

Pre-Registration Checklist

Be sure to bring the following when you register for school.

- The child you are registering,**
- Proof of your child's age** (child's birth certificate, passport, or record of baptism),
- Your child's immunization records** (if available),
- Your child's latest report card/transcript** (if available), and
- Two (2) of the documents below verifying proof of address:**
 - Lease agreement, deed, or mortgage statement for the residence;
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (such as National Grid or Con Edison)—must be dated within the past 60 days;
 - A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence and be dated within the past 60 days;
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, the federal Office of Refugee Resettlement, the Human Resources Administration, or the Administration for Children's Services (ACS), or an ACS subcontractor, indicating the resident's name and address—must be dated within the past 60 days;
 - A current property tax bill for the residence;
 - A water bill for the residence—must be dated within the past 90 days;
 - Rent receipt which includes the address of residence—must be dated within the past 60 days;
 - State, city, or other government issued identification (including an IDNYC card), which has not expired and includes the address of residence;
 - Income tax form for the last calendar year;
 - Official NYS Driver's License or learner's permit, which has not expired;
 - Official payroll documentation from an employer issued within the past 60 days such as a paystub with home address, a form submitted for tax withholding purposes, or payroll receipt (a letter on the employer's letterhead is not adequate)—must include home address and be dated within the past 60 days;
 - Voter registration documents, which include the name of the parent and the address of residence;
 - Unexpired membership documents based upon residency (such as neighborhood residents' association), which include the name of the parent and the address of residence;
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; documents must have been issued within the past 60 days and include name of student and address of residence.

Student Registration Form

To Be Completed by Parent/Guardian:
Student Information (please print clearly)

PreK <input type="checkbox"/>	_____
KINDERGARTEN <input type="checkbox"/>	_____
GRADES 1 – 5 <input type="checkbox"/>	GD _____
Official Class:	_____
Admit Date:	_____

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()	
DATE OF BIRTH (mm/dd/yyyy) / /	AGE	GENDER M F	PLACE OF BIRTH		HOME/NATIVE LANGUAGE
NAME, CITY, STATE OF LAST SCHOOL (or current school)				LAST GRADE COMPLETED	
HEALTH INSURANCE INFORMATION: <i>Does the student have health insurance?</i> <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: <i>Any health condition that affects participation in physical activities?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: <i>Does the student receive special education services?</i> <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO Special Education Services					

Parents/Guardians with whom the student resides (please print clearly)

LAST NAME (Parent 1)		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER		PARENT/GUARDIAN EMAIL	

Other Parents/Guardian (please print clearly)

LAST NAME (Parent 2)		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER ()	WORK/CELL PHONE NUMBER		PARENT/GUARDIAN EMAIL	

To Be Completed by Enrollment Staff:

Registration (check one): <input type="radio"/> New <input type="radio"/> Re-admit to NYC DOE (less than 1 year) <input type="radio"/> Re-admit to NYC DOE (longer than 1 year) <input type="radio"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school	Disposition: P.S. 139 _____ 22K139 _____ Enrolled School Name _____ DBN _____ Referred to: School Name _____ DBN _____
	Transfer Request (check one): <input type="radio"/> Safety <input type="radio"/> Medical <input type="radio"/> Travel (HS only) <input type="radio"/> Child Care (ES only) <input type="radio"/> Sibling (ES only) <input type="radio"/> Other (please specify): _____

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ Date: _____

Name/Signature of Counselor/Principal: _____ Date: _____

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

STUDENT NAME: LAST

Documents Presented (Check all that apply)

Proof of residence may be verified by any two of the following:

- A lease agreement, deed, or mortgage statement for the residence
- A residential utility bill (electric/gas; must be dated within the past 60 days)
- A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence
- Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident's name and address; must be dated within the past 60 days
- A current property tax bill for the residence
- Rent receipt which includes the address of the residence, must be dated within the past 60 days
- A water bill for the residence; must be dated within the past 90 days
- State, city, or government issued identification (including an IDNYC card), which has not expired and includes the address of residence
- Income tax form for the last calendar year
- Official NYS Driver's License or learner's permit which has not expired
- Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted; must be dated within the past 60 days
- Voter registration documents, which include the name of the parent and the address of residence
- Unexpired membership documents based upon residency (e.g. neighborhood residents' association)
- Parent Affidavit of Residency, if applicable, as per CR A-101

Proof of Birth: Birth Certificate Passport Other: _____

<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

FIRST

* Updated proof of address requirements are reflected in Chancellor's Regulation A-101.

Interview Notes (Please include all applicable information):

School History: Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info

Entitled Services: Special Education Services, ELL Services, etc.

Special Circumstances: Agency Involvement/Contact, Temporary Housing, Foster Care, etc.

School Interests: Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:

- Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): _____ Documentation Presented (court order, etc.): _____

DATE:

STATUS OF DISPOSITION (Check one): Registered Referred No Action Info Given Pending

Other (Specify): _____

Comments: _____

To the Parent/Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept secure and confidential.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question provides an opportunity for you to indicate whether your child is of Hispanic, Latino, or Spanish origin; the second question provides an opportunity for you to indicate your child's race(s). Please be sure to respond to both questions. Students identified with more than one race will be counted in the "two or more races" category. Hispanic students of all races will be counted in the Hispanic category.

The New York City Department of Education understands the sensitive nature of this process. The options provided by the federal government may not represent an accurate or complete portrayal of your family's own ethnic or race identification. We encourage you to provide responses using your best judgment. If you decline to respond to either question, federal guidelines require New York City Department of Education school staff to make an identification of your child on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.

Thank you for your cooperation.

Parents and Guardians: Please complete the form on the reverse side of this page and return it to your child's school.

School staff: File the completed form in the student's Cumulative Record folder as confidential information.

Confidentiality Procedures and Regulations

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

¹ Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.

- All students between 5 and 21 years of age have the right to a free public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.¹

English Only

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Borough District School

Name of High School/Mini School /Annex The Alexine A. Fenty School, P.S. 139

Grade Code Class Code

NYC Student Identification Number

(HIGH SCHOOL ONLY 4-DIGIT)

Date of Birth (Month/Day/Year)

Student Name: Last, First, Middle Initial

PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For Question (1), check (✓) the box that best describes your child.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

YES, Hispanic

NO, not Hispanic

For Question (2), check (✓) all boxes that apply to your child.

2. Select one or more races from the following five racial groups.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America. (ATS Code: B)

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)

BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F)

Signature of Parent/Guardian/Other/School Staff Observer:

Date:

Relationship to Student:

Parent Guardian Other (Specify): School Staff Observer (Name):

Housing Questionnaire

Department of
Education

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. 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. The district cannot disclose housing status information without parental consent.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School
			P.S. 139

Please identify the student's current living arrangements. Please check one box:

Check (✓)	Housing Questionnaire Choice	School Use Only ATS Code
<input type="checkbox"/>	Doubled-Up With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	Shelter Emergency or transitional shelter	S
<input type="checkbox"/>	Hotel / Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

	School Use Only
<input type="checkbox"/>	Enter "Y" if applicable
Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

**This form is accompanied by a one-page attachment titled,
"McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth."**

McKinney-Vento Homeless Assistance Act

Students in Temporary Housing Guide for Parents & Youth

TOPIC	IMPORTANT INFORMATION
<p>Children living in the following situations are considered homeless for the purposes of education rights under the McKinney-Vento Act:</p>	<ul style="list-style-type: none"> • In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care placement. • In a car, park, public place, bus, train or abandoned building. • Doubled up with friends or relatives because you cannot find or afford housing.
<p>Unaccompanied Youth</p>	<ul style="list-style-type: none"> • Youth who is not in the physical custody of a parent or guardian and who meets the definition of homelessness set forth in the explanation above. <p style="text-align: center;"><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
<p>Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:</p>	<ul style="list-style-type: none"> • To a free public education. • To immediate enrollment in the zoned school. • To attend school no matter how long they have lived at their current location. • To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school. • To transportation services to and from school. • To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation. • To not be separated from the regular school program because they are homeless. • To receive free school meals.
<p>Important information:</p>	<ul style="list-style-type: none"> • Office of Safety and Youth Development (OSYD) has at least one Student in Temporary Housing (STH) Content Expert in each borough who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants. • Each Children First Network (CFN) has a designated Youth Development liaison available to assist children who are homeless with their educational needs and provide support to the schools in the network. • Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs. • Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs. • Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth.
<p>School Selection:</p>	<p>Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following:</p> <ol style="list-style-type: none"> a) The school the child attended when permanently housed (school of origin); b) The school in which the student was last enrolled; or c) Any school available to a permanently housed child residing in the area where the homeless student is currently residing.
<p>School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)</p>	<ul style="list-style-type: none"> • Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your school or the STH liaison for assistance. • Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311. • High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311.
<p>Enrollment Disputes:</p>	<ul style="list-style-type: none"> • If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute. • The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance.
<p>Transportation:</p>	<ul style="list-style-type: none"> • Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary. • If available, busses will be provided to students grades K-6; if not available, they are eligible for student MetroCard. • For students in grades Pre-K to 6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child. • Students in grades 7-12 are eligible for student MetroCard.

For more information, please contact the borough Students in Temporary Housing Program or your Children First Network to speak to an STH liaison or call 311 or visit our web site at:
<http://schools.nyc.gov/StudentSupport/NonAcademicSupport/StudentsinTemporaryHousing/default.htm>

The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),

This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.

Thank You

Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:

- | | |
|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Albanian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other, please specify _____ |

2. What language does the child **understand**?

English Other Home Language(s)

3. What language does the child **speak**?

English Other Home Language(s)

4. What language does the child **read**?

English Other Home Language(s) Does not read yet

5. What language does the child **write**?

English Other Home Language(s) Does not write yet

6. What language is spoken in the child's home or residence **most of the time**?

English Other Home Language(s)

7. What language does the child speak with parents/guardians **most of the time**?

English Other Home Language(s)

8. What language does the child speak with brothers, sisters, or friends **most of the time**?

English Other Home Language(s)

9. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?

English Other Home Language(s)

10. Would you like your child to receive instruction using your home language (if available):

- All the time Most of the time Some of the time

The New York City Department of Education Pre-Kindergarten Language Needs Survey

PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF NO:								
a. Where did he/she go participate in daycare/preschool/play group?								
b. What was the date of enrollment?								
c. How long did he/she attend?								
d. Which language was used for instruction?								
2. Has your child participated in an instructional program or group experience in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES:								
a. Where did he/she participate in daycare/preschool/play group?								
b. How long did he/she attend?								
c. Which language was used for instruction?								
3. Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES, please check all that apply:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hearing impaired</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Emotionally impaired</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Visually impaired</td> <td style="border: none;"><input type="checkbox"/> Asthma</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Speech impaired</td> <td style="border: none;"><input type="checkbox"/> Developmentally Disabled</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Physically impaired</td> <td style="border: none;"><input type="checkbox"/> Other (Please Specify) _____</td> </tr> </table>	<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired	<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma	<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired							
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma							
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled							
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____							
IF YES, what early intervention has your child received, if any?								
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF YES: Which ones?								

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Parent/Guardian: _____</td> <td style="width: 50%;">Parent/Guardian: _____</td> </tr> <tr> <td>First language: _____</td> <td>First language: _____</td> </tr> </table>	Parent/Guardian: _____	Parent/Guardian: _____	First language: _____	First language: _____
Parent/Guardian: _____	Parent/Guardian: _____			
First language: _____	First language: _____			
2. In what language would you like to receive written information from the school?				
3. In what language would you prefer to communicate orally with school staff?				
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Parent Signature _____</td> <td style="border: none;">Date _____</td> </tr> </table>	Parent Signature _____	Date _____		
Parent Signature _____	Date _____			

**The New York City Department of Education
Pre-Kindergarten Language Needs Survey**

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY		
Date:	Name of Student/ID:	
Borough:	District:	School:
Brooklyn	22	P.S. 139
Gender:	Ethnicity Code:	Date of Birth:
Male / Female	(form PSE):	
Relationship of person providing information for survey (check one):		
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):		
If an interview is conducted, in what language is it conducted?		
Is a translator/interpreter used?		
OTELE Alpha Code		
Potential English Language Learner?		
Instruction will be provided in:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____		

CHILD & ADOLESCENT HEALTH EXAMINATION FORM
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year)
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health Insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name	First Name	Email	Phone Numbers Home _____ Cell _____ Work _____

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAF if in-school medications needed	Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Asthma Control Status: <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Hospitalization <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Other (specify) _____ Explain all checked items above. <input type="checkbox"/> Addendum attached.	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)
---	---	---

PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤ 2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥ 3 yrs) ____/____	General Appearance: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine Describe abnormalities: _____
---	--

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____	Nutrition <input type="checkbox"/> < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both <input type="checkbox"/> ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)	Hearing Date Done ____/____/____ Results < 4 years: gross hearing <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred
Describe Suspected Delay or Concern: _____	SCREENING TESTS Date Done ____/____/____ Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL _____ µg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk _____ Child Care Only _____	Vision Date Done ____/____/____ Results < 3 years: Vision appears: <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) Right _____ Left _____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin or Hematocrit _____ g/dL _____ %	Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No

CIR Number	Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Report only positive immunity:
IMMUNIZATIONS - DATES		IgG Titers Date Hepatitis B _____ Measles _____ Mumps _____ Rubella _____ Varicella _____ Polio 1 _____ Polio 2 _____ Polio 3 _____
DTP/DTaP/DT _____ Tdap _____ Td _____ MMR _____ Polio _____ Varicella _____ Hep B _____ Mening ACWY _____ Hib _____ Hep A _____ PCV _____ Rotavirus _____ Influenza _____ Mening B _____ HPV _____ Other _____		

ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____	RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
--	---

Health Care Practitioner Signature	Date Form Completed ____/____/____	DOHMH ONLY PRACTITIONER I.D. _____
Health Care Practitioner Name and Degree (print)	Practitioner License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments: _____
Facility Name	National Provider Identifier (NPI)	Date Reviewed: ____/____/____ I.D. NUMBER _____
Address City State Zip		REVIEWER: _____
Telephone Fax Email		FORM ID# _____

2019-20 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 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. 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 grade 12 except for interval between measles vaccine doses. 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, 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 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	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses	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	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9 and 10: 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

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 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years 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 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 7 years and older 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. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years 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 old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years 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 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. Intervals between the doses of polio vaccine do not need to be reviewed for grade 12 in the 2019-20 school year.
 - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.
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 grade 12. Two doses are required for grades kindergarten through 11.
 - 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 age 24 weeks.
 - 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 younger 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 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9 and 10.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
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.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years 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.
 - b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months 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