

**Glens Falls Common School District
Abraham Wing Elementary School
120 Lawrence Street
Glens Falls, NY 12801**

Registration

Please bring the following information with you to your registration appointment:

- Before we begin the registration process, we must establish residency. As required by NYS law and District policy, you must provide the proper documentation to establish residency. Two proofs are required to establish residency, both proofs must be from the following list:

Driver's License/ Permit

Landlords Affidavit

Water, Electric or Telephone Bill

Property tax bill

Rental/ Lease Agreement

Mortgage Statement

If you are in a temporary housing situation, please let us know immediately.

- Your child's birth certificate
- A copy of your child's physical and immunization records from their doctor

Your child will not be able to start school until we have all of these documents.

If you have any questions or would like more information please contact the district registrar, Carisa Vogel at (518) 792-3231.

GLENS FALLS COMMON SCHOOL DISTRICT
Abraham Wing School
120 Lawrence Street
Glens Falls, NY 12801

HEALTH OFFICE PROCEDURES

Please read carefully and keep for future reference.

1. The School Nurse may be contacted directly by dialing (518) 793-7419.
2. No medication will be given without the written consent of the parent(s) and written orders from the family physician. The prescription on a box or bottle is not enough because it does not have the physician's signature, and we encourage you to give medications at home if at all possible. If medication must be given at school, it must be sent in the original bottle and transported by the parent, not by the child.
3. The school nurse may administer first aid only to injuries that occur while the student is at school. She may not treat injuries that happen at home or remove dressings that have been applied outside of school. She may not probe for any foreign bodies, such as splinters, etc.
4. Your child **MAY NOT RETURN TO SCHOOL FOR 24 HOURS** after vomiting, diarrhea or a temperature have stopped.
5. Yearly screening physicals are performed at school by the school physician, and recommendations for treatment are made if necessary. If you prefer that your child not participate in the mandated screenings, please submit your request **in writing** to the school nurse.
6. The school nurse may not diagnose a condition, and therefore, cannot prescribe medication or treatment.
7. You must advise the school of a person to be notified in case of emergency in the event that you cannot be reached.
8. The school nurse **must be notified** if your child has a contagious disease. (Ex. chicken pox, strep, etc.)
9. If your child is absent for an illness, your note as they return to school should indicate the nature of the illness, such as a sore throat, cold, upset stomach, etc.
10. Please advise the school nurse of any eye check-up, glasses, dental care, immunizations, hearing check-up, operations, chest x-ray, tuberculin tests or anything pertinent to your child's health. We need the name of the doctor and date of the appointment for our records.
11. Pediculosis (head lice) has become a serious, country-wide problem for the past several years. It is strongly recommended that you check your child's frequently for nits or live lice. If any are found, please notify the school nurse and treat them before your child returns to school. **Your child must be seen by the school nurse upon his/her return to school BEFORE going to the classroom.**

Glens Falls Common School District
Abraham Wing Elementary School
120 Lawrence Street
Glens Falls, NY 12801

The use of pesticide products may be applied periodically throughout the school year at the Glens Falls Common School District. Under the Pesticide Neighbor Notification Law, Section 409-h of the Education Law, the District is required to maintain a list of parents/guardians and school staff who wish to receive 48 hour advanced written notice of an actual pesticide application in the facilities or on school grounds. You may register for 48-hour notification by contacting Mrs. Vogel, between the hours of 8:00 am and 3:00 pm at 518-792-3231.

STUDENT INFORMATION:

First Name: _____
Last Name: _____
Gender: _____
Date of Birth: _____
HOME ADDRESS, PHONE and E-mail:
Home Address: _____
Home phone number: _____
E-mail Address: _____

PARENTS/GUARDIANS AT HOME ADDRESS:

Female Guardian:
 Relationship to Child: _____
 Employer: _____
 Cell Phone: _____
 Work Phone: _____

Male Guardian:
 Relationship to Child: _____
 Employer: _____
 Cell Phone: _____
 Work Phone: _____

EMERGENCY CONTACTS:

Name: _____
 Relationship: _____
 Home Phone: _____ Cell Phone: _____

Name: _____
 Relationship: _____
 Home Phone: _____ Cell Phone: _____

Name: _____
 Relationship: _____
 Home Phone: _____ Cell Phone: _____

Name: _____
 Relationship: _____
 Home Phone: _____ Cell Phone: _____

PUBLICITY PERMISSIONS FOR CHILD:

Photo/name on TV or in the local newspaper, school web page, school Facebook page? (Please Circle yes or no).

Yes No

REMIND TEXT MESSAGING SYSTEM

Would you like to receive text message reminders from the school? You will be informed about snow days; delays, half days, etc. (Please circle yes or no).

Yes No

ARMED FORCES:

Is parent/ guardian currently on active duty with the armed forces? **YES** **NO**

If yes, what was the entry date (date parent/ guardian entered active duty in the armed forces):

The Armed Forces are the Army, Navy, Air Force, Marine Corps, Coast Guard or full time National Guard. Active duty means full time duty in an active military serve of the United States.

CHILDREN IN HOUSEHOLD:

Name	Birth Date	Gender	Grade

PARENT NOT LIVING WITH FAMILY:

Name: _____
Address: _____
City, State, Zip Code: _____
Home Phone: _____

- Should receive newsletters, report cards, etc.
 OK to use as an emergency contact.

CUSTODY ARRANGEMENTS (if any):

Custody papers must be on file in our office to enforce any custody arrangements that are in place. This information is held in a confidential file in our office.

Services:

Special Education? Y or N
 Remedial Reading? Y or N
 Remedial Math? Y or N

NOTES:

PARENT SIGNATURE/DATE SIGNED:

Signature: _____	Date: _____
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ABRAHAM WING SCHOOL RESIDENCY QUESTIONNAIRE

Name of Student: _____

Address: _____

Date of Birth: _____ Grade: _____

The answer you give below will help the district determine what services you and your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't 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 circle only one.)

- With Parent/ Guardian
- In a shelter
- With another family or other person
- In a hotel/ motel
- In a car, park, bus, train or campsite
- Homeless
- Other temporary living situation (Please Describe) _____

Please also provide 2 proofs of residency, we need a copy of your:

- Current Lease
- Current Mortgage Statement
- Signed and Notarized Residency Affidavit

Please also provide:

- Current Utility Bill
- Current Phone Bill
- Current Tax Bill

NO other proofs of residency will be accepted. If you have not received your utility bill you may call National Grid, your land line telephone company (not cellular), or cable company and ask that they fax an assurance of service being turned on in your name at your current address to 792-2557.

Signature of Parent/ Guardian

Date

Special Education Field Advisory

You have the right to refer your child (ren) to be evaluated for purposes of special education services or programs at any time by contacting CSE/ CPSE co-chairperson Sue Hildebrandt or Tricia Albrecht at 518-792-3231. More information can be found in A Parent's Guide to Special Education on the New York State Education Department's web site.



GLENS FALLS COMMON SCHOOL DISTRICT
ABRAHAM WING SCHOOL
120 Lawrence Street
Glens Falls, New York 12801

ADMINISTRATIVE OFFICES
John Godfrey, *Superintendent*
(518) 792-3231

Carisa Vogel, *Secretary*
(518) 792-3231

BUSINESS OFFICE
Judy Hemingway
(518) 793-1950

FAX
(518) 792-2557

The student listed below has enrolled at Glens Falls Common School District, Abraham Wing Elementary School. Please forward, at your earliest convenience, the following records:

- Academic Records
- Attendance Records
- Health/ Immunization Records
- Birth Certificate
- Standardized Test Data
- Approximate Grades for the current marking period
- CSE records
- Custody Papers

Previous School Name:
Student's Name:
Current Grade:
Date of Birth:

Signature of Parent/ Guardian

Relationship

Date

Comments:

Glens Falls Common School District
Abraham Wing Elementary School
Student Attendance Policy

STUDENT ATTENDANCE POLICY SUMMARY

Parent Requirements:

- School begins promptly at 8:30 a.m.
- Parent(s) should notify the school nurse prior to 8:30 a.m. at 793-7419 or sbraymer@abewing.org if their child will be absent or tardy.
- A child returning to school after an absence must bring in a written excuse. **The excuse must include the child's full name, the reason for the absence, the date(s) absent, a parent or guardian's signature and provider documentation if required.**
- If a child is tardy the parent/ guardian must sign them in at the main office. **Children are not allowed to come to school late without a parent.**
- If a child must leave during the day, the parent or guardian should send a dated note in with the child advising that he/she will be leaving, what time, the reason why and whether or not he/ she will return to school that day and a phone number the parent can be reached at. All parents or guardians should come to the main office to pick up their child. **Students will not be dismissed to walk home during the school day.**

Excused vs. Unexcused absences, Tardiness and Early Releases

The following reasons for pupil absence, tardiness and/ or early release shall be considered by the District to be excused:

- Personal illness with a written excuse
- Physician, Dental and Counselor appointments with provider documentation
*Valid for appointment time and reasonable travel time only
- Death in the immediate family
- Religious observance
- Student required court appearance with court documentation

Any other pupil absence, tardiness or early release is considered to be unexcused. Parents or guardians are required to submit a written excuse when a student is absent, tardy or to be released early. **If a parent or guardian fails to write a note, the absence, tardiness or early release is recorded as unexcused.**

TURN OVER AND SIGN THE BACK

Attendance and Grade Level Credit

Since the District strongly believes in the correlation between regular attendance and academic achievements, students who are absent, tardy, or dismissed early in excess of 20 days (legal and illegal) will be in jeopardy of being retained. Notice to the student’s parents or guardians regarding absences, tardiness and early dismissals will be as follows:

- After 5 incidents of absences, tardiness and early dismissals, a letter will be sent home to the parents/guardians reviewing the policy.
- After 10 incidents of absences, tardiness and early dismissals, there will be a meeting with the parents/guardians, which will include the classroom teacher, school social worker and superintendent. At this meeting, strategies to improve attendance will be put in place.
- After 15 incidents of absences, tardiness and early dismissals, a second letter will be sent home to the parents/guardians reviewing the policy and possible future consequences.
- When a student reaches 20 incidents of absences, tardiness and early dismissals, there will be a second meeting with the parents/guardians to discuss future consequences.

Sanctions

- Consistent with the district’s commitment to keep students in school, Child Protective Services may be involved for any student who has more than 20 incidents of absences, tardiness and early dismissals.
- Any student who has more than 20 incidents of absences, tardiness and early dismissals will be in jeopardy of grade retention.

I have received and read the summary of the Student Attendance Policy

Child’s Name

Parent’s Signature

Date

**GLENS FALLS COMMON SCHOOL DISTRICT
CODE OF CONDUCT**

ABRAHAM WING STUDENTS SHALL HAVE THE RIGHTS AFFORDED TO STUDENTS UNDER THE PROVISION OF THE FEDERAL AND STATE CONSTITUTIONS AND THE LAWS OF THE STATE OF NEW YORK.

RESPONSIBILITIES

A student shall not act in such a manner which disrupts the rights of others or which causes disorder or invades the rights of others.

A school is a place of learning. Learning involves the expansion of knowledge as well as acting in a manner considerate of the rights and feelings of others. Students learn from each other. Students must be conscious that younger students follow the leadership of upper classmen. Such examples should enhance the school environment.

Students are expected to show respect for faculty and all other members of the school community. A relationship based upon respect creates a harmonious environment. It shall be the responsibility of students to:

- Be aware of and obey school rules and regulations.
- Accept responsibility for their own actions.
- Respect the rights of others, including the right to secure an education in an environment that is orderly and disciplined.
- Avoid bullying, harassing behavior.
- Attend school regularly and punctually.
- Take advantage of the academic opportunities offered at school.
- Support and participate in school activities.
- Respect school property and the property of others.
- Strive for mutually respectful relationships with teachers and administrators.

PROHIBITED CONDUCT ON ABRAHAM WING PREMISES

All rules and regulations apply to students:

- On the school grounds or within reasonable proximity to school grounds during and immediately before or after school hours.
- On the school grounds at any other time when the school is being used by a school group.
- Off the school grounds, on school buses, at a school activity, function or event.
- Off the school grounds when the prohibited behavior is a consequence of or directly related to causes or events that occurred or originated on school grounds.
- Whenever the misconduct has a real and substantial relationship to the lawful maintenance and operation of the school district, including the health and safety of the students and employees, and/ or otherwise adversely affects the education process.

THE RANGE OF CONSEQUENCES

The range of consequences that may be imposed for the conduct set forth in the Code of Conduct for Student Behavior is as follows:

- Verbal Warning
- Written Warning
- Written Notification to parent/ guardian
- Counseling
- Suspension
- Suspension from clubs or activities
- Removal from classroom

Any suspension from attendance from instruction may be imposed only in accordance with Education Law section 3214 (3).

This is a summary of the schools Code of Conduct. A copy of the Code of Conduct can be found on our website at www.abewing.org, you can also request a copy by contacting the school at 792-3231.

Parent Signature

Date



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

Lissette Colón-Collins, Assistant 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 Guardian:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

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Language Background
(Please check all that apply.)

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

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

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

NAME: _____ POSITION: _____

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:

Abraham Wing Elementary School
Parent / Guardian Internet Permission Letter

Filtered and Supervised Internet Access

The Glens Falls Common School District provides filtered Internet access to our students. It must be made clear, however, that although your child's use of the Internet will be supervised and filtered, we can not guarantee that a student will not be able to access information that you might consider objectionable.

Responsible Access

It is imperative that both students and their parents be aware of each individual student's responsibility for ethical and appropriate Internet use. Just as students are expected to behave properly in the classroom and hallways, they will also be required to behave responsibly while using school computers and networks. Technical resources are provided to help students meet their information needs within the context of teacher-planned assignments and school-sponsored activities. School staff reserves the right to suspend or terminate the use of the Internet by any student who violates these policies. Similarly, Internet use is subject to all policies and regulations that govern student behavior in other school activities.

Parental Permission

Although you are not required to grant permission for your child to access the Internet, we firmly believe that Internet use in an approved educational setting, with specific educational objectives and under appropriate supervision will prove to be a positive learning experience for your child. If you choose not to grant permission for your child to access the Internet as part of his/her experience at Abraham Wing School, we will provide alternate information sources for him/her.

Please review the attached Student Guidelines for Acceptable Internet Use agreement. We encourage you to take advantage of this opportunity to discuss your family's values with your child and how they should affect their Internet use.

Student Guidelines for Acceptable Internet Use

Access to the Internet is offered to help students learn. With the help of teachers, the Internet can be used for researching, studying and communicating, but the Internet also includes some information that is not appropriate for students and the school environment. Therefore, students must agree to behave properly when using this powerful learning tool. The following rules should help a student understand what of behavior is expected of Internet users.

1. Students must be kind and polite when using the Internet.
2. Students must use Internet equipment only for school-sponsored activities.
3. Students may use the Internet only when they have permission from a teacher.
4. Students should not damage or mistreat computer equipment under any circumstances.
5. Students should not access files without the permission or knowledge of the file's owner.
6. Students must not write or send threatening, harmful, or harassing messages or pictures.
7. Students must not share their personal address, phone number or any other contact information over the Internet. They also must not share information about friends, fellow classmates or teachers.
8. Students should be aware that e-mail and Internet use can and will be monitored and controlled, therefore it is not private.

Parent/Guardian: "I have read the Parent/Guardian Internet Permission letter and the Student Guidelines for Acceptable Internet Use and have been offered the opportunity to ask any question I might have regarding these policies.

Child's Name: _____

Parent/ Guardian
Signature: _____

Date Signed: _____

**GLENS FALLS COMMON SCHOOL DISTRICT
ABRAHAM WING ELEMENTARY SCHOOL
2019-2020 SCHOOL YEAR**

Dear Parents:

Your child's class will go on educational field trips during the school year, and we would like to take your permission once for all of these trips. The classroom teacher will notify you of the dates and times of each trip, but this "blanket permission" keeps us from having to send home a separate permission slip for each trip.

Please complete the information below and return it to the school as soon as possible. Remember, your child cannot accompany the class on any trips if we do not have a signed permission slip on file in the main office.

This student has my permission to accompany his/her class on field trips during the 2019-2020 school year.

Student Name: _____

Grade/Teacher: _____

Parent Signature: _____

Glens Falls Common School District
Abraham Wing School
Student Racial and Ethnic Identification

All Students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name: Last, First, Middle:
Date of Birth (Month/Day/Year):
Grade Level:

Directions to Parent/ Guardian:

Please answer questions (1) and (2). Please read them before you respond. For question (1) check the box that best describes your child. Check only ONE box.

1. Is the student Hispanic, Latino or of Spanish Origin? 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.

Yes, Hispanic

No, not Hispanic

2. Select one or more races from the following five racial groups. Check all groups that apply to your child, check at least one box.

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.

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 Island, 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.

Signature of Parent/ Guardian

Date

ABRAHAM WING SCHOOL

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/ Guardian. The Glens Falls Common School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Glens Falls Common School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan education programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check in the box for the category or categories which best describe your child. The Glens Falls Common School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with or is regarded in the community as belonging. Thank you for your cooperation.

Confidentiality Procedures and Regulations

To the Parent/ Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Education Rights and Privacy Act (1974) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

**GLENS FALLS COMMON SCHOOL DISTRICT
ABRAHAM WING ELEMENTARY SCHOOL
STUDENT HEALTH HISTORY UPDATE**

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

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

CHECK ALL THAT APPLY TO YOUR CHILD:

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

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

Glens Falls Common School District
Abraham Wing School
120 Lawrence Street
Glens Falls NY, 12801

Dear Parents:

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index of "BMI". The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of health information about our student's weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of the health Department's survey this year, please print and sign your name below and return this form to the main office.

Sincerely,

Sandi Braymer, RN
School Nurse

Please do not include my child's weight status information in the school survey.

Print Child's Name

Date

Print Parent/ Guardian Name

Parent/ Guardian Signature