

**QUEENSBURY UNION FREE SCHOOL DISTRICT  
STUDENT DATA FORM**

**Student Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Birth:** (mm/dd/yyyy) \_\_\_\_\_

**CUSTODY LIMITATIONS:**  Yes  No    Legal papers filed in district folder:  Yes  No    (*Custody documents **must** be on file with school*)

**Current physical** (*within past year*) and **immunization records** on file?  Yes  No    (*Records **must** be on file within two weeks of enrollment*)

**Previous School Attended:** \_\_\_\_\_ Name of Guidance Counselor or Principal at Previous School: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Date last attended classes at previous school: \_\_\_\_\_  
Grade: \_\_\_\_\_ New or Returning Student (*Circle one*)

Are there any experiences or events in the student's home or history the school should be aware of in order to better understand and educate this student?  
 Yes  No    If yes, please explain: (*Continue on the back of this form if necessary.*)

Has the student ever repeated a grade?  Yes  No    If yes, which grade(s)? \_\_\_\_\_  
Is the student receiving support services in any areas?  Yes  No    If yes, which subject(s)? \_\_\_\_\_  
Is there any information you would like to discuss with a staff member?  Yes  No    If yes, which staff position(s): \_\_\_\_\_

Does the student have a 504 Plan on file with the previous district?  Yes  No

Does the student have an IEP on file with the previous district?  Yes  No

**Living Arrangements:** Are you and your child(ren) living with relatives or others due to lack of housing, economic hardship or similar reason; in a shelter, an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other situation due to the lack of alternative, adequate housing?  Yes  No

**Note:** *Queensbury School District may occasionally use student photographs, video recordings or work on the district website, social media and/or in district and community publications. Any parent or guardian who **does not** wish to have his/her child(ren)'s picture or work used for these purposes must notify the building principal in writing.*

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date Student Data Form 2/17



# Kindergarten Round-Up Profile

(page 1)



**\*\*IMPORTANT\*\*** In order to gain information about your child, it is important for you to fill this form out with as much detail as possible. This will better help us to place your child.

**PLEASE MAKE SURE TO BRING THIS COMPLETED FORM WITH YOU TO KINDERGARTEN ROUND-UP.**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Boy / Girl (please circle)                      Age \_\_\_\_\_                      Birthday \_\_\_\_\_

Please check  Yes or No or fill in answers as needed

	Yes	No
<p><b>Language Development</b></p> <p style="text-align: right;">Has your child ever had a speech/language evaluation?</p> <p style="text-align: right;">Has your child ever received speech/language therapy?</p> <p>*If YES, please list where? _____ How long? _____</p> <p style="text-align: right;">Does your child express himself/herself clearly?</p>	<p>_____</p> <p>* _____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Preschool</b></p> <p style="text-align: right;">Has your child ever attended a preschool program?</p> <p>*My child attended: _____ (Name of preschool)</p> <p>_____</p> <p>(Days per week attended)</p> <p style="text-align: right;">Circle all that apply: 3yr old / 4 yr old / Pre K</p>	<p>* _____</p>	<p>_____</p>
<p><b>Self-Help / Small Muscle Skills</b></p> <p style="text-align: right;"><b>Does your child:</b></p> <p style="text-align: right;">Write his/her name</p> <p style="text-align: right;">Hold a pencil comfortably</p> <p style="text-align: right;">Color</p> <p style="text-align: right;">Cut appropriately with scissors</p> <p style="text-align: right;">Take care of own clothing (dressing: snap, button, tie shoes, zip)</p> <p style="text-align: right;">Need to be reminded to go to the bathroom</p> <p style="text-align: right;">Have frequent soiling or wetting accidents</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Academic</b></p> <p style="text-align: right;">Do you have academic concerns about your child?</p> <p>*If YES, please explain:</p>	<p>* _____</p> <p>_____</p>	<p>_____</p>

# Kindergarten Round-Up Profile

(Page 2)

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

	Yes	No
<p><b>Behavioral/Emotional</b></p> <p style="text-align: right;">Do you have behavioral concerns about your child?</p> <p>*If YES, please explain:</p>	* _____	_____
<p>Does your child have any strong fears (ex: storms, the dark, loud noises, separation from parent)?</p> <p>*If YES, please explain:</p>	* _____	_____

My Child:	Never	Sometimes	Often	Always
Can follow directions				
Makes friends easily				
Uses the bathroom without help				
Says his/her full name (first and last)				
Stays on task for 5-10 minutes				
Enjoys listening to stories				
Asks for help if needed				
Plays well with peers				
Moves from one activity to another easily				
Manages frustrations appropriately				
Respectfully complies with adults				
Takes responsibility for own actions				
Is willing to try new things				

How would you describe your child? (Please feel free to write on the back of this form or attach another sheet)

Form Completed By: \_\_\_\_\_

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

Relation to Child: \_\_\_\_\_

Other Siblings attending Queensbury School: \_\_\_\_\_  
(Please list names)

Thank you for your help! We look forward to seeing you very soon!

**QUEENSBURY SCHOOL DISTRICT  
HEALTH HISTORY INFORMATION**

Teacher \_\_\_\_\_  
Grade \_\_\_\_\_  
Entered \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Lives with:  Mother & Father  Mother  Father  Mother/Stepfather  Father/Stepmother  Foster Parents/Guardians

Former Address \_\_\_\_\_

Former School Name \_\_\_\_\_ Address \_\_\_\_\_

Other than parent - in case of emergency - whom can we call?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER HEALTH DATA**

*Check yes and add year if your child has had any of these:*

Allergies to:	Yes Yr		History of	Yes Yr		Any chronic conditions	Yes Yr		List any Surgery	Yr
	Yes	Yr		Yes	Yr		Yes	Yr		
Medications			Asthma			Diabetes				
Foods (milk)			Pneumonia / Bronchitis			Epilepsy				
Peanut Butter			Hearing problems			Heart Disease				
Tree Nuts			Ear infection			Rheumatic Fever				
Bee Sting			Vision problems / glasses							
Environmental			Strep Throat							

Does this student take daily prescription medication; (antibiotics, anti-convulsants, ADHD medications, allergy medication or medication for food or drug reaction. If so, please list:

**Please advise school nurse if medication is to be taken at school.**

Is there any physical limitations preventing this student from participating in physical education activities? \_\_\_\_\_

Special health conditions the school should be aware of? If so, please describe: \_\_\_\_\_

In accordance with NYS Public Health Law, it is required that each child entering school into **Kindergarten** or as a new student to the district have all required immunizations and a physical completed within the past year at the time of entrance. Each child will also be required to have a physical examination in grades 2, 4, 7 and 10. Due to HIPPA and to assist in confirming this information, signing this portion of the document authorizes the health office nurse to communicate with your medical doctor regarding immunization status and physical exam. This authorization will continue in effect until you revoke it in writing. A copy of this form may be accepted instead of the original. Refer to school dsitric policy for other health requirements.

Date of scheduled physical \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Queensbury Union Free School District

## NYS Dental Health Certificate-

**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:     /     /     /     Sex:  Male     Will this be your child's first visit to a dentist?      Yes      No  
                   Month   Day   Year                    Female     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

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**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 ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes  No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

**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.

**Memo to Parents/Guardians of all Kindergartners,  
2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> & 10<sup>th</sup> graders**

**Dental Health Certificates**

In accordance with NYS Public Health Amendment A00581 to State Law 2903 effective 9/1/08 students enrolling in kindergarten, second, fourth, seventh and tenth grades are requested to present a dental health certificate. Such dental health certificate must contain a report of a comprehensive dental examination performed on the student.

Please submit your completed form to the School Nurse in your building. Any questions can be directed to the school nurse in your building.



Douglas W. Huntley, Ed.D.  
Superintendent of Schools

Kyle L. Gannon  
Assistant Superintendent  
for Instruction

Scott Whittemore  
Assistant Superintendent  
for Business

Amy Georgeadis  
Director of Human Resources

### REQUEST FOR RECORDS

**Name and address of previous school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student:**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Fax #: \_\_\_\_\_

The above student has registered in grade \_\_\_\_\_ at Queensbury UFSD. Please forward, at your earliest convenience, the following school records to the building indicated below:

**Academic and Health Records:**

- Academic
- Attendance
- Health/Immunization Records
- Standardized Test Results, including:
  - 3-8 Assessments
  - Regents Exams
- Approximate Grades for Current Marking Period
- Other records necessary to facilitate placement

**CSE Records:**

- Current IEP
- Psychological Report
- Social History
- Speech/Language Therapy
- Occupational/Physical Therapy

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**I hereby authorize the release of these records to the following school:**

- Queensbury Elementary School**, Grade \_\_\_\_\_ Office, 431 Aviation Rd, Queensbury, NY 12804  
Phone: (518) 824-1600 Fax: (518) 824-1680
- William H. Barton Intermediate School**, 425 Aviation Rd, Queensbury, NY 12804  
Phone: (518) 824-2609 Fax: (518) 824-2681
- Queensbury Middle School**, Guidance Department, 455 Aviation Rd, Queensbury, NY 12804  
Phone: (518) 824-3604 Fax: (518) 824-3681
- Queensbury High School**, Guidance Department, 409 Aviation Rd, Queensbury, NY 12804  
Phone: (518) 824-4604 Fax: (518) 824-4683

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

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

Relationship to student: \_\_\_\_\_

# QUEENSBURY UNION FREE SCHOOL DISTRICT

429 Aviation Road  
Queensbury, NY 12804

## New Student Registration Residency Verification Form

Student name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent name(s): \_\_\_\_\_  
\_\_\_\_\_

### Living Arrangements:

Are you and your child(ren) living with relatives or others due to lack of housing, economic hardship or similar reason; in a shelter, an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other situation due to the lack of alternative, adequate housing?  Yes  No

### Address Primary Residence (domicile)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Do you:

- Own your home: please provide evidence (telephone, utility, tax bill)
- Rent: please provide a copy of rental/lease agreement
- Other: please explain if other than living arrangements outlined above

\_\_\_\_\_  
\_\_\_\_\_





### ALTERNATE DROP OFF/PICK UP SITE and CONTACT UPDATE FORM

Dear Parent or Guardian,

Please complete the form below with alternate site information or address and telephone number changes for your child/children so that transportation files provide accurate information for scheduling your child's transportation needs. Alternate sites are any pick up/drop off locations other than the primary home address.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Name of Alternate Site: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please circle which days your child will be **picked up** at the site: M T W Th F

Please circle which days your child will be **dropped off** at the site: M T W Th F

If your child is in kindergarten, please provide information regarding names and telephone numbers of people to whom we are authorized to release your child to at the bus stop in your absence:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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

Forms can be downloaded at <http://www.queensburyschool.org/Transportation/index.htm>

# STUDENT Access Release and Authorization Form

Before using the Queensbury School data network, the student must sign this form, have it signed by his/her Parent or Legal Guardian, and return this form to his/her classroom teacher or the school's designated point of contact.

To ensure the privacy and safety of our students, and to protect data and our resources, we ask students and parents to become familiar with policies and regulations that have been established for technology use in the district. The District's Acceptable Use Policy and Regulation (4526 and 4526-R) is available on the district's website in the Board of Education policy section.

I understand the use of the data network and access to public networks (i.e. the Internet) is a privilege, and I agree to the following:

1. The Queensbury School District owns all material stored on any communications or computer system provided by the District. I hereby waive any rights I may otherwise have to such material.
2. All information and services available on the Internet and the data network are placed there for informational purposes.
3. Queensbury School District will be utilizing Google Apps for Education and that in doing so, I understand that this gives permission for my child or the District to publish student work, documents, and/or data to the District's Google Apps for Education domain (as per COPPA requirements for children under 13).
4. The Queensbury School District does not warrant the function of the data network or any component accessible through the data network to meet any requirements that are beyond those established by the District, nor does it guarantee that the data network will be error free or uninterrupted. District staff members are not liable for damages incurred in connection with the use, operation, or one's inability to access the data network.
5. In consideration for using the data network and having access to public networks, I hereby release the Queensbury School District and its officers, employees, and agents from any claims and damages arising from my use or inability to access the data network.
6. I will abide by such rules as adopted by the Queensbury School District. I understand and accept that it is my responsibility to read and comply with the Acceptable Computer Use Policy, Internet Safety Regulation, Acceptable Computer Use in Instruction Regulation, Students and Personal Electronic Devices, Internet Safety Policy and other relevant technology policies. I also understand that any violation of such rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action may be taken.

Student Name: (please print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please note: Student's computer password will be your cafeteria PIN # followed by 00 (ex. 419400)

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

**PLEASE RETURN THE SIGNED FORM TO ROBIN FITZPATRICK IN THE DISTRICT OFFICE**

Adoption date: May 13, 2002  
Reviewed: January 9, 2012  
Revised: December 8, 2014



# QUEENSBURY UNION FREE SCHOOL DISTRICT PARENT / GUARDIAN ACCESS REQUEST FORM



The Queensbury School District can provide access to student information via the SchoolTool link off of our home page. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it in person to any one of your student(s)' schools. For security purposes, a photo ID is required when you return the form. If you are unable to bring the form in, you may also choose to have the form notarized and sent to: Parent Portal Registration ATTN: Robin Fitzpatrick, Queensbury UFSD, 429 Aviation Road, Queensbury, NY 12804.

**PLEASE PRINT**

**Parent / Guardian**

**Name (one name per form):** \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

**Parent / Guardian**

**Home Address:** \_\_\_\_\_

**REQUIRED**

**VALID Parent/Guardian E-Mail Address:**

*ONLY ONE EMAIL PER APPLICATION - Please PRINT EMAIL ADDRESS NEATLY; this will be your user name*

Please list all children in household who are / will be enrolled @ Queensbury. (Student Name)	Your relationship to student	Reside with Student? (Yes or No)	School	Current or Grade Entering

*Note: Current Parent Portal users do not need to fill this out again. New children will be added when registered.*

*I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature & ID must be that of the Parent/Guardian shown on first line (mm/dd/yyyy)*

**Important** – Once the information provided above is verified and processed, you will receive notification via email that your account has been created and instructions on how to get an initial password. When you receive your password, you will be able to access SchoolTool through our website: <http://www.queensburyschool.org>, and change your password. Your User name is your email address. Your password should be alphanumeric, containing at least eight characters, two of which must be numeric, i.e. "yankee07".

**Office Use Only:** Date: \_\_\_\_\_  ID Verified Form & ID Checked By: \_\_\_\_\_  
(First initial, FULL Last name)

District Computer Office:  Verify E-mail  Account Created Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Notary Statement (if applicable):**  
STATE OF \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

On this day personally appeared before me \_\_\_\_\_, to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed. Witness my hand and official seal hereto affixed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Notary Public for the State of \_\_\_\_\_. Commission expires \_\_\_\_\_.