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Superintendent of Schools

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for Instruction

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REQUEST FOR RECORDS

Name and address of previous School:

Student:

Name: _____

Grade: _____ DOB: _____

Fax #: _____

The above student is transferring to 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

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

- District Registrar**, 429 Aviation Road, Queensbury, NY 12804
Phone: 518-824-4604 Fax: 518-793-4476 E-Mail: lmelleon@queensburyschool.org
- Queensbury Elementary School**, 431 Aviation Road, Queensbury, NY 12804
Phone: 518-824-1600 Fax: 518-824-1680 E-Mail: dmillington@queensburyschool.org
- William H. Barton Intermediate School**, 425 Aviation Road, Queensbury, NY 12804
Phone: 518-824-2609 Fax: 518-824-2681 E-Mail: wchocko@queensburyschool.org
- Queensbury Middle School**, Guidance Department, 455 Aviation Road, Queensbury, NY 12804
Phone: 518-824-3604 Fax: 518-824-3681 E-Mail: vsweet@queensburyschool.org
- Queensbury High School**, Guidance Department, 409 Aviation Road, Queensbury, NY 12804
Phone: 518-824-4604 E-Mail: knelson@queensburyschool.org

Signature of Parent/Guardian: _____ By checking this box you are electronically signing this form **Date:** _____

Relationship to Student: _____



HEALTH HISTORY

Student: First Name: _____ **Last Name:** _____ Male Female

Date of Birth: ____/____/____ **Grade:** _____

Parent/Guardian: _____ **Cell Phone:** _____

Student's Physician: _____ **Phone:** _____

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

CHECK ALL THAT APPLY TO YOUR CHILD:

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

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

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

No Yes: _____

Please list any additional concerns: _____

Health and Dental Examination Requirements: New York State law requires a health examination for all students entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th and 11th grade. The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner. • A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school. If a copy is not given to the school within 30 days, the school will contact you. • A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. The school will provide you with a list of dentists and registered dental hygienists who offer dental services on a free or reduced cost basis if you ask for it.

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD WHEN SUBMITTING THIS FORM.



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: Catherine Zubal, 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: _____

STUDENT Access Release and Authorization Form

Before using the Queensbury School data network, the student must sign this form and have it signed by his/her Parent or Legal Guardian.

Students and Parents should read the Acceptable Computer Use Policy, Internet Safety Regulation, Acceptable Computer Use in Instruction Regulation and Internet Safety Policy for their reference (see link below).

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. 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.
4. 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.
5. I will abide by such rules as adopted by the Queensbury School District. I have read and agree to comply with the Acceptable Computer Use Policy, Internet Safety Regulation, Acceptable Computer Use in Instruction Regulation and Internet Safety Policy. 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: _____

Date of Birth: _____ Current Grade: _____

Please note: Student's computer password will be his/her cafeteria PIN # followed by 0000 (ex. 41940000)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Acceptable Use Policy is available at: www.queensburyschool.org/district/documents/acceptuse.pdf

Please check here if you would like to receive a printed copy of the complete Acceptable Use Policy.

Please return the signed form to Catherine Zubal in the District Data Office