Physician's Stamp:

Address \_\_\_\_\_

Phone and Fax# \_\_\_\_\_

DEER PARK SCHOOL DISTRICT  
1881 Deer Park Avenue  
Deer Park, New York 11729

## PHYSICAL & DENTAL EXAMINATION REQUIREMENTS

Dear Parents/Guardians:

New York State law requires all children entering the school district for the first time, and when entering Pre-K or Kindergarten, 2<sup>nd</sup> grade, 4<sup>th</sup> grade, 7<sup>th</sup> grade and 10<sup>th</sup> grade to have a physical examination completed by a New York State licensed physician, nurse practitioner or physician assistant. As part of the physical examination, a dental certificate, completed by a dentist or dental hygienist is required at the same time.

- A copy of the physical examination and dental certificate must be provided to the school no more than 30 days after your child first starts school, and when your child begins Kindergarten, 2<sup>nd</sup> grade, 4<sup>th</sup> grade, 7<sup>th</sup> grade and 10<sup>th</sup> grade.
- If your child has an appointment for a physical exam during the school year that is after the first 30 days of school, please provide your child's school nurse with documentation of the appointment date from the healthcare provider. Physical exams must be done less than 1 year prior to date of entry into school.
- Please make copies of the completed forms for your own records before sending them to the school health office.

If you should have any questions or concerns regarding the NYS health and dental requirements, please contact your child's school nurse.

John Quincy Adams School	631-274-4430
May Moore Primary School	631-274-4480
John F. Kennedy Intermediate School	631-274-4330
Robert Frost Middle School	631-274-4230
Deer Park High School	631-274-4130
Ss. Cyril and Methodius School	631-667-6229

NYSED REQUIRES AN ANNUAL PHYSICAL EXAM FOR NEW ENTRANTS, STUDENTS IN GRADES PRE-K, K , 2, 4, 7 AND 10, SPORTS, WORKING PERMITS AND FOR CSE. IF THIS FORM IS NOT RETURNED COMPLETED IN FULL YOUR CHILD WILL BE EXAMINED BY OUR SCHOOL PHYSICIAN.

### HEALTH CERTIFICATE/APPRaisal FORM

<b>Name</b>						<b>Date of Birth</b>			
<b>School</b>							<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Grade</b>						<b>Gender M or F</b>			

	IMMUNIZATIONS/HEALTH HISTORY				
Immunization record attached	Sickle cell screen: positive	negative	Not done	Date:	
No immunizations given today	PPD: positive	negative	Not done	Date:	
Immunizations given since last Health Appraisal:	Elevated lead yes	no	Not done	Date:	
	Dental referral yes	no	Not done	Date:	
Significant medical/surgical history:	See attached				
Allergies: <b>LIFE THREATENING</b>	Food	Insect	Seasonal	Medication	Other:

PHYSICAL EXAM				
Height			Pulse	
Weight			Urine	
Blood Pressure				
Date of Exam			Referral	
Vision-without glasses/contact lenses	R		L	
Vision-with glasses/contact lenses	R		L	
Vision-Near point	R		L	
Hearing ___pass 20 db sc both ears or	R		L	

BODY MASS INDEX				
<b>Body Mass Index :</b>				
Weight status category (BMI Percentile):				
<b>Circle one :</b>	Less than 5 <sup>th</sup>	5 <sup>th</sup> through 49 <sup>th</sup>	50 <sup>th</sup> through 84 <sup>th</sup>	
	85 <sup>th</sup> through 94 <sup>th</sup>	95 <sup>th</sup> through 98 <sup>th</sup>	99 <sup>th</sup> and higher	
<b>EXAM ENTIRELY NORMAL</b>	TANNER I.	II.	III. IV. V.	<b>Scoliosis:</b> negative positive

Specify any abnormality:

MEDICATIONS		
NAME	DOSAGE	TIME

If **AM** dose is missed at home **Self-Directed** yes or no **Self carry/Administered** yes or no

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that Emergency sheltering is necessary at school or is the morning medication has not been given.

**PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK QUALIFICATION/CSE CONSIDERATION**

**Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as circled:**

Limited contact\_\_\_\_ cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball

Non-contact\_\_\_\_ badminton, golf, swim, table tennis, tennis, archery, riflery , weight train, crew, dance, track, run, walk, rope jump

**Specify medical accommodations needed for school:** none

**Known or suspected disability** please monitor yes or no

**Restrictions** please monitor yes or no

**Protective equipment required/ please circle:** Athletic cup Sport goggles/impact resistant eyewear other

**OPTIONAL INFORMATION, if known**

**Specify current disease:** Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension

Other\_\_\_\_\_

Provider's Signature\_\_\_\_\_ Phone\_\_\_\_\_ (Stamp below)

Provider's Name/Address\_\_\_\_\_ Fax # \_\_\_\_\_

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

This exam complies with NYSED requirements above and is valid for 12 months, with the exception of any illness or injury lasting more than 5 days that will require review by a private healthcare provider and the school medical director.

# DEER PARK SCHOOL DISTRICT/DENTAL HEALTH FORM

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request a dental examination in the following grades: School entry, Pre-K, K, 2, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible

## SECTION 1. To be completed by Parent or Guardian ( Please Print)

Child's name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female Will this be your child's 1<sup>st</sup> visit to a dentist? \_\_\_yes\_\_\_no

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

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?  
yes \_\_\_\_\_ no \_\_\_\_\_

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health. I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2. TO BE COMPLETED BY THE DENTIST

The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (DATE OF EXAM)

THE DATE OF THE EXAM NEEDS TO BE WITHIN 12 MONTHS OF THE START OF THE SCHOOL YEAR IN WHICH IT IS REQUESTED. CHECK ONE:

\_\_\_YES\_\_\_, THE STUDENT LISTED ABOVE IS IN FIT CONDITION OF DENTAL HEALTH TO PERMIT HIS/HER ATTENDANCE AT THE PUBLIC SCHOOLS.

\_\_\_NO\_\_\_, THE STUDENT LISTED ABOVE IS NOT IN FIT CONDITION OF DENTAL HEALTH TO PERMIT HIS/HER ATTENDANCE AT THE PUBLIC SCHOOLS .Note: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

DENTIST'S NAME AND ADDRESS (PLEASE PRINT OR STAMP)

DENTIST'S SIGNATURE

Optional Sections-If you agree to release this information to your child's school, please initial here \_\_\_\_\_

YES\_\_ NO\_\_ Caries Experience/RestorationHistory-Has the child ever had a cavity(treated or untreated) ? ( A filling (temporary/permanent) or a tooth that is missing because it was extracted as a result of Caries OR an open cavity).

YES\_\_ NO\_\_ Untreated Caries-Does this child have an open cavity? ( at least ½ mm of tooth structure loss at the enamel surface. Brown to dark brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root assume that the whole tooth was destroyed by Caries. Broken or chipped teeth , plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present).

YES\_\_ NO\_\_ Dental sealants present other problems (specify) \_\_\_\_\_

TREATMENT NEEDS (check all that apply) \_\_\_No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

\_\_\_May need dental care. Please schedule an appointment with your dentist as possible for an evaluation.

\_\_\_Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

# Health Clinics

**Martin Luther King Health Center**

**1556 Straight Path**

**Wyandanch, NY 11798**

**631-854-1700**

**Brentwood Family Health Center**

**1869 Brentwood Road**

**Brentwood, NY 11717**

**631-853-3400**

**BY APPOINTMENT ONLY**

**\*Inquire about reduced rates**



**DEER PARK UNION FREE SCHOOL DISTRICT  
INSTRUCTIONAL TECHNOLOGY**

220 Washington Avenue • Deer Park, New York 11729

Phone: (631) 274-4380 • Fax: (631) 242-2517

Eva J. Demyen  
*Superintendent of Schools*

Andrew Choi  
*District Administrator for  
Instructional Technology*

Dear Parent/Guardian:

As a new school year begins, we are required to review the Deer Park School District's *Acceptable Use Policy* (AUP) with you and your child. The AUP requires that every student who accesses the district's computer network and browses the Internet during school to turn in a parent/student signed AUP. The AUP is enclosed with this letter and should be read by both parent/guardian and student. It must be renewed each and every school year.

Through the district's computer network, students have access to a wealth of databases and educational resources worldwide. The Deer Park School District maintains a web filter that is designed to block access to inappropriate websites; however, keep in mind that no web filter is 100% effective. Our staff will remain vigilant in monitoring student access to the Internet and inform my office of potentially inappropriate websites, which we can block. As a district, we believe that the benefits to the students from access to the Internet, in the form of educational resources and opportunities for collaboration exceed the disadvantages. District personnel will continue to provide students with computer and Internet safety lessons to ensure that our students have the tools they need to be safe and successful learners in the 21<sup>st</sup> Century.

Please review the AUP with your child and sign the form on the last page agreeing to comply with Deer Park School District's computing policies. *Only* the signed last page should be returned to your child's homeroom teacher (or English teacher at the High School). Any student who does not have a signed AUP by the required date will have their computer network access deactivated and will be unable to access the school computers until the signed AUP is received.

Yours in Education,



Mr. Andrew Choi  
*District Administrator for Instructional Technology*

cc: Ms. Eva Demyen, *Superintendent  
Board of Education*

**COMPUTER RESOURCES AND DATA MANAGEMENT REGULATION**  
**“ACCEPTABLE USE POLICY”**

The following rules and regulations govern the use of the district's computer network system, employee access to the Internet, and management of computerized records. It is in its entirety and represents the district's "Acceptable Use Policy."

I. Administration

- The Superintendent of Schools shall designate a District Administrator of Instructional Technology, Data Warehousing & Information System to oversee the district's computer network.
- The District Administrator of Instructional Technology, Data Warehousing & Information System shall monitor and examine all network activities, as appropriate, to ensure proper use of the system.
- The District Administrator of Instructional Technology, Data Warehousing & Information System shall develop and implement procedures for data back-up and storage. These procedures will facilitate the disaster recovery and notification plan and will comply with the requirements for records retention in compliance with the district's policy on School District Records (1120); taking into account the use of onsite storage and storage in the cloud.
- The District Administrator of Instructional Technology, Data Warehousing & Information System shall be responsible for disseminating and interpreting district policy and regulations governing use of the district's network at the building level with all network users.
- The District Administrator of Instructional Technology, Data Warehousing & Information System 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 providing copies of district policy and regulations (including policy 4526, Computer Use in Instruction) governing use of the district's network.
- The District Administrator of Instructional Technology, Data Warehousing & Information System shall take reasonable steps to protect the network from viruses or other software and network security risks that would comprise the network.
- All student and employee agreements to abide by district policy and regulations and parental consent forms shall be kept on file in the District Office and/or Office of the Department of Instructional Technology.
- Consistent with applicable internal controls, the Assistant Superintendent of Business in conjunction with the District Administrator of Instructional Technology, Data Warehousing & Information System, will ensure the proper segregation of duties in assigning responsibilities for computer resources and data management.

## II. Internet Access

Student Internet access is addressed in policy and regulation 4526, Computer Use in Instruction. District employees and third party users are governed by the following regulations:

- Employees will be issued an e-mail account through the district's computer network.
- Employees are expected to review their e-mail daily.
- Communications with parents and/or students should be saved and the district will archive the e-mail records according to procedures developed by the District Administrator of Instructional Technology, Data Warehousing & Information System.
- Employees may access the Internet for education-related and/or work-related activities.
- Employees shall refrain from using computer resources for personal use.
- Employees are advised that they must not have an expectation of privacy in the use of the district's computers.
- Use of computer resources in ways that violate the acceptable use and conduct regulation, outlined below, will be subject to discipline.

## III. Acceptable Use and Conduct

The following regulations apply to **all staff and third party users** of the district's computer system:

- Access to the district's computer network is provided solely for educational and/or research purposes and management of district operations consistent with the district's mission and goals.
- Use of the district's computer network is a privilege, not a right. Inappropriate use may result in the suspension or revocation of that privilege.
- Each individual in whose name an access account is issued is responsible at all times for its proper use.
- All network users will be issued a login name and password. Passwords must be changed periodically.
- Only those network users with permission from the District Administrator of Instructional Technology may access the district's system from off-site (e.g., from home).
- All network users are expected to abide by the generally accepted rules of network etiquette. This includes being polite and using only appropriate language. Abusive language, vulgarities and swear words are all inappropriate.

- Network users identifying a security problem on the district's network must notify appropriate staff. 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.

#### IV. Prohibited Activity and Uses

The following is a list of prohibited activity for **all staff and third party users** concerning use of the district's computer network. Any violation of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the network.

- Using the network for commercial activity, including advertising.
- Infringing on any copyrights or other intellectual property rights, including copying, installing, receiving, transmitting or making available any copyrighted software on the district computer network.
- Using the network to receive, transmit or make available to others obscene, offensive, or sexually explicit material.
- Using the network to receive, transmit or make available to others messages that are racist, sexist, abusive or harassing to others.
- Use of another's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users.
- Forging or attempting to forge e-mail messages.
- Engaging in vandalism. Vandalism is defined as any malicious attempt to harm or destroy district equipment or materials, data of another user of the district's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus, malware on the network, and not reporting security risks as appropriate.
- Using the network to send anonymous messages or files.
- Revealing the personal address, telephone number or other personal information of oneself or another person.
- Using the network for sending and/or receiving personal messages.
- Intentionally disrupting network traffic or crashing the network and connected systems.
- Installing personal software, using personal disks, or downloading files on the district's computers and/or network without the permission of the appropriate district official or employee.
- Using district computing resources for fraudulent purposes or financial gain.
- Stealing data, equipment or intellectual property.
- Gaining or seeking to gain unauthorized access to any files, resources, or computer or phone systems, or vandalize the data of another user.

- Wastefully using finite district resources.
- Changing or exceeding resource quotas as set by the district without the permission of the appropriate district official or employee.
- Using the network while your access privileges are suspended or revoked.
- Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.

V. No Privacy Guarantee

Users of the district's computer network should not expect, nor does the district guarantee, privacy for electronic mail (e-mail) or any use of the district's computer network. The district reserves the right to access and view any material stored on district equipment or any material used in conjunction with the district's computer network.

VI. Sanctions

All users of the district's computer network and equipment are required to comply with the district's policy and regulations governing the district's computer network. Failure to comply with the policy or regulation may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

Any information pertaining to or implicating illegal activity will be reported to the proper authorities. Transmission of any material in violation of any federal, state and/or local law or regulation is prohibited. This includes, but is not limited to materials protected by copyright, threatening or obscene material or material protected by trade secret. Users must respect all intellectual and property rights and laws.

VII. District Responsibilities

The district makes no warranties of any kind, either expressed or implied, for the access being provided. Further, the district assumes no responsibility for the quality, availability, accuracy, nature or reliability of the service and/or information provided. Users of the district's computer network and the Internet use information at their own risk. Each user is responsible for verifying the integrity and authenticity of the information.

The district will not be responsible for any damages suffered by any user, including, but not limited to, loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by the user's own negligence or any other errors or omissions. The district also will not be responsible for unauthorized financial obligations resulting from the use of or access to the district's computer network or the Internet.



The district will take reasonable steps to protect the information on the network and provide a secure network for data storage and use, including ensuring that contracts with vendors address data security issues and that district officials provide appropriate oversight. Even though the district may use technical and/or manual means to regulate access and information, these methods do not provide a foolproof means of enforcing the provisions of the district policy and regulation.

#### VIII. Network Etiquette and Privacy

Users are expected to abide by the rules of network etiquette. These rules include, but are not limited to, the following:

1. Users must login with their own user ID and password, where applicable, and must not share this information with other users. They must also log off after their session has finished.
2. Users finding machines logged on under other users username should log off the machine whether they intend to use it or not.
3. Be polite – never send or encourage others to send abusive messages.
4. Use appropriate language – users should remember that they are representatives of the school on a global public system. Illegal activities of any kind are strictly forbidden.
5. Do not use language that could be calculated to incite hatred against any minority group.
6. Privacy – do not reveal any personal information (e.g. home address, telephone number) about yourself or other users. Do not trespass into other user's files or folders.
7. Password – do not reveal your password to anyone. If you think someone has learned your password then contact the District Administrator of Instructional Technology.
8. Electronic mail – Is not guaranteed to be private. Messages relating to or in support of illegal activities will be reported to the authorities. Do not send anonymous messages.
9. Pupils will not be allowed access to unsupervised and/or unauthorized chat rooms and should not attempt to gain access to them.
10. As part of our E-Rate and CIPA compliance, the District uses a filtering system to block inappropriate content from being accessed on the network. Staff or students finding unsuitable websites through the school network should report the web address to the District Administrator of Instructional Technology. In the event that an educational site is blocked, please fill out the appropriate form available on the Instructional Technology website and send it to the Instructional Technology Department.
11. Any personal laptop must be registered with the Instructional Technology Department prior to accessing the wireless network. The form is available on the Instructional Technology website.



12. Do not attempt to visit websites that might be considered inappropriate. Such sites would include those relating to illegal activity. All sites visited leave evidence in the network and on the computer. Downloading some material is illegal and the police or other authorities may be called to investigate such use.
13. Unapproved system utilities and executable files will not be allowed in pupils' work areas or attached to e-mail.
14. Files held on the school's network will be regularly checked by the Instructional Technology Department.
15. Other than e-Boards and curriculum/course related blogs, web pages or through district issued e-mail accounts, social interactions between teachers and students are prohibited.
16. It is the responsibility of the User (where appropriate) to take all reasonable steps to ensure compliance with the conditions set out in this Policy document, and to ensure that unacceptable use of the Internet/Intranet does not occur.

#### Additional Guidelines

- Users must comply with the acceptable use policy of any other networks that they access.
- Users must not download software without approval from the Instructional Technology Department.

#### Services

There will be no warranties of any kind, whether expressed or implied, for the network service offered by the school. The school will not be responsible for any damages suffered while on the system. These damages include loss of data as a result of delays, non-deliveries, or service interruptions caused by the system or your errors or omissions. Use of any information obtained via the network is at your own risk.

#### Network Security

Users are expected to inform the District Administrator of Instructional Technology immediately if a security breach is identified. Do not demonstrate this problem to other users. Users must login with their own user ID and password, where applicable, and must not share this information with other users. Users identified as a security risk will be denied access to the network.

Physical Security

Staff users are expected to ensure that portable equipment such as laptops, digital cameras, iPads, iPod Touches and remote responders are securely locked away when they are not being used.

Media Publications

For the safety of our students, District employees should follow these guidelines when posting student-related information to the District's Web site:

- Documents/pictures may not include student last names.
- Family information (address, telephone number, e-mail address, etc.) may not be posted.
- Student location information (schedule, after-school activity participation, bus stop, etc.) may not be posted.

Publishing includes, but is not limited to:

- the school website/eBoards/blogs/wikis
- web broadcasting
- online newspapers

DEER PARK UFSD STUDENT USER AGREEMENT FORM

After reading the Deer Park UFSD Acceptable Use Policy, please complete this form to indicate that you agree with the terms and conditions outlined in the above AUP document and agree to compliance with needed future revisions. **Your signature is required before access may be granted to the Deer Park UFSD network.**

As a student of Deer Park UFSD and a user of the computer network, I have read and hereby agree to comply with the Deer Park UFSD Acceptable Use Policy.

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

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

As parent/legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and Internet. I have read and agree to the Deer Park UFSD Acceptable Use Policy, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore I agree to accept responsibility for guiding my child, and conveying to her/him appropriate standards for selecting, sharing, and/or exploring information and media.

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

Adoption Date: January 22, 2008  
First Reading: August 25, 2009  
Second Reading: September 22, 2009  
Adoption Date: September 22, 2009  
First Reading: March 19, 2013  
Second Reading: April 23, 2013  
Adoption Date: April 23, 2013  
First Reading: August 5, 2014  
Second Reading: August 26, 2014  
Adoption Date: August 26, 2014

**DEER PARK UNION FREE SCHOOL DISTRICT  
INSTRUCTIONAL TECHNOLOGY**

220 Washington Avenue • Deer Park, New York 11729  
Phone: (631) 274-4380 • Fax: (631) 242-2517

**Eva J. Demyen**  
*Superintendent of Schools*

**Andrew Choi**  
*District Administrator for  
Instructional Technology*

Dear Parent/Guardian:

The Deer Park School District is using the *Infinite Campus Parent Portal* to provide parent/guardians with easy, secure, and real time access to student attendance history, grades, assessment scores, transportation, and student schedules for each school age child in your household. Progress reports and report cards for students attending Robert Frost Middle School and Deer Park High School will be provided through the Campus Backpack area of the Parent Portal in lieu of postal mail. Please note that there is no cost to use the Parent Portal.

The application below is the first step in the process towards viewing your children’s student information in the Parent Portal. After completing and returning this form, you will receive an e-mail with the instructions for creating your account and logging in to the Parent Portal.

----- PLEASE PRINT ALL INFORMATION BELOW -----

Residence Address: \_\_\_\_\_  
*Street Address City State Zip*

E-Mail Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_  
*Including Area Code*

List the names of all of your children currently enrolled in the Deer Park School District and residing at the address listed above. Note that any changes in address must be made at our Central Registration Office (1881 Deer Park Avenue; Deer Park).

<i>Child's First Name</i>	<i>Child's Last Name</i>	<i>Child's Date of Birth MM/DD/YYYY</i>	<i>Name of Deer Park School Currently Attending</i>

By creating an account, you agree that you are the legal parent/guardian for the child(ren) listed above and will not share your password or allow anyone other than yourself to use the account. The Deer Park School District is not responsible for providing technical support for issues arising from home computers or Internet access. Please make sure that your computer meets the minimum requirements as identified on [www.deerparkschools.org/our\\_district/infinite\\_campus\\_portal](http://www.deerparkschools.org/our_district/infinite_campus_portal). Password reset requests cannot be made over the phone or at individual schools. If you need your password reset, please e-mail [parentportal@deerparkschools.org](mailto:parentportal@deerparkschools.org) with your request using the e-mail address used to register for the account. Please allow up to five business days for your request to be processed. You may be asked to provide information to verify your account.

\_\_\_\_\_  
*Parent/Guardian Signature Print Parent/Guardian Name Date*

Please complete and submit your form by mailing it to:

**Deer Park School District**  
Department of Instructional Technology  
Attn: Infinite Campus Parent Portal Support  
220 Washington Avenue  
Deer Park, New York 11729

# Custodial Stipulation Form

---

Please answer all the questions indicated below:

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Legal Custody \_\_\_ yes \_\_\_ no

Father's Name \_\_\_\_\_ Legal Custody \_\_\_ yes \_\_\_ no

Legal Guardian \_\_\_\_\_ Legal Custody \_\_\_ yes \_\_\_ no

**1. Who does the child reside within the Deer Park School District?**

Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_ Relationship

Briefly explain other \_\_\_\_\_

**2. Is there a custody agreement in effect?**

YES \_\_\_ if yes, briefly describe your situation and attach a copy of the custody document, divorce decree, guardianship papers

\_\_\_\_\_

NO \_\_\_ if no, please sign to verify the following statement:

I attest to the fact that a custody agreement **does not exist** or pertain to my child as indicated in this registration process.

Signature X \_\_\_\_\_

NEW YORK STATE EDUCATION LAW STIPULATES THAT PARENTS HAVE THE RIGHT TO ACCESS THEIR CHILD'S SCHOOL RECORDS AND REPORT CARDS, UNLESS OTHERWISE INDICATED IN A COURT ORDER.

**3. Is there a request for dual mailing to the non-custodial parent?**

YES \_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

NO \_\_\_ please sign to decline X \_\_\_\_\_

**4. Is the non-custodial parent permitted to pick up the student from school for illness, appointments, etc?**

YES \_\_\_ ok to pick up student NO \_\_\_ not permitted to pick up student

NOTE: THE ONLY PERSON PERMITTED TO SIGN YOUR CHILD OUT OF THE BUILDING FOR ANY REASON IS THE PARENT/LEGAL GUARDIAN AND/OR DISIGNEE AS INDICATED ON THIS DOCUMENT AND EMERGENCY CARD.

*I Understand and agree that the above information identified in this document is true. I further understand that if any statements made by me are willfully false my child's registration and attendance in the Deer Park School District may be subject to review by the Board of Education. Knowingly withholding information that is relevant with relation to custodial concerns may result in legal action.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEER PARK SCHOOL DISTRICT  
OFFICE OF CENTRAL REGISTRATION  
PRIOR SPECIAL EDUCATION SERVICES**

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

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

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

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

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

School District: \_\_\_\_\_

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

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

Last Grade Completed: \_\_\_\_\_ Teacher or Guidance Counselor's Name: \_\_\_\_\_

Did student receive any special education services?     NO     YES (indicate below):

**IF YOU RESPONDED "YES" TO THE ABOVE, PLEASE COMPLETE THE FOLLOWING:**

**Type of Special Education Program Attended:**

Special Education Class

Resource Room

Inclusion Program

Related Services Only

BOCES Special Education: School Name: \_\_\_\_\_

Other (specify type of program or name of school) \_\_\_\_\_

**Related Services Provided in Most Recent Placement: Check all that apply:**

Speech/Language

Counseling

Occupational Therapy

Vision Services

Physical Therapy

Hearing Services

**Classification If known**

Don't Know

Learning Disabled

Mentally Retarded

Speech Impaired

Emotionally Disturbed

Other Health Impaired

Multiply Disabled

Autistic

Visually Impaired

Traumatic Brain Injury

Do you have a copy of your child's most recent IEP:     NO     YES (please attach copy)

Name of CSE Chairperson/Special Education Director \_\_\_\_\_

Address of CSE Office \_\_\_\_\_ Phone # \_\_\_\_\_

**Release of Records/Information to the Deer Park School District**

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and all other evaluations, IEP's and records to the Deer Park schools. I am aware that all records will be kept confidential and access limited to school personnel who work with my child. I understand I may review all records. I also consent to having school district personnel who work with my child (principal, psychologist, social worker, regular or special education teachers, related services providers, guidance counselor and/or CS Chairperson) speak with individuals from the school and CSE office indicated above. I am aware my consent is voluntary and can be withdrawn at any time.

\_\_\_\_\_  
Signature of Parent/Person in Parental Relationship

\_\_\_\_\_  
Date



# DEER PARK UNION FREE SCHOOL DISTRICT

1881 Deer Park Avenue  
Deer Park, NY 11729  
(631) 274-4001 \* Fax (631) 242-6762

**Eva J. Demyen**  
*Superintendent of Schools*

**Frank Caliguiri**  
*Asst. Superintendent*

**Marguerite Jimenez**  
*Asst. Superintendent*

## **SPECIAL EDUCATION INFORMATIONAL NOTICE**

Dear Parent/Guardian:

In order to support services for students whose educational needs require special attention, the Office of Pupil Personnel-services provides professional assistance through the following programs: health services, psychological and social work services, guidance and counseling, speech and language therapy, special education classes, attendance monitoring, home instruction, special education testing and evaluation, special transportation , the Committee on Special Education (CSE), and the Committee on Preschool Special Education (CPSE).

If you suspect your school age child of having an educationally disabling condition, as defined in the regulations of the commissioner of education Part 100 of Section 4402 of the Education Law, you may request an evaluation by the Committee on Special Education. Children who are receiving special education services are reviewed by this committee on an annual basis. Referrals to the Committee on Preschool Special Education for children ages 3 to 4 years old can be requested by contacting the Office of Pupil Personnel services.

Should you have specific questions regarding the Special Education process you may refer to the New York State Education Department's website at: [www.p12.nysed.gov/specialed/publications/policy/parents\\_guide.pdf](http://www.p12.nysed.gov/specialed/publications/policy/parents_guide.pdf) , or the school district website at [www.deerparkschools.org](http://www.deerparkschools.org).

Questions regarding the referral process and how to initiate an evaluation by the Committee on Special Education (CSE) can be directed to:

**Mr. Frank Caliguiri, Assistant Superintendent of Pupil Personnel Services**  
**Deer Park Union Free School District**  
**1881 Deer Park Avenue**  
**Deer Park, New York 11729**  
**Phone: (631) 274-4040**

I have read and received a copy of this informational notification

X \_\_\_\_\_

Parent/Guardian Signature

# Deer Park Schools – Household Verification Form

Please print

20\_\_ - 20\_\_

Student's Name (Last, First M) \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity\*  A  B  I  P  W

Is the student Hispanic, Latino, or of Spanish origin?  Yes  No

Primary Household Name \_\_\_\_\_ Primary Household Phone \_\_\_\_\_

Primary Household Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Household Name (if applicable) \_\_\_\_\_ Secondary Household Phone \_\_\_\_\_

Secondary Household Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**Other Siblings in the Primary Household**

Name of Child	Date of Birth	School Attending	Grade	Gender	Race/Ethnicity*
					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W
					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W
					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W
					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W
					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W

\* Race/Ethnicity - Check all that apply:

A: Asian, B: Black, I: American Indian or Alaska Native, P: Pacific Islander or Native Hawaiian W: White

**Parent or Guardian Information**

**Parent/Guardian:**

Name Last, First	Gender	Address	Home Phone	Work Phone	Cell Phone	Email Address
<b>Relationship to child</b>	<input type="checkbox"/> OK to pick up student <input type="checkbox"/> Legal custody <input type="checkbox"/> Live with student <input type="checkbox"/> Receives mailings					

**Parent/Guardian:**

Name Last, First	Gender	Address	Home Phone	Work Phone	Cell Phone	Email Address
<b>Relationship to child</b>	<input type="checkbox"/> OK to pick up student <input type="checkbox"/> Legal custody <input type="checkbox"/> Live with student <input type="checkbox"/> Receives mailings					

**If you are making a guardian, name, and/or address change, please include legal documentation with this form.**

**\*\* Please fill out both sides of card completely, and provide signature.\*\***

**Other People who live in the Primary Household** (example Step Parent, Grandparent, Aunt, Uncle)

Name Last, First	Gender	Relationship to children	Work Phone	Cell Phone	
					<input type="checkbox"/> OK to pick up student
					<input type="checkbox"/> OK to pick up student
					<input type="checkbox"/> OK to pick up student

**Other Contacts**

	Name Last, First	Gender	Home Phone	Work Phone	Cell Phone	
<b>Emergency Contact 1</b>						<input type="checkbox"/> OK to pick up student
<b>Emergency Contact 2</b>						<input type="checkbox"/> OK to pick up student
<b>Emergency Contact 3</b>						<input type="checkbox"/> OK to pick up student
<b>Doctor</b>						
<b>Dentist</b>						

Check here if your child has had any allergies, illness or injuries in the past year or has taken any medication on a daily basis. Please list medications on this card. Also, include anything the school should know in order to give your child special care. To protect my child's health and safety in school, I consent to the sharing of pertinent health information with involved school staff.

Allergies \_\_\_\_\_

Illness \_\_\_\_\_

Injuries \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

- In case of an illness or injury and no authorized adult (listed on this card) can be reached, please transport my child to the nearest hospital emergency room by ambulance if necessary.
- I realize that the school district cannot assume responsibility for medical fees or expenses incurred.
- I hereby give permission to share health information with teachers for safety reasons.

Check this box if you are a new registrant

Check this box if information is accurate and no changes are required

Return form to your child's school or mail to: IT Department, 220 Washington Avenue, Deer Park, NY 11729

Parent/Guardian (Print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVIT OF PROPERTY OWNER/LANDLORD  
IN SUPPORT OF THE ADMISSION APPLICATION  
TO  
DEER PARK SCHOOL DISTRICT**

STATE OF NEW YORK )  
 ) SS:  
COUNTY OF SUFFOLK

I, \_\_\_\_\_,  
(Name of Property Owner/Landlord or Property Manager)  
as property owner or manager/agent of the dwelling located  
at \_\_\_\_\_  
(Street #, Address, City, State, Zip)

hereby certify that I am renting space in this dwelling on a  
\_\_\_\_\_ to \_\_\_\_\_ basis beginning on \_\_\_\_\_  
(Month/Year) (Month/Year) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Maternal Parent/Guardian: \_\_\_\_\_
- Paternal Parent/Guardian: \_\_\_\_\_

Name of Child in Admittance Application:

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

List all other persons residing in the dwelling:

Last Name	First Name	Relationship

As property owner/landlord, I certify that I will notify the Deer Park School District Registration Office in writing at 1881 Deer Park Avenue, Deer Park, N.Y. 11729 within 30 days of termination of this tenancy relationship.

\_\_\_\_\_  
(Signature of Property Owner/Landlord) (Print Name) PHONE #

That deponent has read the foregoing affidavit and knows the contents thereof; that the same are true to the deponent's own knowledge and that deponent has given answers set forth above knowing that The Deer Park School District, Deer Park, New York, will rely upon them in determining whether the child is to be admitted to its school system without being required to pay tuition.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

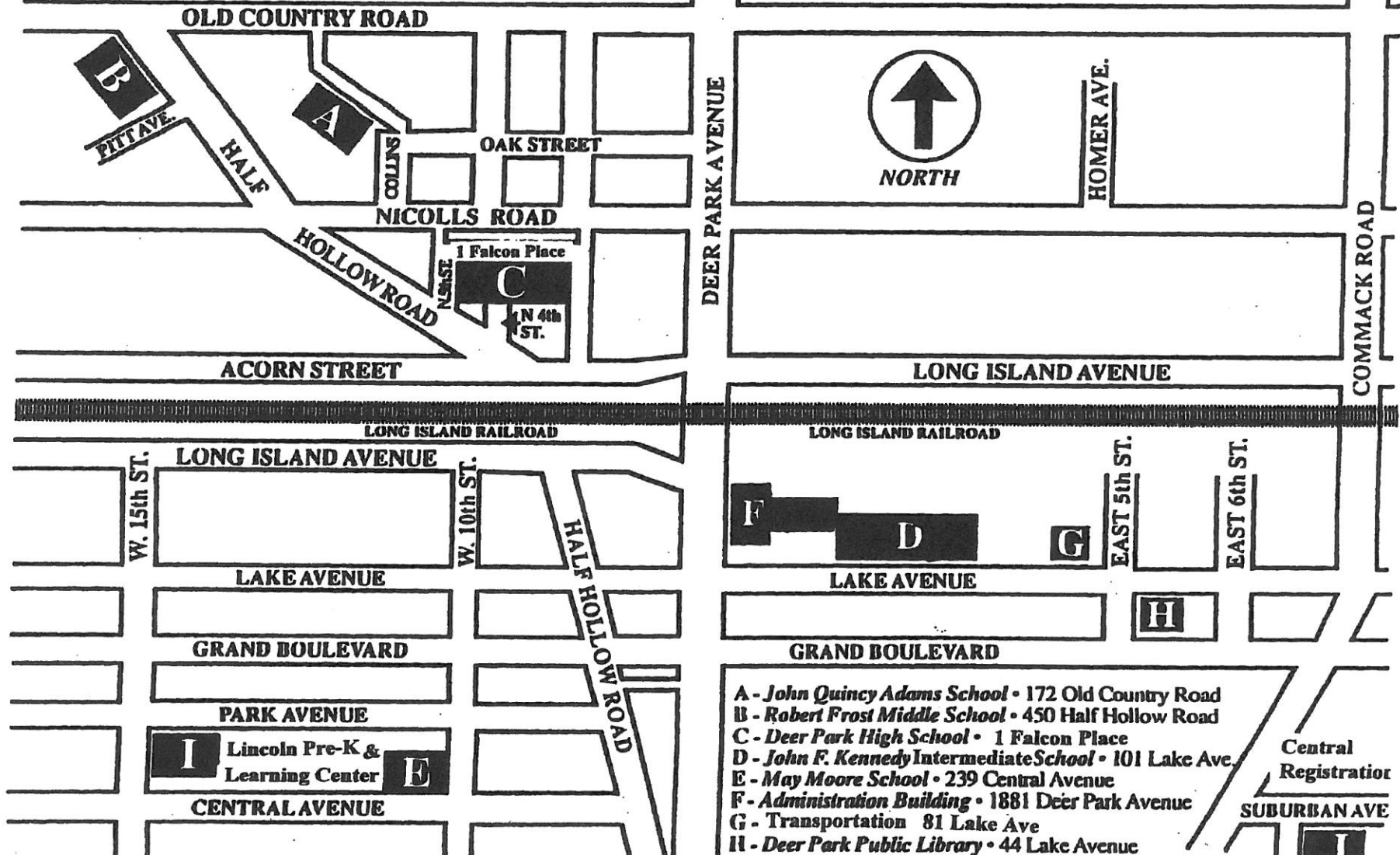
\_\_\_\_\_  
(NOTARY PUBLIC)



# DEER PARK SCHOOL DISTRICT

NORTH TO JERICO TURNPIKE  
NORTH TO NORTHERN STATE PKWY - EXIT 42

NORTH TO LONG ISLAND EXP'WY - EXIT 51



SOUTH TO SOUTHERN STATE PARKWAY - EXIT 39

- A - John Quincy Adams School • 172 Old Country Road
  - B - Robert Frost Middle School • 450 Half Hollow Road
  - C - Deer Park High School • 1 Falcon Place
  - D - John F. Kennedy Intermediate School • 101 Lake Ave.
  - E - May Moore School • 239 Central Avenue
  - F - Administration Building • 1881 Deer Park Avenue
  - G - Transportation • 81 Lake Ave
  - H - Deer Park Public Library • 44 Lake Avenue
  - I - Lincoln School • 300 Park Avenue
  - J - Washington School • 220 Washington Ave
- Central Registration  
Washington School

**2015-2016 School Year**

New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:** Children in a pre-kindergarten setting should be age appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee for Immunization Practices (ACIP).

For grades pre-k through 7, 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 only need to be reviewed for grades kindergarten, 1, 6 and 7*). 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 8 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	PRE-KINDERGARTEN (Day Care, Head Start, Nursery or Pre-k)	KINDERGARTEN through 1	GRADES 2 through 5	GRADES 6 through 7	GRADES 8 through 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4 <sup>th</sup> dose was received at 4 years of age or older or 3 doses if the series is started at 7 years of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) <sup>3</sup>	Not applicable			1dose	
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses or 3 doses if the 3 <sup>rd</sup> dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3 <sup>rd</sup> dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1dose	2 doses			
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between 11through 15 years of age			
Varicella (Chickenpox) vaccine <sup>7</sup>	1dose	2 doses	1dose	2 doses	1dose
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>8</sup>	1to 4 doses	Not applicable			
Pneumococcal Conjugate Vaccine (PCV) <sup>9</sup>	1to 4 doses	Not applicable			



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 ages 2, 4, 6, 15 through 18 months, and 4 years of age 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 and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.
  - c. For children born prior to 1/1/2005, doses of DT and Td meet the immunization requirement for diphtheria toxoid-containing vaccine.
  - d. Children ages 7 through 10 years 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. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years of age or older will meet the 6<sup>th</sup> grade Tdap requirement.
  - e. For previously unvaccinated children 7 years of age and older, the immunization requirement is 3 doses. Tdap should be given for the first dose, followed by two doses of Td in accordance with the ACIP recommended immunization schedule for persons 0-18 years of age: an initial Tdap followed 4 weeks later by a Td, and 6 months later by another Td.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
  - a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.
  - b. Students who are 10 years old in grade 6 are in compliance until they turn 11 years of age.
4. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at ages 2, 4, 6 through 18 months and 4 years of age 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 August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at age 4 years or older, the fourth dose of polio vaccine is not necessary.
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. Students in grades kindergarten through 12 must have received 2 doses of measles-containing vaccine, 2 doses of mumps-containing vaccine and at least 1 dose of rubella-containing vaccine.
  - c. One dose of MMR is required for pre-kindergarten.
6. Hepatitis B vaccine.
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be received 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 24 weeks of age.
  - 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. Two doses of varicella vaccine are required for students in grades kindergarten, 1, 6 and 7.
  - c. One dose of varicella vaccine is required for pre-kindergarten and grades 2 through 5 and 8 through 12.
8. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
- a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and 12 through 59 months of age.
  - b. If 2 doses of vaccine were received before 12 months of age, only 3 doses are required with dose 3 at 12 through 15 months of age and at least 8 weeks after dose 2.
  - c. If dose 1 was received at ages 12 through 14 months of age, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months of age or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years of age or older.
9. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
- a. Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 59 months of age. The final dose must be received at age 12 through 59 months of age.
  - b. Unvaccinated children 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a 3<sup>rd</sup> dose at age 12 through 15 months.
  - c. Unvaccinated children 12 through 23 months of age are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.
  - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at <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 28<sup>th</sup> Street, 5<sup>th</sup> floor, Long Island City, NY 11101, (347) 396-2433.