

INSTRUCTIONS: BASIC INFORMATION FOR SCHOOL REGISTRATION FORM

1. All Applicants **MUST** complete Numbers 1, 2, 3, 4 of the three page registration form and **sign and have notarized the bottom of page 3, by at least one parent.** Attach the following:
 - Copy of Original Birth Certificate or Passport
 - Copy of Driver's License
 - Proof of residency
 - Child's physical and immunization record
2. **DIVORCED OR SEPARATED PARENTS with** current custody orders must submit the Court Order **or** divorce papers stating that registering parent has residential custody.
3. **FOSTER PARENTS** must complete Sections 1 through 6 and submit a copy of BSW-241 or DSS2999 form. The DDS social worker (legal guardian) **MUST SIGN THE APPLICATION.**
4. **LEGAL GUARDIANS OR LEGAL CUSTODIANS** must complete Sections 1 through 6 and attach a certified copy of the Court Order and Affidavit Forms C & D. (Persons other than natural parents claiming a custodial relationship without a Court Order, must complete Sections 1 through 6 and Affidavit Forms C & D). **Forms C and D must be requested.**
5. **RENTERS:** If you are renting a home, please sign and notarize the Renter's Affidavit and have the landlord sign and notarize the Owner's/Landlord's Affidavit. This would also apply if you are sharing a home or not paying rent.
6. If you own your home, you do **not** need to fill out the Landlord/Owner's Affidavit.
7. All applicants **MUST** complete the following forms: Housing Questionnaire, Home Language Questionnaire, Student Racial and Ethnic Identification form, Student Emergency form, and Health History form.
8. All applicants **MUST** read and sign the Internet Use Agreement and the Records Release form
9. **Please read instructions carefully.** Not all forms will apply.

Once all is complete, you may drop the packet off at the middle school, attention Jackie Franke, Registrar or email the packet to jfranke@emoschools.org.

RESIDENCY INFORMATION:*

HOMEOWNERS: If you own a home, you must attach the following; recent mortgage statement or deed, or county or school tax receipt, **AND two utility bills.** **DO NOT COMPLETE FORMS A OR B.**

RENTERS/LESSEES: If you are **Renting** or **Leasing** an apartment or home, submit your lease or rental agreement if available and complete Affidavit **Forms A & B.** Submit a recent utility bill. Have landlord complete **Form B** and provide a tax bill or a deed. If you do not have written rental or lease agreement, complete **Affidavit Forms A & B,** and submit a utility bill.

*Individuals who cannot provide any of the above documents must submit a written and notarized explanation as to why the document is unavailable.

CHECKLIST

<u>HAVE YOU:</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Completed Sections 1, 2, 3 and 4? <u>ALL REGISTRANTS</u>	_____	_____	_____
Completed and had <u>NOTARIZED</u> all applicable Affidavit Forms A & B and/or C & D?	_____	_____	_____
Attached the lease if you are leasing?	_____	_____	_____
Obtained necessary <u>SIGNATURES</u> AND <u>NOTARIZATIONS</u> on <u>ALL</u> pertinent documents?	_____	_____	_____
Included a copy of your child's <u>ORIGINAL BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT?</u>	_____	_____	_____
Provided Immunization records? Proof of a recent skin test (PPD)Mantoux for tuberculosis with a negative result within 2 years or note from doctor stating it is not necessary. Please note that all students will be required to comply with the regulations.	_____	_____	_____
Completed child's physical examination? Physical must be performed by a New York State physician up to 12 months prior to the commencement of the school year in which the examination is required.	_____	_____	_____
Enclosed proof of residency documents (see requirements above) in the East Moriches School District?	_____	_____	_____
Enclosed a divorce decree or custody papers, if applicable?	_____	_____	_____
Enclosed remainder of completed forms in #7 and #8 on page one?	_____	_____	_____
Enclosed a transfer notice from the school your child was attending.	_____	_____	_____

**PLEASE PRINT
USING BLACK INK**

**OFFICIAL USE
ONLY**

Application
issued _____
Complete
application
received _____

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940
Tel: 631-878-0162 Fax: 631-909-1379

REGISTRATION FORM

COPY OF ORIGINAL BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. Today, _____, I am requesting permission to have the following child admitted to:

East Moriches Union Free School District

Student's Name: (Last, First, Middle) Date of Birth Grade Sex

Country/State of Birth: _____

(Check one)

2. Are you: ☐ Natural /Adoptive parent(s) (if there has been a divorce, refer to instruction sheet)
 ☐ Legal guardian (Court Appointed)
 ☐ Person in parental relationship
 ☐ Foster parent(s)

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____

Mailing Address, if different _____

Phone Number: Home() _____ Work() _____ Cell() _____

Date of Birth _____

Name of Employer _____

Address of Employer _____

Days Worked _____ Hours Worked: From _____ To _____

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____

Phone Number: Home() _____ Work() _____ Cell() _____

Date of Birth _____

Name of Employer _____

Address of Employer _____

Days Worked _____ Hours Worked: From _____ To _____

3. If the student is living with someone other than a parent or legally appointed guardian, give the address and telephone number of any living natural parents/guardians in spaces below. If both parents are deceased, provide copies of death certificates.

NOT APPLICABLE _____ (Check)

Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____
Name _____ Relationship _____
Address _____ Zip _____ Phone# () _____

4. General Student Information:

Total years your child has been schooled in the United States _____
Last School attended _____ Last Date of Attendance _____
Address _____
Phone Number _____

Does/did your child have an IEP (Special Education) or a 504 Plan: Yes _____ No _____ (Check one)

If yes, please provide a copy of the current IEP (Individual Educational Program) or 504 Plan

Student's last home address when in attendance at the previous school:

Street _____ Town _____ Telephone# _____

Name of Parent/Guardian at that previous address _____

Parent is active duty in the Armed Forces: Yes _____ No _____ (Check one)

HAS THE STUDENT EVER ATTENDED EAST MORICHES UNION FREE SCHOOL DISTRICT?

YES _____ NO _____

List the names of all children who live with you, whether in or out of school.

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS:

Has student participated in Interscholastic Athletics: Yes No (Circle one)

If YES, Level: JHS _____ JV _____ V _____ Intramural _____

Has the student participated in Band/Chorus? If so, circle either or both.

5. If the student is a FOSTER CHILD, foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999.

Type of Education: Academic _____ Occupational _____

Special Education _____ School District of Origin _____

6. **THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT. NOTE: The school retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in this or any other portion of this application.**

- a) Why is the child not living with his/her natural or adoptive parent? _____
- b) Does the student live in your home exclusively? Yes No (Circle One) _____
- c) Is this a temporary or permanent relationship? _____
- d) How often will the natural parents see the child? _____
- e) What percentage of financial support will be made by the natural parents? _____
- f) What percentage of financial support will be made by you? _____

The East Moriches School District is entitled to receive reimbursement of expenses for health-related services for children who are Medicaid eligible. To preserve confidentiality, we ask all parents to sign the following statement:

I hereby give permission for the East Moriches School District to disclose information from my child's educational records to local, state and federal representatives for the sole purpose of claiming Medicaid reimbursement should my child ever need health-related support services and should my child be receiving Medicaid at that time.

Signature of Parent/Guardian

Date

Under **PENALTIES OF PERJURY**, the statements contained in this application are true. I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. **ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Date

Date

PRINT Name of Mother/Guardian

PRINT Name of Father/Guardian

Signature Mother/Guardian
Sworn to before me
this day of

Signature Father/Guardian
Sworn to before me
this day of

Notary Public

Notary Public

RENTER'S/NON-OWNER'S AFFIDAVIT

FORM A-Page 1

STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK)

)ss:

COUNTY OF _____)

_____, being duly sworn, deposes and says:
(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY in order that my Child/Ward may be admitted to the East Moriches School Union Free School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the East Moriches Union Free School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

2. I _____ am the (PARENT/GUARDIAN/CUSTODIAL PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.) _____

with my Child/Ward, and

1	7
2	8
3	9
4	10
5	11
6	12

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

3. My last address was _____

where I lived with

1	7
2	8
3	9
4	10
5	11
6	12

(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS).

I began living at _____

(CURRENT ADDRESS) on _____ (DATE). My living arrangement is governed by

(CHECK APPROPRIATE BOX):

- ☐ a formal lease (attach copy of lease and Owner's Affidavit – Form B)
- ☐ other (attach rental agreement or realtor's statement and Owner's Affidavit, - Form B).

The terms and conditions of my tenancy are as follows (specify rent, etc.):

MONTHLY RENT: _____

DURATION OF TENANCY: _____

Print Name

Sworn to before me
this _____ day of _____, 200_

SIGNATURE OF RENTER/NON-OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS
"A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

LANDLORD'S/OWNER'S AFFIDAVIT

FORM B-Page 1

STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK)

)ss:

COUNTY OF)

Attach Deed or Mortgage
Statement (or Tax Bill)

, being duly sworn, deposes and says:

(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that the above mentioned child/ward may be admitted to the East Moriches School Union Free School District as a district resident.

2. I am the legal owner of (ADDRESS)

A COPY OF DEED, MORTGAGE STATEMENT OR TAX BILL MUST BE ATTACHED

The terms and conditions of said tenancy are as follows: (Specify Rent, etc.)

(Attach copy of Lease).

3. To the best of my knowledge the above mentioned property is the current residence of (NAME OF PARENT/GUARDIAN) and the Child/Ward named above.

4. The following names include ALL other persons living at this address:

1	7
2	8
3	9
4	10
5	11
6	12

Print Name

Sworn to before me

this day of , 200

SIGNATURE OF OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or 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 check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



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

Lisette Colon-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.

Please write clearly when completing this section.		
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

--

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 <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother <small>specify</small>	<input type="checkbox"/> Father <small>specify</small>
	<input type="checkbox"/> Guardian(s) <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <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 QUALIFIED 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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

THIS FORM MUST BE COMPLETED
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The *East Moriches Union Free School District* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *East Moriches Union Free 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 educational 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 *East Moriches Union Free 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 School Staff: This form will be filed in the student's permanent record as confidential information

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 Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form following this page.

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.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

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 [For question (2) 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 and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **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 OR AFRICAN AMERICAN:** 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/Other

Date

Relationship to Student (please check one box below):

- ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

EAST MORICHES SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION

SCHOOL YEAR: 20__/20__

Student's Last Name	Student's First Name	M. I.	Date of Birth	Gender
Street Address		City	NY State	Zip Code
Mailing Address		City	NY State	Zip Code
Home Telephone	School Bus # (important)			
Homeroom Teacher		Parent/Guardian Email Address		

Please check:
Custody Issues
☐ Yes ☐ No

Please specify a telephone number for our Automated Calling System (Connect-ED)

Do you wish to be notified by text message? ☐ Yes ☐ No (Message and data rates may apply depending on your cell phone contract. To opt-out reply to text message "STOP EMO" at any time.)

Telephone Number #1: () - (Parent/Guardian) **Is this a cell phone?** ☐ Yes ☐ No

Telephone Number #2: () - (Additional Contact Person) **Is this a cell phone?** ☐ Yes ☐ No

EMERGENCY CONTACTS (In the order you would like them called)

Parent/Guardian

Name	Phone (Work)	Cellular Phone
RELATIONSHIP:		

Parent/Guardian

Name	Phone (Work)	Cellular Phone
RELATIONSHIP:		

Emergency Contact

Name	Phone	Cellular Phone
RELATIONSHIP:		

Emergency Contact

Name	Phone	Cellular Phone
RELATIONSHIP:		

Emergency Contact

Name	Phone	Cellular Phone
RELATIONSHIP:		

IF ANY OF THESE NUMBERS CHANGE OR IF YOUR EMAIL ADDRESS HAS BEEN UPDATED DURING THE SCHOOL YEAR, PLEASE ADVISE THE SCHOOL AS SOON AS POSSIBLE.

ADDITIONAL INFORMATION

Siblings in school:

Name

Grade: _____

Name

Name

Doctor: _____

Name

Phone

Dentist: _____

Name

Phone

Does your child have any allergies?

Is your child taking any medications?

☐ Yes ☐ No

Specify _____

Does your child wear glasses? ☐ Yes ☐ No

☐ Contacts

If there is any information concerning the general health of your child that the school nurse should be aware of, please indicate it below or please contact the nurse at 878-0162.

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940
(631) 878-0162

HEALTH HISTORY

Name of Pupil _____ Sex _____
Phone _____ Date of Birth _____ Birthplace _____
Father's Name _____ Mother's Name _____
Name of Child's Physician _____ Phone _____
Date of Last Regular Physical _____
Name of Child's Dentist _____ Phone _____
Date of Last Visit _____
Does your child have any allergies? _____ If so, what _____
Has child had any operations? _____ If so, when _____
What _____
Has child had any serious injuries? _____ If so, when _____
What _____
Does child take any medication on a regular basis? _____
If so, what and at what times _____
Is there any special information, physical or emotional, that we should know about your child?
Please explain _____

HAS YOUR CHILD HAD:

DATE

Chicken Pox _____
Diphtheria _____
German Measles _____
Measles _____
Mumps _____
Pneumonia _____
Poliomyelitis _____
Rheumatic Fever _____
Scarlet Fever _____
Whooping Cough _____
Tuberculosis _____
Contact with Tuberculosis _____

DOES YOUR CHILD HAVE:

Anemia _____
Diabetes _____
Epilepsy _____
Heart Condition _____
Tuberculosis _____
Asthma _____
Ear Conditions _____
Vision Difficulties _____
Frequent Colds _____
Frequent Sore Throat _____
Kidney Condition _____
Liver Condition _____

Date: _____

Parent Signature: _____

East Moriches Union Free School District

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 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: Last			First			Middle		
Birth Date: / / Month Day Year			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School: Name							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

I. 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.

II. Oral Health Status (check all that apply).

☐ Yes ☐ No Caries Experience/Restoration History - 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 1/2 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): _____

III. 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 soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



East Moriches Union Free School District

Middle School
9 Adelaide Avenue
East Moriches, New York 11940
Fax – (631) 909-1379

Elementary School
523 Montauk Highway
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Fax – (631) 909-7505

Switchboard – (631) 909-7999
www.emoschools.org

Mr. Dean L. Mittleman
Superintendent of
Schools

Mr. William Holl
Middle School
Principal

Mr. Edward Schneyer
Elementary School
Principal

Ms. Michele Pepey
Director of Special
Education/PPS
Supervisor

Ms. Emily Eich
Director of
Curriculum and
Instruction

Dear Parent/Guardian:

As you may be aware, New York State law requires all kindergarten, 1st, 3rd, 5th, 7th and new entrant students have a physical examination. A new entrant student is one who has recently registered in the district.

The physical examination can be performed by either your private physician or by the school doctor, the choice is yours. If you choose to have your child examined by your private physician, our physical form is enclosed for your convenience. Please be aware if your child is in need of an immunization or a recent PPD test (within 2 years of entry) your child will need to be seen by a private physician.

Please sign below authorizing the school physician to examine your child

Student Name

Grade

If you have any questions regarding this matter, please call me at 631-878-0162, Ext. 123.

Sincerely,

Michelle Romano, R.N.
School Nurse

Parent/Guardian Signature

Date

2023-24 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the ["ACIP-Recommended Child and Adolescent Immunization Schedule."](#) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent 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 or older		
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		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years 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		



Department
of Health

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes Hypertension: ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS PPD/ PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Sickie Cell Screen/PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Date: _____ Lead Level Required Grades Pre- K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 10 µg/dL	Other Pertinent Medical Concerns One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities				
<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary	<input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological	<input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code
<input type="checkbox"/> Additional Information Attached				

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

Dear Parent/Guardian:

The East Moriches School District would like to offer your child access to our educational computer network, including the Internet. With your permission, your child will have access to various software applications, hundreds of databases, libraries and computer services from all over the world through the Internet and other electronic information systems.

The Internet is a system that links smaller networks creating a large and diverse network. The Internet allows students the opportunity to reach out to many people to share information, learn concepts, and research subjects by sending and receiving messages using a computer, modem, phone lines and satellite connection.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed district Computer Network Policy, regulation and consent form and discuss these requirements together. You and your child should understand that inappropriate network use will result in the loss of the privilege to use this educational tool.

As indicated in the enclosed policy and regulation, the district will attempt to discourage access to objectionable material and communications and set up devices to restrict such access. Our computer system will have a system of filters or firewalls to prevent students from accessing inappropriate resources. Your child will be supervised by his/her teacher and our filters will always be updated. However, in spite of our efforts to establish regulations governing the use of the district's computer network and student access to the Internet, a variety of inappropriate and offensive materials are available over the Internet, and it may be possible for your child to access these materials inadvertently or if he/she chooses to behave irresponsibly.

Included is the district's Computer Policy to ensure that your decision regarding your child's access to the district's computer network and the Internet is an informed one. You must decide whether the benefits of your child having access to the district's computer network and the Internet outweigh the potential risks.

If you wish to allow your child access to the district's computer network and the Internet, please return the enclosed consent and waiver form to your child's teacher.

Sincerely,

East Moriches UFSD

East Moriches School Internet Access Policy

The Internet is available to students and teachers in the East Moriches School District. BOCES along with the Board of Education believes that the Internet offers vast, diverse and unique resources for both students and teachers. Their goal in providing this service to teachers and students is to promote educational excellence in schools by facilitating resource sharing, innovation and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The key concept underlying the Internet is interconnectivity - something that will allow administrators, teachers, and more importantly, students to access an unparalleled array of communication and information resources. Students and teachers have access to general Internet tools including, but not limited to: electronic mail (e-mail); Listservs, UseNet News, File Transfer Protocol (FTP), Telnet, Gopher, and the World Wide Web. These electronic search tools enable students and teachers to:

- Communicate with people all over the world;
- Access information and news from NASA as well as the opportunity to correspond with scientists at NASA and other research institutions.
- Retrieve public domain software and shareware of all types.
- Join discussion groups on a plethora of topics ranging from Chinese culture to the environment to music to politics.
- Access many University Library Catalogs, the Library of Congress, and ERIC.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting.

BOCES and the East Moriches School District have taken precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. We strongly believe, however that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the District.

The Board of Education is committed to optimizing student learning and teaching. The Board considers student access to a computer network, including the Internet, to be a powerful and valuable educational and research tool, and encourages the use of computers and computer-related technology in district classrooms solely for promoting learning and teaching.

The computer network can provide a forum for learning various software applications and, through online databases, bulletin boards and electronic mail, can significantly enhance educational experiences and provide statewide, national and global communication opportunities for staff and students.

East Moriches School Internet Access Policy

All users of the district's computer network and the Internet must understand that use is a privilege, not a right, and that use entails responsibility.

The Superintendent of Schools and the Principal of the building shall establish regulations governing the use and security of the district's computer network. All users of the district's computer network and equipment shall comply with this policy and those regulations. Failure to comply may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

The Principal, under the direction of the Superintendent of Schools, shall be responsible to oversee the use of district computer resources and designating a computer network coordinator. The Principal and the computer coordinator will prepare in-service programs for the training and development of district staff computer skills, and for the incorporation use in appropriate areas.

The Superintendent, working in conjunction with the Principal, Computer Coordinator, and the Technology advisory committee will be responsible for the purchase and distribution of computer software and hardware throughout the school building. They shall prepare and submit for the Board's approval a comprehensive multi-year technology plan, which shall be revised as necessary to reflect changing technology and/or district needs.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the users who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical, and legal utilization of the network resources.

If an East Moriches School District user violates any these provisions, his or her account will be terminated and future access could possibly be denied. The signature(s) at the end of this document is (are) legally binding and indicates the part (parties) who signed has (have) read the Computer Network for Education Regulations carefully and understand(s) their significance.

East Moriches School Internet Access Policy

The following rules and regulations govern the use of the district's computer network system and access to the Internet.

1. Administration

The administration, technology advisory committee, and the designated computer coordinator will oversee the district's computer network. They shall monitor and examine network activities, as appropriate, to ensure proper use of the system.

The Principal and Computer Coordinator 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 Principal shall provide employee training for proper use of the computer network and will ensure that staff will provide similar training to their students, including providing copies of district policy and regulations governing use of the district's network.

All computer servers have computer virus protection and will be constantly updated.

All student agreements to abide by district policy and regulations and parental consent forms shall be kept on file.

2. Internet Access

- Students will be provided access: during class time only; and at other times when supervised by a staff member.
- Students may use the World Wide Web with the fire wall protection provided.
- Students are not to participate in chat rooms.
- Students may not read news groups.
- Students may not construct their own web pages using district computer resources.
- Students will have a group e-mail address.
- A staff member will be required to monitor all (a combination) of these activities.

3. Acceptable Use

The purpose of the Internet is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the East Moriches School District. Use of another organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material; threatening or obscene material; expressions of bigotry, racism or hate; or material protected by trade secret. Use for commercial activities is generally not acceptable. Use for product advertisement or political lobbying is prohibited.

Access to the district's computer network is provided solely for educational purposes and research consistent with the district's mission and goals. Use of the district's computer network is a privilege, not a right. Each individual in whose name an access account is issued is

East Moriches School Internet Access Policy

responsible at all times for proper use. All network users will be issued a log in name and password. Passwords must be changed periodically. Only those network users with the permission from the principal or computer network coordinator may access the district's system from off site (e.g., from home).

4. Network Etiquette

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

- Be polite. Do not get abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
- Do not reveal your personal address or phone number of students or colleagues.
- Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to all authorities.
- Do not use the network in such a way that you would disrupt the use of the network by other users.
- All communications and information accessible via the network should be assumed to be private property.

5. Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student who receives an account will be responsible for that account and its usage. Therefore, under no circumstances should your account be shared with anyone other than the school district Internet coordinator. Each student will also be required to attend an orientation session with an East Moriches School District faculty member pertaining to the proper use of the network, appropriate online behavior, including interacting with individuals on social networking Web sites and in chat rooms and cyber bullying awareness and response. Also, Internet access by both adults and students to visual depictions that are obscene, child pornography, or, with respect to the use of the computers by minors, harmful to minors, will be blocked by the firewall. The administration, faculty, and staff of East Moriches School District may deny, revoke, or suspend specific user accounts at any time as required.

6. Security

Security on any computer system is high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a BOCES system administrator or the Computer Network Coordinator. Do not demonstrate the problem to other users. Attempts to log on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

East Moriches School Internet Access Policy

7. Prohibited Activity and Uses/Vandalism

Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses.

The following is a list of prohibited activity concerning use of the district's computer network. Violation of any 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 copy, 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.
- Using another user's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users and deliberately interfering with the ability of other system users to send and/or receive e-mail.
- Forging or attempting to forge e-mail messages.
- Using the network to send anonymous messages or files.
- Using the network to receive, transmit or make available to others a message that is inconsistent with the district's Code of Conduct.
- 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 or using personal disks on the district's computers and/or network without permission of the appropriate district official or employee.
- Using district computing resources for commercial or financial gain or fraud.
- 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 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.

East Moriches School Internet Access Policy

8. No Privacy Guarantee

Students using 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's equipment or any material used in conjunction with the district's computer network.

9. 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.

In addition, illegal activities are strictly prohibited. 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.

10. District Responsibilities/Warranties

BOCES and the East Moriches School district makes no warranties of any kind, whether expressed or implied, for the service it is providing. BOCES or the East Moriches School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, nondeliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. BOCES specifically denies any responsibility for the accuracy or quality of information obtained through its services.

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 that is used and provided. The district also will not be responsible for unauthorized financial obligations resulting from the use of access to the district's computer network or the Internet.

Further, even though the district may use technical or manual means to regulate access and information, these methods do not provide a foolproof means of the district policy and regulations.

East Moriches School Internet Access Policy

INTERNET USE AGREEMENT

I have read the district's computer network policy. I understand and will abide by the above Internet use agreement. I understand that I have no right to privacy when I use the district's computer network and the Internet, and I consent to district staff monitoring of my communications. I further understand that any violation of these provisions may result in suspension or revocation of my system access and related privileges, other disciplinary action, as appropriate, and possible legal action.

Student Name: _____

Grade: _____ Classroom: _____

Date: _____

PARENT OR GUARDIAN

As the parent/guardian of this student, I have read the Internet use agreement. I understand that this access is designed for educational purposes. BOCES and the East Moriches School district have taken precautions to eliminate controversial material. The East Moriches School district's computer system will have a system of filters or firewalls to prevent my child from accessing inappropriate resources. However, I also recognize it is impossible for the East Moriches School district to restrict access to all controversial materials and I will not hold them responsible for materials my child may acquire on the network. I further understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the district to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. I have determined that the benefits of my child having access to the district's computer network and the Internet outweigh potential risks, and will not hold the East Moriches School district responsible for materials acquired or contacts made on the district's network or the internet.

Parent/Guardian's Name (please print): _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

I have read the Internet Use Agreement and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student use of the network. As the sponsoring teacher, I do agree to instruct the student on acceptable use of the network and proper network etiquette.

Teacher's Name (please print): _____

Signature: _____ Date: _____

East Moriches Union Free School District
9 Adelaide Avenue
East Moriches, NY 11940

Phone: 631-878-0162
FAX: 631-909-1379

RECORDS RELEASE

To Whom It May Concern:

_____ was recently enrolled in our district. It is my understanding that he/she was a _____ grade student in your school prior to moving to our district.

I would appreciate your forwarding to me the following information regarding this student:

*Scholastic Record, Standardized Test Data,
Attendance Record, Health Record, Speech Evaluation,
Psychological Testing, IEP-Educational Reports and any
Confidential information*

Any additional comments you feel would be of help in the proper placement of this student will be sincerely appreciated.

The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose student records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

School Designee: *Jacqueline Franks* Date: _____

Parent/Guardian Signature (Optional): _____ Date: _____

East Moriches Union Free School District

Middle School
9 Adelaide Avenue
East Moriches, New York 11940
Fax – (631) 909-1379

Elementary School
523 Montauk Highway
East Moriches, New York 11940
Fax – (631) 909-7505

Switchboard – (631) 909-7999
www.emoschools.org

Dear Resident,

RE: Sex Offender Notification System – “E-mail Alert Registration”

In order to provide parents/guardians and residents with information concerning convicted sex offenders who are living or working in this district, our school district has been benefiting from a no-cost sex offender alert notification program. Parents for Megan's Law (PFML) will email district residents, who have registered, informing them of any new sex offender's presence and direct them to their website where they can access a full copy of the notification.

This policy will allow all subscribers to be informed of any sex offender notification implemented within Suffolk and Nassau County – not just offenders residing within our school district boundaries. The adoption of this policy prevents educational resources from being used on costly mailings while giving residents an opportunity to be informed of all offenders within Suffolk and Nassau County, at no cost to you. The district will continue to maintain these files for duplication or viewing, upon request and proper identification, at the East Moriches Administrative Office located at 9 Adelaide Avenue, East Moriches, NY. Attached is the email alert registration form that must be completed to participate in this PFML program. Residents can contact PFML directly (631) 689-2672 for additional subscription forms for the no-cost program or go to their website at <http://www.parentsformeganslaw.org/>. We have also provided a link through our District's website at <http://www.emoschools.org/>. For those without Internet access, please contact Parents for Megan's Law for further instructions.

Also be aware that our dedication to the safety of our students will remain consistent. All of our schools have strict safety procedures for students, staff, and visitors. In the event that law enforcement informs our district of a resident sex offender, a detailed description of the offender is automatically given to each staff member, bus driver, and organization utilizing school facilities. It is unfortunate, but necessary, that we all take the opportunity to review safety rules with the children and remind them to avoid circumstances, which increase their vulnerability. Please keep this type of information in the proper perspective for your children by reassuring them that we do have a safe community but that they need to be alert and careful.

Additionally, be aware that according to New York State Law, “it is illegal to use sex offender registration information to commit a crime against any of these individuals or to engage in illegal discrimination or harassment against these people.”

If you have questions or concerns, you may contact the Parents for Megan's Law Helpline at (631) 689-2672 or visit their website at <http://www.parentsformeganslaw.org/>.

Sincerely,



Mr. Dean L. Mittleman
Superintendent of Schools



Mr. Dean L. Mittleman
Superintendent
of Schools

Mr. William Holt
Middle School
Principal

Mr. Edward Schneyer
Elementary School
Principal

Ms. Michele Pepey
Director of Special
Education/PPS
Supervisor

Ms. Emily Eich
Director of
Curriculum and
Instruction



The Crime Victims Center

Parents for Megan's Law

www.CrimeVictimsCenter.org
www.ParentsForMegansLaw.org

100 Comac Street
Ronkonkoma, NY 11779
(631) 689-2672
(888) 275-7365

Sexual Assault, Family Violence & Violent Crime Victim Services and Prevention Support

Sex Offender Email Alert Registration Form

The Crime Victims Center dba Parents for Megan's Law (PFML) will alert you via email when notified of the presence of a registered Level 1, 2 or 3 sex offender by Suffolk or Nassau County Police Departments, participating Long Island Municipal Police Departments or when we obtain official sex offender registration information from the New York State Sex Offender Registry. Please be aware that information on registered sex offenders is always available from our website at no cost. The suggested donation helps to fund the services we provide, which include: advocacy for child and adult victims of sexual abuse and other violent crimes, sexual abuse and abduction prevention education workshops for children and adults, the Megan's Law Helpline, Sex Offender Registration Verification and Tips Programs, counseling services, and policy and legislative support services.

Here's How It Works

Register for the Sex Offender Email Alert Program using the form below. Each time the agency is informed of a low, moderate, or high risk sex offender within Suffolk or Nassau Counties you will be alerted via email within the zip codes you have selected. You may also go to our website (www.parentsformeganslaw.org) and edit zip codes or choose to register for notifications for any zip code in New York State.

The Crime Victim's Center dba Parents For Megan's Law is a not-for-profit, 501 (c)(3) organization whose mission is to prevent and treat sexual abuse through the provision of education, advocacy, counseling, victim services, policy and legislative support services. The Crime Victims Center provides advocacy services to all victims of violent crime.

Select up to 30 Zip Codes within New York State: (call us if you would like to add more zip codes)

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Cut Here and Mail To: Parents For Megan's Law, 100 Comac Street Ronkonkoma, NY 11779

There is no cost for this service but donations are greatly appreciated.

☐ \$25.00 ☐ \$40.00 ☐ \$60.00 ☐ \$100.00 ☐ \$250.00 ☐ Other

Complete Email Address: _____

Name (Required): _____ Organization (if applicable): _____

Address (Required): _____ School District: _____

City: _____ County: _____ State: _____ Zip: _____ Phone () _____

Crime Victims Center, Inc. makes this information available and disclaims any and all warranties, whether express or implied, in providing for public use any services, materials, information, graphics, products, or processes contained in or made possible through this email alert program and web site. PFML does not assume any responsibility for the accuracy, completeness, currency, or the appropriateness for use for any general or particular purpose for this program. I also understand that I must complete another registration form to change my email address.

Signature: _____ Date: _____ 2017

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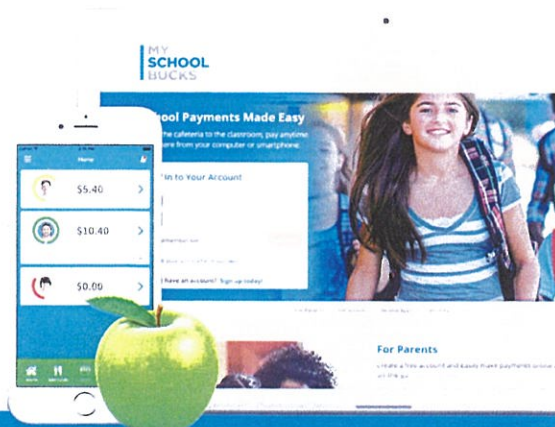
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- 3 Pay with your credit/debit card



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