

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

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

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

ADULT NAME _____
Name Relationship

ADULT NAME _____

CHILD'S NAME _____
Name Date of Birth

CHILD'S NAME _____

CHILD'S NAME _____

SIBLINGS _____

BIRTH DATE _____

SIBLINGS _____

BIRTH DATE _____

SIBLINGS _____

BIRTH DATE _____

SIBLINGS _____

BIRTH DATE _____

FATHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

BUSINESS PHONE () _____

CELL PHONE () _____

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 () _____

MOTHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

BUSINESS PHONE () _____

CELL PHONE () _____

CHECK APPROPRIATE BOXES:

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

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 UNION FREE SCHOOL DISTRICT MEDICAL HISTORY FORM

NAME: _____

GRADE: _____

PLEASE CHECK ALL AREAS.
DO NOT LEAVE ANY BLANKS.

FAMILY HISTORY (PARENTS)

	YES	NO
HIGH BLOOD PRESSURE		
STROKE		
HEART TROUBLE		
BLACKOUT SPELLS		
SEIZURES OR FITS		
DIABETES		
KIDNEY DISEASE		
SUDDEN DEATH		
BLINDNESS		
BLEEDING DISORDERS		

EXPLAIN ALL YES ANSWERS

MEDICAL HISTORY (STUDENT)

Has student had any of the following illnesses?

	Yes	Date	No
MONONUCLEOSIS			
RHEUMATIC FEVER			
MEASLES			
CHICKEN POX			
MUMPS			
DIABETES			
HEPATITIS B			
ALLERGIES (Explain)			

Medication Presently Taking: _____

Hospitalizations: (Dates & Reason) _____

Operations: (Dates & Type) _____

Any Current Medical Problems: _____

Has student had any of the following:

	Yes	No
Frequent Headache		
Concussion		
Seizures or Fits		
Blackouts		
Heat Stroke		
Double Vision		
Eyeglasses or Contacts		
Blindness in Either Eye		
Dental Appliances (Braces or False Teeth)		
Dizzy Spells		
Poor Hearing		
Frequent Earaches		
Nose Bleeds		
Rapid Heart Beat at Rest		
Irregular Heart Beat		
High Blood Pressure		
Heart Murmur		
Heart Trouble		
Swollen Ankles or Joints (Other than Sprains)		
Shortness of Breath		
Asthma		
Pneumonia		
Other Lung Conditions		
Chest Pain		
Constant Coughing		
Ulcers		
Worms		
Yellow Jaundice		
Unexplained Fevers		
Kidney Problems		
Bladder Infections		
Blood in Urine		
Blood Transfusions		
Anemia		
Thyroid Trouble		
Free Bleeding		
Easy Bruising		
Hot or Cold Spells		
Arthritis		
Knee Injury		
Knee Pain		
Dislocations		
Fractures		
Neck Injury		
Weak Ankles		
Back Problems or Injury		

EXPLAIN ALL YES ANSWERS ON REVERSE SIDE

I CERTIFY THAT THE INFORMATION IN THIS FORM IS TRUE

Parent/Guardian signature: _____

Telephone # (Home): _____

(Work): _____

(Cell): _____

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 _____

Does this child (check one) ...	always	sometimes	rarely	don't know
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 (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, 1st grade, 2nd grade, 6th grade, 7th grade and 8th grade enrollment.
- Meningococcal Conjugate vaccine (MenACWY)-1 dose required for 7th grade enrollment, 2 doses required for 12th grade enrollment (1 dose if the vaccine was received at 16 yrs. of age or older)

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 the past 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	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

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 6th 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. _____

Meningococcal 1. _____ 2. _____ (required for students entering 7th and 12th grades)

Haemophilus Influenzae Type B (Hib) 1. _____ 2. _____ 3. _____ 4. _____
(required for pre-k enrollment)

Pneumococcal Conjugate (PCV) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(required for pre-k enrollment)

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, 2nd grade, 4th grade, 7th grade and 10th 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, 2nd grade, 4th grade, 7th grade and 10th 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 K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____ Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____
 Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____
 Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes 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 if 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 checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, 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
 Restrictions: _____ Please monitor
 Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____ (Stamp below)

Provider's Signature: _____ Phone: _____
 Provider's Name/Address: _____ Fax: _____
 Parent Signature: _____ Date: _____

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 1st 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

516-214-8020

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

41 Homer Avenue • Deer Park, New York 11729
Phone: (631) 274-4380 • Fax: (631) 274-8852

Eva J. Demyen
Superintendent

Christopher Kauter
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 21st 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,



Christopher Kauter
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**

41 Homer Avenue ~ Deer Park, New York 11729

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

Eva J. Demyen
Superintendent of Schools

Wendy Kraus
Curriculum Associate
District Data Coordinator

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 (High School and Robert Frost) and report cards (ALL Schools) for students 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: _____ (required)

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. 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 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
 41 Homer 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:

- | | |
|--|--|
| <input type="checkbox"/> Special Education Class | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Inclusion Program | <input type="checkbox"/> Related Services Only |
| <input type="checkbox"/> BOCES Special Education: School Name: _____ | |
| <input type="checkbox"/> Other (specify type of program or name of school) _____ | |

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Counseling | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Vision Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Hearing Services | | |

Classification If known

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Mentally Retarded | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Multiply Disabled | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> 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

James Cummings
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, or the school district website at 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. James Cummings, 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
Relationship to child	<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
Relationship to child	<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	
Emergency Contact 1						<input type="checkbox"/> OK to pick up student
Emergency Contact 2						<input type="checkbox"/> OK to pick up student
Emergency Contact 3						<input type="checkbox"/> OK to pick up student
Doctor						
Dentist						

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, 41 Homer 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 ____.

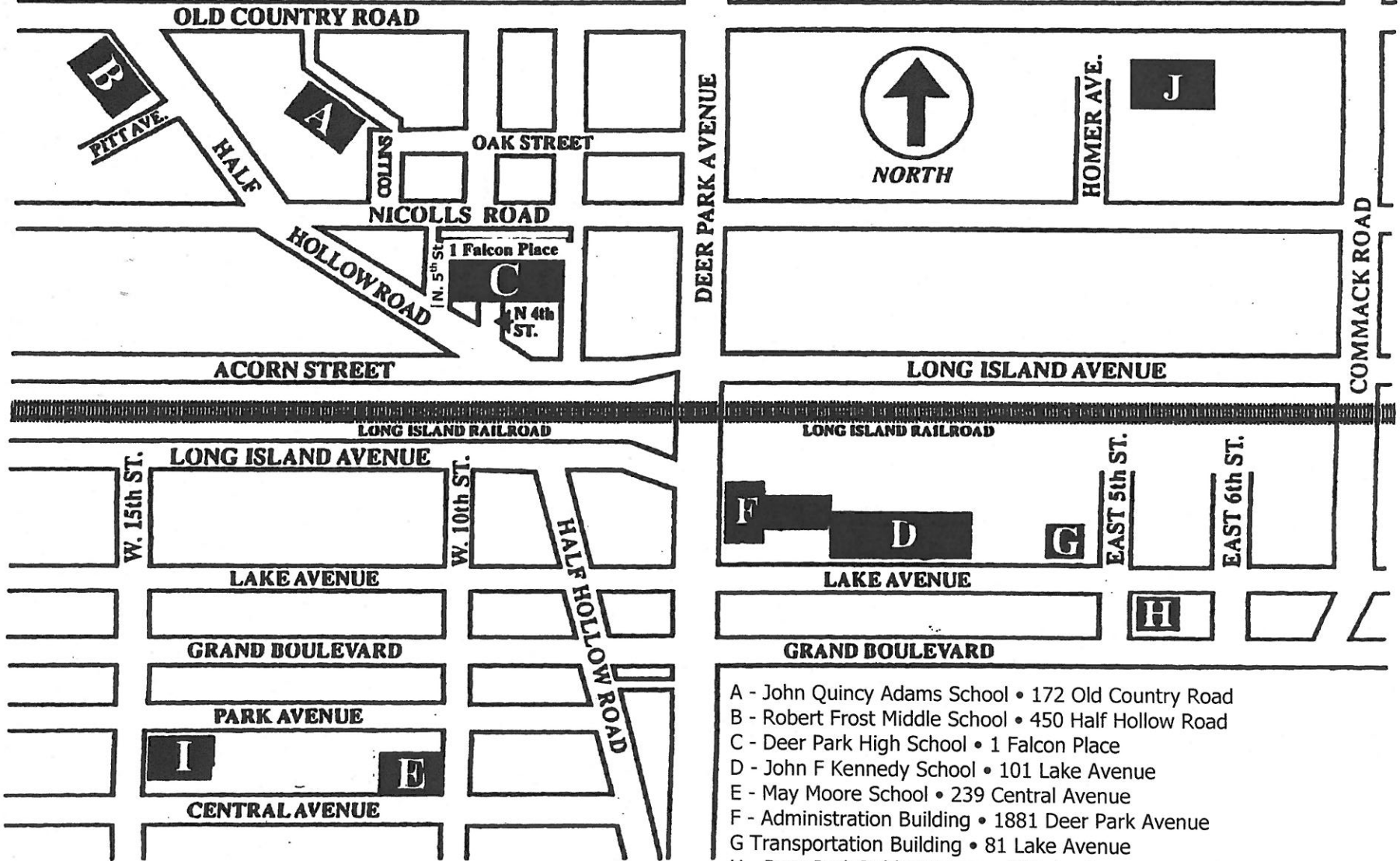
(NOTARY PUBLIC)



DEER PARK SCHOOL DISTRICT MAP

**NORTH TO JERICHO 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 School • 101 Lake Avenue
- E - May Moore School • 239 Central Avenue
- F - Administration Building • 1881 Deer Park Avenue
- G Transportation Building • 81 Lake Avenue
- H - Deer Park Public Library • 44 Lake Avenue
- I - Lincoln School • 300 Park Avenue
- J - Memorial School • 41 Homer Avenue

2016-17 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 8, 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 need to be reviewed only for grades prekindergarten, kindergarten, 1, 2, 6, 7 and 8.) 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 9 through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

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

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1 and 2	Grades 3, 4 and 5	Grades 6, 7 and 8	Grades 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years of age or older or 3 doses if aged 7 years or older and the series was started at 1 year of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³		Not applicable		1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses			
Hepatitis B vaccine ⁶	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 the ages of 11 through 15 years of age			
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable		By Grade 7: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable			
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 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 months, 4 months, 6 months and at 15 through 18 months and at 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.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 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 or age or older will meet the 6th grade Tdap requirement.
 - e. For children 7 years of age or older who received the first dose on or after their first birthday, the immunization requirement is 3 doses. If the first dose was received before their first birthday, then 4 doses are required.
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 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years of age.
4. Poliovirus vaccine (IPV/OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at ages 2 months, 4 months and at 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 age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at age 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
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 prekindergarten.
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 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. For children aged less than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate vaccine (MenACWY). (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menevo) is required for students entering grade 7.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at age 16 years or older, the second (booster) dose is not required.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months 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.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months 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 third 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: www.health.ny.gov/prevention/immunization/schools

For further information contact:

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