

TOWN OF WEBB UNION FREE SCHOOL DISTRICT
3002 State Route 28, P.O. Box 38
Old Forge, New York 13420

BOARD OF EDUCATION

JOSEPH PHANEUF
President

KENDRA HOPSICKER
Vice-President

DIANE HEROUX

PHILIP PETTY

MARISSA VAN VALKENBURG

www.towschool.org



OFFICERS

REX A. GERMER
Superintendent

JOHN S. SWICK
PK-12 Principal

JENNIFER DUNN
District Treasurer

DIANE KULL
District Clerk

Telephone (315) 369-3222

Fax: (315) 369-6216

Dear Parent and Guardians:

Welcome to the Town of Webb Union Free School District!

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

Instructions to Register a Student in the Town of Webb Union Free School District:

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be picked up in the Counseling Office at the school or by calling (315)369-3222 x 2120 or found on the school's website.

2. Parent/Guardian must provide the following **Documentation of Age** for the child:

✓ Documentation of Age should be produced as follows:

- (a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
- (b) If (a) is not available, either a foreign or domestic passport; or
- (c) If (a) or (b) are not available, any other documentary or recorded evidence in existence two or more years, including but not limited to the following:
 - (1) official driver's license;
 - (2) state or other government issued identification;
 - (3) school photo identification with date of birth;
 - (4) consulate identification card;
 - (5) hospital or health records;
 - (6) military dependent identification card;
 - (7) documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement);
 - (8) court orders or other court-issued documents;
 - (9) Native American tribal document; or
 - (10) records from non-profit international aid agencies and voluntary agencies.

3. Parent/Guardian must provide **Proof of Residency**-one of the following is required:

HOMEOWNERS

Proof of Ownership, Original Tax Bill, Title, Mortgage Statement,
or Other Forms of Documentation below
(Home ownership is not ultimate proof of residency)

OR

RENTERS

Original Lease (Parent/Guardian's name must appear on this lease)
or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT

Resident of the District provided statement that parent/guardian and children reside in the District,
along with proof of residency listed above.

OR

OTHER FORMS OF RESIDENCY DOCUMENTATION

- (a) Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;
- (b) Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
 - (1) pay stub;
 - (2) income tax form;
 - (3) utility or other bills;
 - (4) membership documents (e.g., library cards) based upon residency;
 - (5) voter registration document(s);
 - (6) official driver's license, learner's permit or non-driver identification;
 - (7) state or other government issued identification;
 - (8) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
 - (9) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

****Please note: The above Documentation of Age and Proof of Residency documentation is what is required to complete the basic registration process. Your child may not be able to continue to attend school as a resident of the District without this information. Further documentation may be requested after basic enrollment if there are any questions related to actual age or residency requirements****

If possible, the requested information below should also be provided during your initial appointment and registration of your child. Additional time and arrangements can be made at registration to produce the requested information and documentation and will not prevent your child from attending.

4. The Parent or Guardian must provide the following additional items:

- ✓ Immunization records (up to date immunizations must be presented);
- ✓ Army Military ID (if applicable);
- ✓ Current physical no later than 12 months old signed by licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in NY State; and
- ✓ Any other Documentation to complete the following forms relevant to your child's education & enrollment

Please use the following checklist to ensure you have all documents for enrollment:

Enrollment form (enclosed)

Authorization for release of records (enclosed)

Proof of age (Birth certificate or other acceptable document)

Proof of residency

Health Records:

Proof of immunizations*

Physical exam*

Dental Certificate

Health history form (enclosed)

*Required by New York State Education Law

For questions regarding health records please contact Anne Payne, RN at (315)369-3222 x 2104 All other enrollment questions can be directed to the Guidance Office (315)369-3222 x 2120

Special Interest

Are there any unusual circumstances the school should be aware of in terms of parental custodies and such.

Special services received at previous school (CSE, Resource Room, Reading, Math, Speech, etc.)

Any unusual health problems: _____

Emergency contact #1

Emergency contact #2

Name: _____

Name: _____

Relation: _____

Relation: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Permissions

Your permission is required for the following.

I give my permission for my child's/children's picture(s) and/or their name(s) to be used in any article and/or publications and/or media coverage as it relates to the school and the events that occur during the school year. Yes/no (circle one)

I give my permission for my child/children to accompany the class and/or school on field and bus trips to be taken during the school year. Yes/no (circle one)

I authorize the school and school district physician to administer to my child/children any physical examinations required by New York State Educational Law for athletic physicals, vision and hearing screening, scoliosis and other periodic physical examinations as mandated by education law without any cost to me. Yes/no (circle one)

I authorize the school nurse to administer necessary medications as prescribed by my family physician to my child/children. Yes/no (circle one)

Signature: _____

Date: _____

Received (office use):

Immunizations () Permanent record information () Academic records and testing ()

Psychological records and reports () Records requested date: _____

Transportation alerted: yes/no Schedule generated/teachers contacted: yes/no Nurse contacted: yes/no

Academic and personal record screened: yes/no Completed by: _____ Date: _____

TOWN OF WEBB UNION FREE SCHOOL DISTRICT
3002 State Route 28, P.O. Box 38
Old Forge, New York 13420

BOARD OF EDUCATION

JOSEPH PHANEUF
President

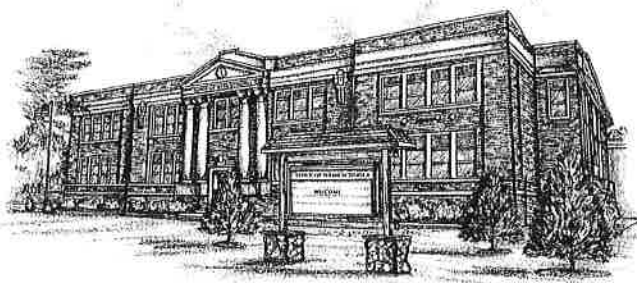
KENDRA HOPSICKER
Vice-President

DIANE HEROUX

PHILIP PETTY

MARISSA VAN VALKENBURG

www.towschool.org



OFFICERS

REX A. GERMER
Superintendent

JOHN S. SWICK
PK-12 Principal

JENNIFER DUNN
District Treasurer

DIANE KULL
District Clerk

Telephone (315) 369-3222

Fax: (315) 369-6216

Authorization for Release of Information

Permission is hereby given to the Town of Webb UFSD _____ to release information: _____ to receive information from:

Student Name: _____ Date of Birth: _____

Name of School: _____

Address: _____

Reason for request: _____

If entering Town of Webb-anticipated date of enrollment: _____

Additional Records and/or Information Provided including:

- **Two Parents in Home**
- **Custody Transfer**
- **Single Parent**
- **Joint Custody**
- **Sole Custody**
- **Separated**
- **Foster Placement (DSS-2999/3424 must be provided)**
- **Single Parent**
- **Emancipated Minor/Student**

- **Orders of Projection**
 - Person Restricted
 - Exp. Date
- **Custody Papers**
 - Restriction Type
 - Person Restricted
 - Exp. Date
- **Other Documents Provided**
 - Doc Type

Signature of Parent or Guardian

Date

Please send or fax information to:

Town of Webb UFSD Attn: Guidance Office, PO Box 38, Old Forge, NY 13420

Phone: (315)369-3222 x2120 FAX: **(315)369-6216**

This information is released on condition that it will not be released to any other person, agency, or organization without written consent of the parent or the student if he/she is 18 or over.

The mission of the Town of Webb UFSD, in collaboration with the community, is to foster academic excellence, create responsible citizens, and promote life-long learning.

Town of Webb UFSD Student Health History

Your child's learning depends on good health. To assist in providing health services at school please complete the following and return to the School Nurse.

Name _____ Birthdate _____ M F
Last First Middle

Does student have private health insurance yes no Medicaid? yes no ID# _____

Parent/Guardian _____ Phone # _____

Parent's employment _____
Father phone Mother phone

Emergency contact _____
Name phone Name phone

Doctor's name _____ Date of last physical _____

Dentist's name _____ Date of last exam _____

Is student under an orthodontist's care yes no Doctor's name _____

Does student have:

Allergies yes no To drugs, food, insects, pollen? Please list: _____
Has the allergy required emergency action in the past? yes no
Comments: _____

Bee sting allergy yes no Describe reaction: _____
Difficulty breathing yes no Need emergency medication? yes No

Asthma yes no Triggered by _____ Treatment _____
Diagnosed by doctor: _____ Date: _____

Diabetes yes no Takes insulin yes no Date diagnosed _____

Epilepsy/Seizures yes no Describe seizure _____
Date of last seizure _____ Medication _____

Heart condition yes no Describe _____
Any physical restrictions _____ medication yes no

Bone or joint problems yes no Describe _____
Any physical restrictions _____

Check off the following regarding health concerns that pertain to the student:

Eyes: glasses: contacts difficulty seeing Ears: frequent infections Hearing aid: _____
 reading crosseyed lazy eye tubes right left
 distance hearing difficulty explain wear at school

Other: nosebleeds eating sleeping bladder requires catheterizations menstruation
 lung neurologic headaches bowel requires diapering blood disorder
 phobias ADD/ADHD dental bedwetting skin blood pressure

Daily medications at home yes no At school yes no Emergency only yes no

Name of medications and reason for taking _____

List serious illness or injuries _____

Surgeries (operations) _____ conditions that prevent PE participation _____

Special education services LD speech/language OT/PT Counselor BD EMH special diet
 requires social health care Explain _____

Other health information concerns _____

If student requires medication at school, or a change in PE participation, please obtain appropriate forms in the school office

Parent or guardian signature _____

Date _____