



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### **REGISTRATION INFORMATION**

Welcome to the Susquehanna Valley Central School District! You can register a new student using the SVCSD online registration system or print and complete the attached paperwork. A new student is defined as new to SVCSD and having never attended our district, or a previous SVCSD student that withdrew and is re-enrolling.

A parent or legal guardian must register the student. Anyone other than a parent listed on the birth certificate must provide court paperwork verifying the custody of said child. The student must be legally living with and registered by a parent or guardian who reside in the Susquehanna Valley Central School District. The building principal must approve all court papers regarding custody or guardianship prior to enrolling the child.

#### **REQUIRED FOR ENROLLMENT IN SUSQUEHANNA VALLEY SCHOOLS:**

- Official proof of age for the child - Birth Certificate or passport
- Immunization Records
- Proof of residency – **2 Forms** (deed, lease, tax bill, current utility bills)
- Photo identification for the parent/guardian (Government issued)
- Proof of custody (if applicable)
- Special Education requirements (if applicable)
- Foster Family Documentation (DSS-2999, if applicable)

Once complete, you can bring to the District Office or email required documentation listed above and the completed paperwork to [registrar@svsabs.org](mailto:registrar@svsabs.org).

[NYS Health Examination Form](#) - NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Preschool Special education (CPSE). Please note that this form does not need to be submitted with registration paperwork, and can be submitted at a later date.

[SVCSD Health History Form](#) - Required prior to beginning attendance in a school building. Please note that this form does not need to be submitted with registration paperwork, and can be submitted at a later date.

**SVCSD District Office Phone: 607-775-0175 ~ Fax: 607-775-4575**



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### Student Registration

Date: \_\_\_\_\_

FIRST NAME		MIDDLE NAME		LAST NAME	
DATE OF BIRTH		PLACE OF BIRTH			
<b>STUDENT SCREEING QUESTIONS</b>					
1. What grade is the student currently enrolled in?					
2. What is the student's gender?					
3. Has the student ever attended Susquehanna Valley before?				Yes	No
4. Does the student have an IEP, 504 Plan, attend special class, OT, PT or Speech?				Yes	No
5. Is there a custody order on file regarding this student?				Yes	No
6. Is this student currently in Foster Care?				Yes	No
7. Is this student permanently housed?				Yes	No
8. Will the student be dropped off at home or a secondary location?				Home	Secondary
9. Is there a parent or guardian <i>not</i> living with the student? If yes, please put their information below & provide custodial paperwork.				Yes	No
RELATIONSHIP		FIRST NAME		LAST NAME	
ADDRESS				LOT/APT#	
CITY		STATE		ZIP CODE	
HOME PHONE		CELL PHONE		WORK PHONE	
EMPLOYER			EMAIL		
----Custody	----Lives With	----School Pickup	----May Contact	----Receives Mail	----Emergency Notification
<b>LAST SCHOOL INFORMATION</b>					
DISTRICT NAME			BUILDING NAME		
STREET			CITY, STATE, ZIPCODE		



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### PARENT/GUARDIAN/HOUSEHOLD INFORMATION

**\*\*\*PLEASE LIST PARENTS OR GUARDIANS WHO RESIDE IN THE PHYSICAL RESIDENCE\*\*\***

PARENT/GUARDIAN 1							
		LAST NAME		FIRST NAME			
HOME PHONE		CELL PHONE		WORK PHONE			
EMPLOYER		EMAIL ADDRESS					
Please verify the relationship status to the students you are enrolling.							
Relationship	Student	Has Custody		Lives With		Receives Mail	
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO

PARENT/GUARDIAN 2							
		LAST NAME		FIRST NAME			
HOME PHONE		CELL PHONE		WORK PHONE			
EMPLOYER		EMAIL ADDRESS					
Please verify the relationship status to the students you are enrolling.							
Relationship	Student	Has Custody		Lives With		Receives Mail	
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO
		YES	NO	YES	NO	YES	NO



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### PARENT GUARDIAN/MISCELLANEOUS INFORMATION

ADDRESS INFORMATION			
<b>PHYSICAL ADDRESS</b> – This is the address where you physically reside.			
STREET ADDRESS		LOT/APT	
CITY	STATE	ZIP CODE	
<b>MAILING ADDRESS</b>		<input type="checkbox"/> Mailing address is the same	
STREET ADDRESS		LOT/APT	
CITY	STATE	ZIP CODE	
Has your family ever applied for or are interested in free/reduced meals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Listed below are the phone numbers that the Susquehanna Valley Central School District's automated notification system will contact in the event of an emergency notification. Please review the numbers to ensure their accuracy or please inform registration staff if you do not want to be contacted at a particular number.			
<b>Relationship</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
Please list three emergency contacts who will assume temporary care of your child if you cannot be reached. Please include daytime telephone numbers, cellphone numbers, or work numbers.			
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Type</b>
<input type="checkbox"/> Can pick up my child from school	<b>Emergency Contact</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Type</b>
<input type="checkbox"/> Can pick up my child from school	<b>Emergency Contact</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Type</b>
<input type="checkbox"/> Can pick up my child from school	<b>Emergency Contact</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### CENSUS INFORMATION (Please Print)

<i>Head of Household</i>	<i>Address</i>	<i>Phone Number</i>

### Person in Parental Relationship/Guardianship Status:

\_\_\_Parents    \_\_\_Foster Parent    \_\_\_Related Guardian    \_\_\_Adoptive Parent    \_\_\_Other

Please include all children (birth to age of 18) living in the house. This would include those already attending Susquehanna Valley School District.

<i>Name</i>	<i>Date of Birth</i>	<i>Male/Female</i>	<i>Grade</i>	<i>Building</i> <i>(if applicable)</i>

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



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### STUDENT INFORMATION (Please Print)

Last Name	First Name	Middle Initial/Name:
Date of Birth	Gender	Current Grade
City & State of Birth:		

### PREVIOUS SCHOOL INFORMATION:

• Does the student have an IEP, 504 Plan, attend special class, receive OT (Occupational Therapy), PT (Physical Therapy), or Speech?	Yes	No
• Has the student ever attended the Susquehanna Valley School District in the past?	Yes	No
• <b>SV School Information:</b> Grade last attended ----- Building -----		
• Other: Name of Last School/Building Attended:		

### RACIAL AND ETHNIC IDENTIFICATION:

1. Is this student Hispanic, Latino, or of Spanish origin? ☐ Yes ☐ No  
(NOTE: Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.)
2. Select one or more races from the following five racial groups:

\_\_\_\_\_ **AMERICAN INDIAN OR ALASKA NATIVE**

A person having origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition, e.g., Cherokee, Mohawk, Inuit.

\_\_\_\_\_ **ASIAN:**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **BLACK**

A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **WHITE**

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**IMPORTANT:** Required Copies of current legal documents (custodial, guardian, foster, etc.) Please list name/s and contact information for any agency that my legally obtain information regarding this child. This section should only be completed if you are working with an agency like CPS, DSS, Children's Home, etc. If no agency is involved, please leave blank.

1 <sup>st</sup> Agency	2 <sup>nd</sup> Agency
Agency Name:	
Contact Name:	
Address:	
Phone:	
Email Address:	

**Parent/Guardian or Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Elisa Alvarez, Associate Commissioner Office of  
Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Person in Parental Relation:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
		Male
Month	Day	Year
		Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	English	Other	_____ specify
2. What was the first language your child learned?	English	Other	_____ specify
3. What is the Home Language of each parent/guardian?	Parent (1) _____ specify	Parent (2) _____ specify	Guardian(s) _____ specify
4. What language(s) does your child understand?	English	Other	_____ specify
5. What language(s) does your child speak?	English	Other	_____ specify Does not speak
6. What language(s) does your child read?	English	Other	_____ specify Does not read
7. What language(s) does your child write?	English	Other	_____ specify Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

\*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?      Minor      Somewhat Severe      Very severe

10a. Has your child ever been referred for a special education evaluation in the past?      No      Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

No      Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)      3 to 5 years (Special Education)      6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?      No      Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

Month:      Day:      Year:

\_\_\_\_\_  
Date

Relationship to student:    Parent    Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: Christina Radicchi      POSITION: Registrar

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: Vanessa Moschak      POSITION: CSE Director

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

\_\_\_\_\_  
MO.      DAY      YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

- ☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_      POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

\_\_\_\_\_  
MO.      DAY      YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

- ☐ ENTERING      ☐ EMERGING      ☐ TRANSITIONING      ☐ EXPANDING      ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:





# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### Susquehanna Valley Central School District HOUSING QUESTIONNAIRE

Name of LEA: Susquehanna Valley Central School District

Name of School:

Name of Student:

Gender:

Date of Birth:

Grade:

Physical Address:

Mailing Address:

Parent/Guardian:

Phone Number:

**The information you give below will help the district determine what services you or your child may be eligible for under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed; such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

Where is the student currently living? (Please check only one box)	
<input type="checkbox"/>	In a shelter
<input type="checkbox"/>	With another family or other person because of loss of housing or as a result of economic hardship
<input type="checkbox"/>	In a hotel/motel
<input type="checkbox"/>	In a car, park, bus, train, or campsite
<input type="checkbox"/>	Other temporary living situation (Please explain)
<input type="checkbox"/>	In permanent housing

X

Signature



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District  
Special Services Office  
1040 Conklin Rd Conklin NY 13748  
PO Box 200 Conklin NY 13748  
Telephone: (607) 775-9111  
Fax: (607) 775-9110

### AUTHORIZATION TO RELEASE INFORMATION

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PREVIOUS SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

I give my permission for you to discuss my child and release all records pertinent to educational planning and programming, including an individual education plan (IEP), 504 Plan, related services reports (O.T., P.T., Speech) , psychological, psychiatric, social & medical reports.

### RELEASE INFORMATION TO:

Susquehanna Valley Central School District  
Special Services Office  
1040 Conklin Rd Conklin NY 13748  
PO Box 200 Conklin NY 13748  
Telephone: (607) 775-9111  
Fax: (607) 775-9110

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District  
1040 Conklin Rd Conklin NY 13748  
PO Box 200 Conklin NY 13748  
Telephone: (607) 775-0175

### AUTHORIZATION TO RELEASE ACADEMIC RECORDS

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PREVIOUS SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

I give my permission for you to discuss my child and release all records pertinent to educational planning and programming, including an individual education plan (IEP), 504 Plan, related services reports (OT, PT, Speech), Response to Intervention (RTI) & Academic Intervention Services (AID), psychological or psychiatric testing, social & medical reports.

Please include the following records:

_____ Scholastic Records	_____ Standardized/SAT Scores
_____ Attendance Records	_____ Latest Report Card
_____ Transcripts/Exit Grades	_____ Other Pertinent Information

Please mail or fax records as soon as possible to the following school:

_____ Brookside Elementary School 3849 Saddlemire Rd Binghamton NY 13903 Phone: (607) 775-7513 Fax: (607) 775-7516	_____ Richard T. Stank Middle School PO Box 225 Conklin NY 13748 Phone: (607) 775-9132 Fax: (607) 775-9142
_____ Donnelly Elementary School PO Box 250 Conklin NY 13748 Phone: (607) 775-0176 Fax: (607) 775-9313	_____ Susquehanna Valley High School PO Box 275 Conklin NY 13748 Phone: (607) 775-9115 Fax: (607) 775-9126

Parent/Legal Guardian Signature: \_\_\_\_\_



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District  
1040 Conklin Rd Conklin NY 13748  
PO Box 200 Conklin NY 13748  
Telephone: (607) 775-0175

### AUTHORIZATION TO RELEASE HEALTH RECORDS

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PREVIOUS SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

Please include the following records:

_____ Immunization Records	_____ Latest Physical
_____ Health History	_____ Emergency Information

Please fax/mail records as soon as possible to the following school:

_____ Brookside Elementary School 3849 Saddlemire Rd Binghamton NY 13903 Phone: (607) 775-7515 Fax: (607) 775-7502	_____ Richard T. Stank Middle School PO Box 225 Conklin NY 13748 Phone: (607) 775-9136 Fax: (607) 775-9136
_____ Donnelly Elementary School PO Box 250 Conklin NY 13748 Phone: (607) 775-0176 Fax: (607) 775-9313	_____ Susquehanna Valley High School PO Box 275 Conklin NY 13748 Phone: (607) 775-9119 Fax: (607) 775-9119

Parent/Legal Guardian Signature: \_\_\_\_\_



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

#### REGULATIONS FOR BUSING TO ALTERNATIVE SITES

**\*\*You must submit a new request for alternative transportation every year, even if there are no changes from last year, or your child will be picked up and dropped off to/from the home address on file.**

To ensure the safe and proper delivery of each student being transported, the Susquehanna Valley Central School District cannot accommodate daily transportation schedule changes for students.

All changes to transportation pick up and drop off locations must be submitted in writing seven (7) days in advance of the effective date change.

Students assigned to Donnelly Elementary School cannot be transported to a Brookside Elementary School address for an alternate site: Brookside Elementary School students cannot be transported to a Donnelly elementary School address for an alternate site.

If your student has an alternating or rotating schedule, a note must be submitted to your student's school on Monday every week, detailing which locations transportation is requested.

Safety is our top priority! We appreciate your assistance in communicating the individual needs of your family, so we can continue to provide accurate transportation to all of our students.

#### **Changes are subject to bus space availability**

**Any transportation questions, comments or concerns may be directed to:**

**Phone: 607-775-9153 / Fax: 607-775-9162**

Nelissa Rupe – Transportation Supervisor

**SVCSD Transportation Department  
1040 Conklin Rd Conklin NY 13748**

# SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT ALTERNATE TRANSPORTATION FORM

SCHOOL (check): Donnelly Brookside RTS H.S.  
GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_

PARENT PHONE NUMBER: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

REQUEST FOR: (check) ENTIRE SCHOOL YEAR ☐ OR ☐ TEMPORARY-Date range: \_\_\_\_\_

## AM Pick Up

My student will not be picked up at home on these days.

(Place an X in the boxes below for which days an alternate site pick up location is requested)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please pick him/her up at  
Alternate Site Address: \_\_\_\_\_

Alternate Site Contact Name: \_\_\_\_\_

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

Is this person related to your student? If Yes, how: Yes \_\_\_\_\_

## PM Drop Off

My student will not be dropped off at home on these days.

(Place an X in the boxes below for which days an alternate site drop off location is requested)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please drop him/her off at  
Alternate Site Address: \_\_\_\_\_

Alternate Site Contact Name: \_\_\_\_\_

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

Is this person related to your student? If Yes, how: Yes \_\_\_\_\_

**Return Completed Forms to your student's school, the District Office or Transportation  
(7) seven days prior to effective date.**

### TO BE COMPLETED BY TRANSPORTATION DEPARTMENT.

HOME BUS #

Alt. AM BUS #

Alt. PM BUS #

AM Pick Up Time: \_\_\_\_\_

AM Pick Up Time: \_\_\_\_\_

PM Drop Off Time: \_\_\_\_\_

PM Drop Off Time: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Parent contacted: \_\_\_\_\_



# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT COMPUTER USAGE AND INTERNET SAFETY POLICY USER AGREEMENT

**STUDENT:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_  
Last name, first name (print)

I understand and will abide by the Computer Usage and Internet Safety Policy. I further understand that any violation of the regulations below is prohibited and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PARENT OR GUARDIAN**

(If the student is under the age of eighteen (18), a parent or guardian must also read and sign this agreement).

As the parent or guardian of this student, I have read the Computer Usage and Internet Safety Policy. I understand that this access is designed for educational purposes. Susquehanna Valley Central School District has taken precautions to eliminate inappropriate material; however, I also recognize it is impossible for the Susquehanna Valley Central School District to restrict and or monitor access to all controversial materials and I will not hold them responsible for materials acquired via the network. Further, I accept full responsibility for supervision if and when my child's use of the school network is not in a school setting. I hereby give permission for my child to have access to the internet through the Susquehanna Valley Central School District's computer networks and for the District to issue an account for my child and certify that the information contained on this form is correct. This acknowledgement shall be continuing and valid throughout the time my child is a student at Susquehanna Valley Central School District.

Parent or Guardian's Name (print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Susquehanna Valley Central School District Computer Usage and Internet Safety Policy can be found on the District Website. If you would like a copy of this policy, please contact the District Office.



# Susquehanna Valley Central School District

## Publicity/Public Information Opt-Out Form

Please sign and return this form ONLY if you DO NOT want your child to be photographed or recorded for the district website or other publicity/public information purposes.

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I **DECLINE** permission for the Susquehanna Valley CSD to photograph or obtain video and/or audio recordings of my children for publicity/public information purposes, including, but not limited to, the district website, Facebook page, news releases, multi-media presentations, newspaper, radio or television news stories or advertisements.

**PLEASE PRINT YOUR NAME:** \_\_\_\_\_

**PLEASE PRINT YOUR CHILDREN'S NAMES AND THE SCHOOL THEY ATTEND:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



**Susquehanna Valley Central School District**  
P.O. Box 200, 1040 Conklin Road, Conklin, NY 13748





# SUSQUEHANNA VALLEY

## CENTRAL SCHOOL DISTRICT

### STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender:
	Grade:		M F
Parent/Guardian: (person completing this form)	Home Phone:	Date:	
	Cell Phone:		

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition			
Seen a medical specialist			
Had allergies:			food environmental insect medication other
Been hospitalization			
Had an operation			
Had an injury requiring an Emergency Room visit			
Missed 5 days of school in a row due to illness/injury			
Had a bone/muscle injury			
Passed out, had a concussion or serious head injury			
Had a convulsion/seizure			
Had a vision problem or condition			glasses contacts
Had a hearing problem or condition			hearing aid cochlear implant
Worn dental bridge, braces or mouthpiece			
<b>Have any family members under the age of 50 ever:</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, please specify:</b>
Had a heart attack			
Had other serious health problems			

#### CHECK ALL THAT APPLY TO YOUR CHILD:

- |                          |  |                                  |
|--------------------------|--|----------------------------------|
| ADHD                     | Conditions (ulcer, reflux, IBS)                        | Scoliosis                        |
| Asthma/trouble breathing | Headaches/migraines                                    | Single Organ ( kidney, testicle) |
| Autism/Asperger          | Heart Conditions                                       | Skin Condition                   |
| Dental Injuries          | High Blood Pressure                                    | Speech Condition                 |
| Diabetes                 | Mental Health Condition                                | Urinary Condition                |
| Ear Infections           | (Depression, eating disorder, anxiety, OCD, ODD, etc.) |                                  |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school			
Taken at home			
<b>ASSISTIVE EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>Please check all that apply</b>
During or outside of school			crutches walker wheelchair other:
<b>TREATMENTS</b>	<b>YES</b>	<b>NO</b>	
During or outside of school			insulin/blood glucose monitoring inhaler/nebulizer/peak flow monitoring special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes:

Please list any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

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