

Byram Hills School District
10 Tripp Lane
Armonk, New York 10504

To Prospective Registrants:

Thank you for considering the Byram Hills School District for your child(ren). Our schools are a great place to learn!

This packet is designed for your use in registering your child(ren) in the Byram Hills School District and is **Part I** of the registration process from the District Business Office. It is hoped that through the use of this packet, the process will be clear and as easy as possible for you.

The packet includes a checklist (Form A), which describes the required documentation that must be submitted to meet the requirements for District registration. (Form C) is the census information of your family, and (Form D) describes the immunizations required by grade level.

Please note, you must submit an Immunization Record that is signed and stamped by your family physician. This Immunization Record must be returned to the main office or Guidance Department of the school. This form will be reviewed by our Nurse or Medical Director. The Immunization Record is a key part of the registration process.

After gathering all the applicable documentation and completing Forms A, and C, please return all forms, along with the required documentation, to the District Business Office. Upon completion of **Part I** of the process (District registration), a letter will be provided to the parent/guardian authorizing **Part II** of the registration process at the school to begin.

Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available.

Sincerely,

Gregory E. Carlson
Assistant Superintendent for Business & Management Services

Attachments

If you have questions please contact:

Mary Jones

Phone: 914-273-4198 Ext. 5950/ Fax: 914-273-4199

majones@byramhills.org

**Byram Hills School District
10 Tripp Lane
Armonk, New York 10504**

District Residency and Registration Checklist

The District residency and registration process is the first part of the registration process for a new student. The requirements of this process are summarized in the checklist below.

Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available. All applicable material must be submitted to the District’s Business Office.

	For District Use Only Initial and Date
<ul style="list-style-type: none"> ✓ Proof of Residency (See Requirements to Verify Residency) <ul style="list-style-type: none"> ○ Executed copy of lease, deed or tax bill ○ Proof of Residency Form (Form B**), including the street address with the name of the parent/guardian registering the student ○ Two documents showing proof of residency (such as: tax forms/returns, utility bills, driver's license, car registration, etc.) 	
✓ Census Information (Form C)	
✓ Ethnicity/Race Reference (Required by NYS Education Dept.)	
✓ Copy of Birth Certificate(s) and/or verification(s) of adoption	
✓ Copy of Passport, if applicable	
✓ If Custodian/Guardian: appropriate notarized documentation (which includes Parent and Custodian/Guardian Affidavit of Legal Responsibility forms)	
✓ If Custodial Parent: Provide court documents establishing custody.	
✓ Special Services Form (fill out if applicable)	
✓ Immunization & Physical Exam	
✓ Voter Registration Form (Optional)	

Family: _____ Phone: _____
 Email Address: _____

Residency approval will be based on receipt and approval of the above information/forms. A student’s immunization record must be received and approved by the school nurse in the applicable school.

Please bring or send back completed packet to:
 Byram Hills CSD
 Attn: Mary Jones
 10 Tripp Lane
 Armonk, NY 10504
 914-273-4198 Ext. 5950
majones@byramhills.org

**** Form B has to be notarized.**



BYRAM HILLS SCHOOL DISTRICT

10 Tripp Lane, Armonk, New York 10504
Office: 914-273-4198 Fax: 914-273-4199

REQUIREMENTS TO VERIFY RESIDENCY

Education Law (Section 3202.1) states that the residency of the parent is the official residency of the student.

Parents need to present Form B along with the documents below to the school Registrar. If these documents are not available, the parent will need to meet with the Assistant Superintendent for Business.

Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available.

TO VERIFY RESIDENCY AT THE TIME OF REGISTRATION OR FOR CHANGE OF ADDRESS:

For Homeowners:

Notarized Affidavit (Form B)

AND

Either
a or b

- a. A tax receipt
- b. A signed closing statement, not a signed contract to purchase.

AND

Any *two* of the following documents:

Utility bills
Driver's License
Car registration

Auto insurance
Voter's registration card.

For Renters:

Notarized Affidavit (Form B) or Notarized Letter of Landlord (request form)

AND

A signed lease

AND

Any *two* of the following documents:

Utility bills
Driver's License
Car registration

Auto insurance
Voter's registration card.

In addition, when parent(s) and student(s) live with a friend or family member, the following is required:

1. Notarized Affidavit or letter of district resident family member or friend, stating names of the student(s)' parent(s) and student(s).
2. Two documents (see above for homeowner or renter) verifying the residency for each, the friend or family member, and the parent of the student.

BYRAM HILLS SCHOOL DISTRICT
10 TRIPP LANE
ARMONK, NEW YORK 10504

FORM B

PROOF OF RESIDENCY FORM

(required for all children)

Parent(s) or Guardian(s) Name: _____

Address: _____

Record all children, residing in the district, WHO WILL BE ENROLLING in Byram Hills Schools						
Child's Name	Sex M/ F	Child's DOB	School(s) Previously Attended	Current Grade (If entering between Sept. and June)	Last Grade Completed (If entering July or August)	District Use Only: Student ID

OTHER CHILDREN LIVING AT HOME					
Record all Preschool & Non-school Age children/School-Age NOT attending Byram Hills Schools					
Child's Name	Sex M/ F	Child's DOB	Current School (if applicable)	Grade as of ___/___/___	District Use Only: Student ID

Only children who are bona fide residents of the Byram Hills School District are permitted to attend its schools and/or utilize District resources. If false representation of residency is made, the family may be billed for tuition from the date of entry.

I certify that I am the parent or guardian¹ of (list all names) _____

and reside at the address listed above. I have attached a copy of my tax bill, contract of sale, closing statement, lease or other documentation of ownership or tenancy. I have also provided (*or will be providing in a timely manner*) at least two other forms of documentation for proof of residency (examples: current tax forms, current utility bill, current car registration, etc.).

Signature of Parent/Guardian

Subscribed to and sworn before me this

_____ day of _____, 20____

Notary Public Signature

Commission expires on:

(Seal/Stamp)

¹If someone other than a natural parent is attempting to register a student, approval from the Superintendent's office may be required. In such case, satisfactory documentation will be required showing that responsibility for the child's care, custody, expenses, and educational decision-making have been assumed.

²Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available.

Byram Hills School District

Registration Form

HOUSEHOLD INFORMATION

Family's Last Name _____ Today's Date _____

Residence Type (choose one): Lease Own Rent Other: _____

Household Residence Address: _____

Household Mailing Address, if different from residence address: _____

Primary Household Phone: _____ Is this a Cell Phone? YES NO

Language Spoken at Home _____

Have **any** of your children previously attended a Byram Hills school or received special services from the School District?

YES NO If YES, Last school year/ date of attendance _____

Address at the time, **if different** than current address _____

RESIDING "IN HOUSEHOLD" – PARENT/GUARDIAN #1

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

RESIDING "IN HOUSEHOLD" – PARENT/GUARDIAN #2

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

RESIDING "OUTSIDE THE HOUSEHOLD" – PARENT/GUARDIAN

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Out of Household Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

Byram Hills School District

Registration Form

STUDENT #1 REGISTRATION	
Student First Name _____	Student Last Name _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
PREVIOUS SCHOOL INFORMATION	
Name of Last School Attended: _____ Phone _____	
Street Address: _____ City _____ State _____ Zip _____	
Last Date /school year of attendance: _____	
Has this student previously attended Byram Hills CSD schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Last Grade Attended at Byram Hills _____ Last Date/Year of Attendance _____	
STUDENT RACIAL AND ETHNICITY: The State and Federal Education Departments have adopted a policy which requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The Byram Hills 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 State and Federal student privacy laws and regulations.	
Is 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. <input type="checkbox"/> Yes - Hispanic <input type="checkbox"/> No – Not Hispanic	
Choose Race. Check off all boxes that apply . <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe including Spain, North Africa or the Middle East. <input type="checkbox"/> BLACK: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America) and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)	
Child's Dominant Language: _____	Resides with: _____
Place of Birth (City/State/Province/Region) _____	Country of Birth _____
If not born in USA: Initial Date of Entry into USA: _____ Total Years Previously Attended US Schools (ages 3-21): _____	
Entering Grade: _____	Entering School: _____
Has the child been identified as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Special Services Form.	
[For District Use only]	
Student ID #: _____	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport

Byram Hills School District

Registration Form

STUDENT #2 REGISTRATION

Student First Name _____	Student Last Name _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
PREVIOUS SCHOOL INFORMATION	
Name of Last School Attended: _____ Phone _____	
Street Address: _____ City _____ State _____ Zip _____	
Last Date /school year of attendance: _____	
Has this student previously attended Byram Hills CSD schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Last Grade Attended at Byram Hills _____ Last Date/Year of Attendance _____	
STUDENT RACIAL AND ETHNICITY: The State and Federal Education Departments have adopted a policy which requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The Byram Hills 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 State and Federal student privacy laws and regulations.	
Is 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. <input type="checkbox"/> Yes - Hispanic <input type="checkbox"/> No – Not Hispanic	
Choose Race. Check off all boxes that apply . <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe including Spain, North Africa or the Middle East. <input type="checkbox"/> BLACK: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America) and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)	
Child's Dominant Language: _____	Resides with: _____
Place of Birth (City/State/Province/Region) _____	Country of Birth _____
If not born in USA: Initial Date of Entry into USA: _____ Total Years Previously Attended US Schools (from ages 3-21): _____	
Entering Grade: _____	Entering School: _____
Has the child been identified as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Special Services Form.	
[For District Use only]	
Student ID #: _____	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport

Byram Hills School District

Registration Form

STUDENT #3 REGISTRATION	
Student First Name _____	Student Last Name _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
PREVIOUS SCHOOL INFORMATION	
Name of Last School Attended: _____ Phone _____	
Street Address: _____ City _____ State _____ Zip _____	
Last Date /school year of attendance: _____	
Has this student previously attended Byram Hills CSD schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Last Grade Attended at Byram Hills _____ Last Date/Year of Attendance _____	
STUDENT RACIAL AND ETHNICITY: The State and Federal Education Departments have adopted a policy which requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The Byram Hills 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 State and Federal student privacy laws and regulations.	
Is 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.	
<input type="checkbox"/> Yes - Hispanic <input type="checkbox"/> No – Not Hispanic	
Choose Race. Check off all boxes that apply . <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe including Spain, North Africa or the Middle East. <input type="checkbox"/> BLACK: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America) and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)	
Child's Dominant Language: _____	Resides with: _____
Place of Birth (City/State/Province/Region) _____	Country of Birth _____
If not born in USA: Initial Date of Entry into USA: _____ Total Years Previously Attended US Schools (from ages 3-21): _____	
Entering Grade: _____	Entering School: _____
Has the child been identified as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Special Services Form.	
[For District Use only]	
Student ID #:	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport

Byram Hills School District

Registration Form

STUDENT #4 REGISTRATION

Student First Name _____	Student Last Name _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
PREVIOUS SCHOOL INFORMATION	
Name of Last School Attended: _____ Phone _____	
Street Address: _____ City _____ State _____ Zip _____	
Last Date /school year of attendance: _____	
Has this student previously attended Byram Hills CSD schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Last Grade Attended at Byram Hills _____ Last Date/Year of Attendance _____	
STUDENT RACIAL AND ETHNICITY: The State and Federal Education Departments have adopted a policy which requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The Byram Hills 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 State and Federal student privacy laws and regulations.	
Is 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. <input type="checkbox"/> Yes - Hispanic <input type="checkbox"/> No – Not Hispanic	
Choose Race. Check off all boxes that apply . <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe including Spain, North Africa or the Middle East. <input type="checkbox"/> BLACK: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America) and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)	
Child's Dominant Language: _____	Resides with: _____
Place of Birth (City/State/Province/Region) _____	Country of Birth _____
If not born in USA: Initial Date of Entry into USA: _____ Total Years Previously Attended US Schools (from ages 3-21): _____	
Entering Grade: _____	Entering School: _____
Has the child been identified as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Special Services Form.	
[For District Use only]	
Student ID #: _____	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport

BYRAM HILLS SCHOOL DISTRICT

SPECIAL SERVICES DEPARTMENT

12 MacDonald Avenue, Armonk, NY 10504
Office: (914) 273-2280 Fax: (914) 273-2517

Ms. Jill Boynton
Director
Special Services & Health Services

Mrs. Karen Kushnir
Assistant Director
Special Services

Welcome to Byram Hills!

If your child is entering the Byram Hills Central School District and has a current Individualized Education Program (IEP) or a Section 504 Plan, please take a moment to fill out this form.

Name of Child: _____
Date of Birth: _____
Current Grade: _____

My Child currently has an:

IEP _____
Section 504 plan _____

* Please attach current IEP or 504 document(s)

The following is a release information that will allow the Byram Hills Special Services Department to contact your child's most recent school district to obtain copies of their IEP/504 and any other pertinent reports or evaluations that are part of your child's educational record.

Permission is hereby given to the Byram Hills School District's Special Services Department to obtain all confidential records of my child, _____ (Student Name),
from (Name of School): _____
Location: _____

Parent's Signature

Address

Date

* If your child does not have an IEP and you would like information regarding the referral process, please refer to "A Parent's Guide to Special Education" on the NYSED website: <http://www.p12.nysed.gov/specialed/parentpubs.htm>.

Or, you can also contact Ms. Boynton, Director or Ms. Kushnir, Asst. Director in Special Services at 914-273-2280.

**Byram Hills Central School District
Office of Special Services and Health Services
12 MacDonald Avenue
Armonk, NY 10504
Phone: (914) 273-2280
Fax: (914) 273-2517**

Dear Parents / Guardians of New Registrants,

Welcome to Byram Hills! A Wonderful Place to Learn....

The goal of the District's Health Services program is to advance the well-being, health and lifelong achievement of our students. This letter outlines the requirements necessary for school entrance which are to be submitted during the registration process. All required Health Services forms are included in this packet.

You must submit an immunization record and health appraisal form (physical examination), which is signed and stamped by your family physician, to your child's School Nurse. **New York State Education Law §914(1) requires that every child attending school submit proof of the immunizations required by Public Health Law §2164.** The immunization record will be reviewed by your respective School. If you submit these documents at the time of residency verification, the Business Office Secretary will forward to the appropriate school nurse.

We are here to help you and to make your transition to our school and community pleasurable. If you have questions related to student Health Services, you can contact your child's school nurse while school is in session. Between July 1 and the first day of school, you can direct your calls to Jill Boynton, Director of Special Services, at 273-2280 x 3992.

2016-17 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 8, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine need to be reviewed only for grades prekindergarten, kindergarten, 1, 2, 6, 7 and 8.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 9 through 12. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should 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	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1 and 2	Grades 3, 4 and 5	Grades 6, 7 and 8	Grades 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years of age or older or 3 doses if aged 7 years or older and the series was started at 1 year of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine 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 of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses			
Hepatitis B vaccine⁶	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 of age			
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable			By Grade 7: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age 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			

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or age or older will meet the 6th grade Tdap requirement.
 - e. For children 7 years of age or older who received the first dose on or after their first birthday, the immunization requirement is 3 doses. If the first dose was received before their first birthday, then 4 doses are required.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years of age.
4. Poliovirus vaccine (IPV/OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at ages 2 months, 4 months and at 6 through 18 months, and 4 years of age or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at age 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for prekindergarten and grades 9 through 12. Two doses are required for grades kindergarten through 8.
 - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children aged less than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate vaccine (MenACWY). (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menevo) is required for students entering grade 7.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at age 16 years or older, the second (booster) dose is not required.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. If 2 doses of vaccine were received before 12 months of age, only 3 doses are required with dose 3 at 12 through 15 months of age and at least 8 weeks after dose 2.
 - c. If dose 1 was received at ages 12 through 14 months of age, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months of age or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years of age or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. Unvaccinated children 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at age 12 through 15 months.
 - c. Unvaccinated children 12 through 23 months of age are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

BYRAM HILLS CENTRAL SCHOOL DISTRICT

STUDENT HEALTH EXAMINATION FORM (To be completed 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, 2, 4, 7 & 10, interscholastic sports and working papers.

Name: _____ DOB: _____ Gender: M F
 School: _____ Grade: No Grade Exam Date: _____

IMMUNIZATIONS

Immunization record attached Immunizations received today:
 Immunizations reported on NYSIS
 No immunizations received today Will return on: _____ to receive: _____

HEALTH HISTORY

Asthma: Intermittent Persistent Asthma Action Plan Attached
 Diabetes: Type I Type 2 Hyperlipidemia Hypertension Diabetes Medical Mgmt Plan Attached
 Seizures Type: _____ Last Occurrence: _____ Emergency Care Plan Attached
 Allergies: Non Life-Threatening Life-Threatening Emergency Care Plan Attached
 Type: Food Insect Latex Medication Seasonal/Environmental Other:
 Allergen(s): _____
 Hx of Anaphylaxis: Last occurrence: _____ Previous symptoms: _____
 Treatment prescribed: None Antihistimine Epinephrine Autoinjector

Significant Medical/Surgical Information:	Diagnostic Tests	Positive	Negative	Not Done	Date
	Sickle Cell Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elevated Lead:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Vision one eye only One functioning kidney One testicle Concussion - Last occurrence: _____

PHYSICAL EXAMINATION

Height:	Weight:	BP:	Pulse:	Respirations:		
Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Vision		Right	Left	Referral
Degree of deviation:		Distance acuity		align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Angle of trunk rotation via scoliometer:		Distance acuity with lenses		align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight Status Category (BMI Percentile):		Vision - near vision		align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <5 th	<input type="checkbox"/> 85 th - 94 th	Vision - color perception		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 5 th - 49 th	<input type="checkbox"/> 95 th - 98 th	Hearing		Right	Left	Referral
<input type="checkbox"/> 50 th - 84 th	<input type="checkbox"/> 99 th & higher	<input type="checkbox"/> 20 db sweep screen both ears or		align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): **Tanner:** I II III IV V

SYSTEM REVIEW AND EXAM ENTIRELY NORMAL Additional information attached
 Specify any abnormalities: _____

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

- Full Activity** without restrictions including Physical Education and Athletics.
- Restrictions/Adaptations.** Please base restrictions/modifications on the following Interscholastic Sports Categories.
 - No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling
 - No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton
 - Other Specific Restrictions:**

Accommodations / Protective Equipment:	<input type="checkbox"/> Athletic Cup	<input type="checkbox"/> Insulin Pump/Insulin Sensor	<input type="checkbox"/> Pacemaker
	<input type="checkbox"/> Brace/Orthotic	<input type="checkbox"/> Medical /Prosthetic Device	<input type="checkbox"/> Sports Safety Goggles
	<input type="checkbox"/> Hearing Aides	<input type="checkbox"/> Other:	

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

PROVIDER REQUEST FOR MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS - VALID 1 YEAR

Independent Carry and Use Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option in schools.

- Required Independent Carry and Use Attestation documentation is attached.**

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL Parent/Guardian

Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child

Parent/Guardian Signature: _____

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: _____	Date: _____
Provider Name: (please print) _____	Phone #: () _____
Provider Address: _____	Fax #: () _____

Return to:

School Nurse: _____	School: _____
Phone #: () _____	Fax: () _____
	Date: _____



BYRAM HILLS SCHOOL DISTRICT

10 Tripp Lane, Armonk, New York 10504
Office: 914-273-4198 Fax: 914-273-4199

Dear Parent:

We are including a voter registration form which will be used to enter your name and address into our election management system. Please note the completion of this form is not a requirement of registering your children in Byram Hills. Our goal is to make sure our election records are up to date with new residents or those who have not voted in our district in the past. Completing the form at this time will ensure that your name and address are in our election system prior to the Board of Election and budget vote in May of each year.

Welcome to Byram Hills School District.

NEW or RE- ACTIVATED REGISTRANT (VOTER)	CURRENT INFORMATION (PLEASE PRINT CLEARLY)						
	Last Name:		First Name:		MI	Jr/ Sr	Date of Birth
	House #		Street Name		Apt #	City	State Zip
	Phone #			Gender			
	()			<input type="checkbox"/> M or <input type="checkbox"/> F			
	GENERAL QUALIFICATIONS:						
• I am a citizen of the United States.							
• I am (or will be) 18 years old or more on the date of the election.							
• I have lived in this school district for at least 30 days before this election.							
• This is my signature or mark on the line below. • <i>The above information is true.</i>							
Registrant Signature					Date:		

UPDATE VOTER INFORMATION	YOUR CORRECT OR CURRENT INFORMATION (PLEASE PRINT CLEARLY)						
	Last Name:		First Name:		MI	Jr/ Sr	Date of Birth
	House #		Street Name		Apt #	City	State Zip
	INCORRECT INFORMATION ONLY AS IT APPEARS IN THE REGISTRATION BOOK:						
	PRINTED IN BOOK AS - Last Name:		PRINTED IN BOOK AS - First Name:		MI	Jr/Sr	
	House #		Street Name		Apt#	City	State Zip
	Date of Birth			PAGE #		LINE #	
Registrant Signature					Date:		

DELETE OR REMOVE VOTER	DELETE (REMOVE) VOTER:				<input checked="" type="checkbox"/> REASON BELOW	
	PAGE #:		LINE #:		<input type="checkbox"/> Moved out of District	
	Last Name:				<input type="checkbox"/> Duplicate	
	First Name:			Date of Birth	<input type="checkbox"/> Voter Deceased	
	Info Source: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member:				<input type="checkbox"/> Other: _____	
Source Signature					Date:	

****For Official use only****

Check if applicable:

- County BOE Permitted Registrant to Vote (name not found in our books).
- Change the Registrant's Poll Place: From: _____ To: _____

Inspector Signature: 	Print Name:	Date
District Clerk's Authorization: 	Date:	****PRINT SCHOOL DISTRICT NAME:****