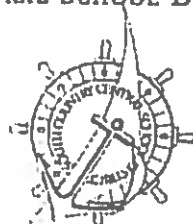


BOARD OF EDUCATION

Cheryl A. Felice, President  
Regina Hunt, Vice-President  
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Dr. Anthony Griffin  
Carol Malin  
Jack Mix  
Chris Picini

# SOUTH COUNTRY

CENTRAL SCHOOL DISTRICT



SUPERINTENDENT OF SCHOOLS

Dr. Joseph Giuni

ADMINISTRATIVE OFFICES

189 Dinton Avenue  
East Patchogue, NY 11772  
(631) 730-1510  
FAX: (631) 286-6394  
[www.southcountry.org](http://www.southcountry.org)

### 2018/2019 PARENT/STUDENT AFFIRMATION CODE OF CONDUCT, PROGRESSIVE DISCIPLINE, STANDARDS OF INTERVENTION & CODE OF CONDUCT SUMMARY, PUBLICATION(S) AND CELL PHONE POLICIES

#### CODE OF CONDUCT

The school district needs the support of all parents/guardians to help insure that their child/children fully understand the *Code of Conduct* and the consequences for poor or inappropriate behavior. We ask that you sit down with your child/children and review the *Code of Conduct* and the *Progressive Discipline, Standards of Intervention & Code of Conduct Summary* in detail. The district asks that all parents/guardian affirm that they have reviewed these documents with their child/children by signing the affirmation below.

I affirm that we have read the South Country Central School District's *Code of Conduct and Progressive Discipline, Standards of Intervention & Code of Conduct Summary* for the 2018-2019 school year.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

#### PUBLICATIONS

#### RELEASE OF DIRECTORY INFORMATION

As you know, the South Country Central School District proudly publishes information about the many accomplishments of its students. Unless objected to in writing by September 12, 2018, the District herewith gives notice of intent to provide, release or publish information in publications such as local, school or student newspapers, magazines, yearbooks, daily or weekly newspapers, athletic programs, musical or theatrical programs or to the military (11<sup>th</sup> & 12 grade students), any or all "directory" information as may be appropriate under the circumstances. Directory information includes student names, names of parents, address, age, height, weight, grade, major field of study, photographs, student participation in recognized school activities, extracurricular activities and sports programs, academic honors, achievements, awards, scholarships and similar information. Parents who do not desire release of any of the directory information during the 2018-2019 school year must make specific requests in writing. Failure to make such a request shall be deemed consent.

#### DISTRICT WEB PAGE PUBLISHING

The District requires specific affirmative written parent / eligible student consent prior to posting student photographs on District /School / Classroom Web pages.

\_\_\_\_\_ Yes, I give the school permission to publish my child's photograph on the District website.

\_\_\_\_\_ No, I do not give the school permission to publish my child's name and photograph on the District website.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

#### CELL PHONES

Cell phones have become part of our daily lives; however, when used in school they can be disruptive. Cell phones are not to be on or visible in school unless permission is given by the school principal. Students seen with or using their cell phones will be disciplined according to the Code of Conduct. In emergency situations, please call the main office of the school.

I affirm that we have read and understand the South Country Central School District's *Cell Phone Policy* for the 2018-2019 School year.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLEASE HAVE YOUR CHILD RETURN THIS AFFIRMATION TO THEIR CLASSROOM OR HOMEROOM TEACHER BY SEPTEMBER 12, 2018.

*A tradition of quality... A future of excellence*

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## 2018-2019 AFIRMACIÓN DE PADRES/ESTUDIANTES CÓDIGO DE CONDUCTA, DISCIPLINA PROGRESIVA, NORMAS DE INTERVENCIÓN & CÓDIGO DE CONDUCTA RESUMEN, PUBLICACIÓN(S) Y LAS POLÍTICAS DE TELÉFONO CELULAR

### CÓDIGO DE CONDUCTA

El distrito escolar necesita el apoyo de todos los padres / tutores para ayudar a asegurar que su niño / sus niños comprendan plenamente el Código de Conducta y las consecuencias de un comportamiento indebido o inapropiado. Le pedimos que usted se sienta con su hijo / hijos y revise el Código de Conducta y la Disciplina Progresiva, Normas de Intervención y Código de Conducta Resumen en detalle. El distrito pide que todos los padres / tutores afirmen que han revisado estos documentos con sus niño / niños mediante la firma de la afirmación de abajo.

Yo afirmo que hemos leído el *Código de Conducta y Disciplina Progresiva, Normas de Intervención y Código de Conducta Resumen* del South Country Central School District para el año escolar 2018-2019.

FIRMA DEL PADRE/TUTOR: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_  
FIRMA DEL ESTUDIANTE: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_

### PUBLICACIONES

#### LIBERACIÓN DE LA INFORMACIÓN DEL DIRECTORIO

Como ustedes saben, el South Country School District publica orgullosamente información sobre los muchos logros de sus estudiantes. Si no es objetado por escrito el 12 de septiembre, 2018, el Distrito da aviso de la intención de proporcionar, liberar o publicar información en publicaciones como locales, la escuela o periódico estudiantil, revistas, anuarios, diarios o semanarios, programas deportivos, musicales o programas teatrales o con los militares (estudiantes de grado 11 ó 12), cualquiera o todos los datos de "directorio" que sean apropiados en las circunstancias. La información del directorio incluye nombres de los estudiantes, los nombres de los padres, dirección, edad, altura, peso, grado, área principal de estudio, fotografías, participación de los estudiantes en actividades reconocidas escolares, actividades extracurriculares y programas de deportes, honores académicos, logros, premios, becas y similares información. Los padres que no desean la liberación de cualquiera de la información del directorio durante el año escolar 2018-2019 deben hacer solicitudes específicas por escrito. Si no se realiza dicha solicitud se considerará consentimiento.

#### LA PUBLICACIÓN EN LA PÁGINA WEB DEL DISTRITO

El distrito requiere consentimiento afirmativo expreso y por escrito del padre / estudiante elegible antes de publicar fotografías de los estudiantes en las páginas Web del Distrito / Escuela / Aula.

\_\_\_\_\_ Sí, doy permiso a la escuela para publicar la fotografía de mi hijo en el sitio web del Distrito.  
\_\_\_\_\_ No, no doy permiso a la escuela de publicar el nombre y la fotografía de mi hijo en el sitio web del Distrito.

FIRMA DEL PADRE/TUTOR: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_  
FIRMA DEL ESTUDIANTE: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_

### TELÉFONOS CELULARES

Los teléfonos celulares se han convertido en parte de nuestras vidas diarias; sin embargo, cuando se utiliza en la escuela pueden ser perjudicial. Los teléfonos celulares no deben estar encendidos o visibles en la escuela a menos que el director de la escuela le dé permiso al estudiante. Los estudiantes que se ven con o usando sus teléfonos celulares serán disciplinados de acuerdo con el Código de Conducta. En situaciones de emergencia, por favor llame a la oficina principal de la escuela.

Yo afirmo que hemos leído *Las Reglas De Teléfono Celular* del South Country Central School District para el año escolar 2018-2019.

FIRMA DEL PADRE/TUTOR: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_  
FIRMA DEL ESTUDIANTE: \_\_\_\_\_ FECHA: \_\_/\_\_/\_\_

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_ GRADO: \_\_\_\_\_  
ESCUELA: \_\_\_\_\_

POR FAVOR TENGA SU HIJO A DEVOLVER ESTA AFIRMACIÓN PARA SU MAESTRO POR 12 de SEPTIEMBRE 2018

*A tradition of quality... A future of excellence*

**SOUTH COUNTRY CENTRAL SCHOOL DISTRICT  
EMERGENCY CONTACT FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
                    LAST NAME                      FIRST NAME

Mother/Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Home Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

**PLEASE PROVIDE ALTERNATE EMERGENCY CONTACT INFORMATION. IN THE EVENT THAT WE ARE UNABLE TO CONTACT YOU, THE PEOPLE YOU HAVE LISTED ARE AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL.**

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

If none of the above can be reached by phone what do you wish the school to do in case the child is sick or injured? \_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent will be respected as much as possible.

DOCTOR \_\_\_\_\_ Phone # \_\_\_\_\_

SPECIAL HEALTH PROBLEMS – Including allergies, asthma or medications \_\_\_\_\_

WEARS GLASSES/CONTACT LENSES YES \_\_\_\_\_ NO \_\_\_\_\_

**IF THE ABOVE INFORMATION CHANGES, I WILL NOTIFY THE SCHOOL IN WRITING.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**BROTHERS AND SISTERS**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

**SOUTH COUNTRY CENTRAL SCHOOL DISTRICT  
FORMULARIO DE CONTACTO PARA EMERGENCIAS**

Estudiante \_\_\_\_\_ Grado \_\_\_\_\_ Maestro \_\_\_\_\_  
                   APELLIDO           PRIMER NOMBRE

Madre/Guardián \_\_\_\_\_ Dirección \_\_\_\_\_

Teléfono \_\_\_\_\_ Celular \_\_\_\_\_ Trabajo \_\_\_\_\_

Padre \_\_\_\_\_ domicilio (si es diferente) \_\_\_\_\_

Teléfono \_\_\_\_\_ Celular \_\_\_\_\_ Trabajo \_\_\_\_\_

**POR FAVOR, PROVEER INFORMACIÓN DE CONTACTO DE EMERGENCIA ALTERNATIVO. EN CASO QUE NO PODAMOS CONTACTARNOS CON USTED, LAS SIGUIENTES PERSONAS TIENEN LA AUTORIZACIÓN PARA RECOGER A SU HIJO DE LA ESCUELA EN CASO DE UNA EMERGENCIA.**

NOMBRE \_\_\_\_\_ Relación al estudiante \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Dirección \_\_\_\_\_

NOMBRE \_\_\_\_\_ Relación al estudiante \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Dirección \_\_\_\_\_

NOMBRE \_\_\_\_\_ Relación al estudiante \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Dirección \_\_\_\_\_

Si no podemos contactar a ninguna de las personas de arriba, ¿qué quisiera que hagamos en caso de que su niño esté enfermo o herido?

\_\_\_\_\_

Esta comprendido que, en la disposición final de un caso de emergencia, el juicio de la escuela va a prevalecer. La recomendación del padre será respetada a la magnitud posible.

DOCTOR \_\_\_\_\_ Número de Teléfono \_\_\_\_\_

Problemas especiales de salud - incluyendo alergias, asma, o medicaciones \_\_\_\_\_

Usa lentes o lentes de contacto SÍ \_\_\_\_\_ NO \_\_\_\_\_

**SI LA INFORMACIÓN DE ARRIBA CAMBIA, VOY A NOTIFICAR LA ESCUELA POR ESCRITO.**

Firma del padre/guardián: \_\_\_\_\_

\*\*\*\*\*

**HERMANOS Y HERMANAS**

NOMBRE \_\_\_\_\_ FECHA DE NACIMIENTO \_\_\_\_\_ ESCUELA \_\_\_\_\_

NOMBRE \_\_\_\_\_ FECHA DE NACIMIENTO \_\_\_\_\_ ESCUELA \_\_\_\_\_

NOMBRE \_\_\_\_\_ FECHA DE NACIMIENTO \_\_\_\_\_ ESCUELA \_\_\_\_\_

NOMBRE \_\_\_\_\_ FECHA DE NACIMIENTO \_\_\_\_\_ ESCUELA \_\_\_\_\_

NOMBRE \_\_\_\_\_ FECHA DE NACIMIENTO \_\_\_\_\_ ESCUELA \_\_\_\_\_

**South Country Central School District  
East Patchogue, NY 11772**

**PRESCRIBER AND PARENT'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL**

**A. To be completed by the Parent/Guardian:**      **Date:** \_\_\_\_\_

I request that my child \_\_\_\_\_ grade \_\_\_\_\_ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse or another designated person in the absence of the school nurse will administer the medication.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**B. To be completed by the Licensed Health Care Prescriber:**

I request that my patient, as listed below, receive the following medication.

**Name of Student:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_

**Prescribed dosage, frequency and route of administration:** \_\_\_\_\_  
\_\_\_\_\_

**Time to be taken during school hours:** \_\_\_\_\_

**Duration of Treatment:** \_\_\_\_\_

**Possible side effects or adverse reactions:** \_\_\_\_\_  
\_\_\_\_\_

**Other Recommendations:** \_\_\_\_\_  
\_\_\_\_\_

**NAME OF LICENSED PRESCRIBER AND TITLE: (Print)** \_\_\_\_\_

**PRESCRIBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**South Country Central School District  
East Patchogue, NY 11772**

**AUTORIZACIÓN DE DOCTOR Y PADRES PARA ADMINISTRAR MEDICAMENTOS EN LA ESCUELA.**

**A. Para ser completado por el padre / tutor:**                      **Date:** \_\_\_\_\_

Pido que mi hijo \_\_\_\_\_ grado \_\_\_\_\_ recibir la medicación según lo prescrito por debajo por nuestro proveedor de atención médica con licencia. El medicamento debe ser proporcionada por mí en el envase original debidamente etiquetado de la farmacia. Entiendo que la enfermera de la escuela o de otra persona designada en ausencia de la enfermera escolar se administre el medicamento.

**Firma de padre/tutor** \_\_\_\_\_

**Dirección:** \_\_\_\_\_

**Teléfono:** Casa \_\_\_\_\_ **Celular** \_\_\_\_\_ **trabajo** \_\_\_\_\_

**B. Para ser completado por el proveedor con licencia Cuidado de la Salud:**

Pido que mi paciente, que se enumeran por debajo, recibirá el siguiente medicamento.

**Nombre del estudiante** \_\_\_\_\_ **Fecha de Nacimiento** \_\_\_\_\_

**Diagnos:** \_\_\_\_\_

**Dosis prescrita, frecuencia y vía de administración:** \_\_\_\_\_

**Hora de tomar durante el horario escolar:** \_\_\_\_\_

**Duración del tratamiento:** \_\_\_\_\_

**Los posibles efectos secundarios o reacciones adversas:** \_\_\_\_\_

**otras recomendaciones:** \_\_\_\_\_

**NOMBRE DEL MEDICO CON LICENCIA Y TÍTULO:** (Imprimir) \_\_\_\_\_

**FIRMA DEL MEDICO CON LICENCIA:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_

**DIRECCIÓN:** \_\_\_\_\_ **NUMERO DE Teléfono** \_\_\_\_\_

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED IN ENTIRETY 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, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

Allergies <input checked="" type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input checked="" type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

**Risk Factors for Diabetes or Pre-Diabetes:**  
*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

BMI \_\_\_\_\_ kg/m2 Percentile (Weight Status Category):  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

Hyperlipidemia:  No  Yes      Hypertension:  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
---------	---------	-----	--------	---------------

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 µg/dL				

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

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

**SCREENINGS**

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

**Recommendations:**

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

- Full Activity without restrictions including Physical Education and Athletics.
- Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications
  - No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
  - No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
  - Other Restrictions:

- Developmental Stage for Athletic Placement Process ONLY  
 Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports  
 Student is at Tanner Stage:  I  II  III  IV  V

- Accommodations: Use additional space below to explain
 

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:
- \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: \_\_\_\_\_

**MEDICATIONS**

- Order Form for Medication(s) Needed at School attached

List medications taken at home: \_\_\_\_\_

**IMMUNIZATIONS**

- Record Attached  Reported in NYSIIS Received Today:  Yes  No

**HEALTH CARE PROVIDER**

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

**Please Return This Form To Your Child's School When Entirely Completed.**



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**BELLPORT MIDDLE SCHOOL**  
SOUTH COUNTRY CENTRAL SCHOOL DISTRICT



**SUPERINTENDENT OF SCHOOLS**

Dr. Joseph Giuni

**BUILDING PRINCIPAL**

Dr. Jamal Colson

**ASSISTANT PRINCIPALS**

Mr. John Frankie  
Mr. Joseph Watson  
Ms. Lisa Zaccaro

**DENTAL FORM**

Dear Parent/Guardian:

Maintaining a healthy mouth is an important part of a child's general health. Teeth that need treatment can cause a child to perform school work inferior to her/his abilities. A child's first teeth are important and should receive care if needed, as well as her/his permanent teeth. This information will become a part of your child's permanent record.

Below is a form to be filled out by your dentist. Please return this form to the School Nurse when completed. Any questions or concerns please contact the Health Office in your child's building.

.....

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

\_\_\_\_\_ has had her/his teeth examined.  
Student's Name

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

All necessary work has been cared for: \_\_\_\_\_

All necessary work is being cared for: \_\_\_\_\_

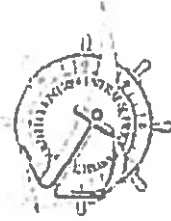
She/He is being advised to return in \_\_\_\_\_ months.

\_\_\_\_\_ Stamp:

BOARD OF EDUCATION  
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# BELLPORT MIDDLE SCHOOL

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT



SUPERINTENDENT OF SCHOOLS  
Dr. Joseph Giuni  
BUILDING PRINCIPAL  
Dr. Jamal Colson  
ASSISTANT PRINCIPALS  
Mr. John Frankie  
Mr. Joseph Watson  
Ms. Lisa Zaecaro

## FORMULARIO DENTAL

Estimados padres o tutores:

El mantenimiento de una boca sana es una parte importante de la salud general del niño. Los dientes que necesitan tratamiento pueden causar a un niño a realizar el trabajo escolar inferior a sus capacidades. Dientes primarios de un niño son importantes y deben recibir atención en caso necesario, así como los dientes permanentes. Esta información pasará a formar parte del registro permanente de su hijo.

Por favor tenga a su dentista rellene el siguiente formulario. Devuelva este formulario a la enfermera de la escuela cuando esté terminado. Cualquier pregunta o preocupación por favor póngase en contacto con la Oficina de Salud en la escuela de su hijo.

.....

Fecha: \_\_\_\_\_

\_\_\_\_\_ ha tenido sus dientes examinados.

Nombre del Estudiante

Grado: \_\_\_\_\_

Todo el trabajo necesario ha sido cuidado: \_\_\_\_\_

Todo el trabajo necesario está siendo atendido: \_\_\_\_\_

Se aconseja volver en \_\_\_\_\_ meses.

\_\_\_\_\_ Sello:

# SOUTH COUNTRY CENTRAL SCHOOL DISTRICT MEDICAL EMERGENCY CARD

## STUDENT INFORMATION

First Name	Last Name	Date of Birth / /	Grade	Student ID Number	Homeroom	Bus Letter
Home Address		City	State	Zip	Telephone Number	

## PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
First Name ( )	First Name ( )
Last Name ( )	Last Name ( )
Work Phone	Work Phone
Cell Phone	Cell Phone
Place of Work	Place of Work
E-Mail	E-Mail
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Resides in home <input type="checkbox"/> Yes <input type="checkbox"/> No	Resides in home <input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor to be called in case of emergency _____	Doctor to be called in case of emergency _____
Address _____	Address _____
Phone ( ) _____	Phone ( ) _____
Dentist to be called in case of emergency _____	Dentist to be called in case of emergency _____
Address _____	Address _____
Phone ( ) _____	Phone ( ) _____

## MEDICATION INFORMATION

Medications taken daily and dosage \_\_\_\_\_

Reasons for medication \_\_\_\_\_

Changes in physical condition since last year (illness, surgery, injuries, fractures, etc., include dates) \_\_\_\_\_

Glasses  Yes  No Date of last vision exam \_\_\_\_\_ Allergies  Yes  No If yes, indicate allergy \_\_\_\_\_

EPI Pen  Yes  No Asthma  Yes  No Inhaler  Yes  No Nebulizer  Yes  No Hearing difficulties  Yes  No

## EMERGENCY CONTACT INFORMATION

**IMPORTANT:** It is imperative that you provide a minimum of two local names and numbers of people who will be available to take responsibility for your child should illness or injury occur during school hours and we are unable to reach you.

Special Instructions (optional): \_\_\_\_\_

A child's medical-surgical history is treated confidentially; however, information provided to the Health Office may be shared with staff members on a need to know basis in accordance w/FERPA laws.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

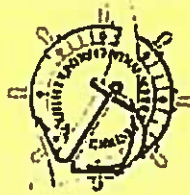


BOARD OF EDUCATION

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Chris Picini

# SOUTH COUNTRY

CENTRAL SCHOOL DISTRICT



SUPERINTENDENT OF  
SCHOOLS

Dr. Joseph Gianti

Assistant Superintendent for  
Curriculum, Instruction &  
Accountability

Mr. Marlon Small  
(631) 730-1540

## REQUEST FOR HARD COPY OF A STUDENT'S PROGRESS REPORTS AND/OR REPORT CARDS (Grades K - 12)

(Please complete form and return to your child's homeroom teacher)

August 2018

Dear Parent or Guardian:

Welcome to the 2018-19 school year. In our continuing effort to improve home-school communication and our paperless initiative, please be reminded that progress reports and/or report cards will be released on the parent portal.

If you would like to request a hard copy of your child's progress reports and/or report cards to be mailed home, please complete the bottom portion of this letter and have your child return it to their homeroom teacher on or before September 14, 2018.

Thank you for your anticipated cooperation. Please do not hesitate to contact your child's school with any questions or concerns.

Sincerely,

Mr. Marlon Small  
Assistant Superintendent for Curriculum, Instruction and Accountability

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Town and Zip Code: \_\_\_\_\_

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

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## **SOLICITUD DE COPIA EN PAPAEL DE BOLETIN DE PROGRESO DEL ESTUDIANTE Y / O LIBRETA (Grados K - 12)**

(Por favor complete el formulario y devuélvalo al profesor/a de su estudiante)

Agosto 2018

Estimado padre o guardián:

Bienvenidos al año escolar de 2018-19. En nuestro continuo esfuerzo por mejorar la comunicación entre el hogar y la escuela y nuestra iniciativa de solo documentos electrónicos, le hacemos recordar que el boletín de progreso y / o libretas se publicarán en el portal para padres.

Si prefiere recibir por correo el boletín y/ o la libreta en papel de su estudiante, por favor complete la porción de debajo de este formulario y devuélvalo al profesor/a con su estudiante antes del 14 de septiembre de 2018.

Gracias por su cooperación anticipada. Por favor no vacile en ponerse en contacto con la escuela si tiene una pregunta o preocupación.

Sinceramente,

A handwritten signature in black ink that reads "Marlon Small". The signature is written in a cursive style.

Sr. Marlon Small

Asistente Superintendente de Currículo, Instrucción y Responsabilidad

Nombre del estudiante \_\_\_\_\_ Escuela \_\_\_\_\_

Grado \_\_\_\_\_ Nombre de padre /guardián \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad y código postal \_\_\_\_\_

Firma de padre/guardian \_\_\_\_\_

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**SOUTH COUNTRY**  
CENTRAL SCHOOL DISTRICT



**SUPERINTENDENT OF SCHOOLS**

Dr. Joseph Giani

Assistant Superintendent for  
Curriculum, Instruction &  
Accountability

Mr. Marlon Small  
(631) 730-1540  
FAX: (631) 286-4436

**Google**  
Apps for Education

2018 – 2019

South Country Central School District Parent Consent Form for Google Apps for Education  
(submit one per child)

**THIS FORM ONLY NEEDS TO BE SUBMITTED IF YOUR CHILD DOES NOT HAVE A SOUTH COUNTRY CENTRAL SCHOOL DISTRICT GOOGLE ACCOUNT**

Dear Parents/Guardians,

The South Country Central School District (SCCSD) is transitioning to the utilization of Google Apps for Education (GAFE) for students, teachers and staff. Google Classrooms are designed to help teachers create and collect paperless assignments. Teachers are eager to set up a Google Classroom as it affords the teacher greater opportunity to differentiate in order to maximize student learning outcomes. A student must have a Google Apps for Education account in order to participate in a Google Classroom. Furthermore, the Drive folders afford teachers and students the opportunity to organize their assignments, creating easier access. If a student does not have a Google Apps for Education account, he/she will still be permitted to use a chromebook, but the student would not be able to join Google Classroom.

**Children's Online Privacy Protection Act (COPPA)**

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for SCCSD presence in Google APPs for Education. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context as per Board Policy # 8271. The school's use of student information is solely for education purposes.

COPPA – <http://www.ftc.gov/privacy/coppafaqs.shtml>

**Guidelines for the responsible use of Google Apps for Education by students:**

1. **GAFE Account.** All students will be assigned a [username@southcountry.org](mailto:username@southcountry.org) account. This account only permits access to GAFE and is not an email account.
2. **Prohibited Conduct.** Please refer to the SCCSD Acceptable Use Policy.
3. **Access Restriction.** Access to use of a student GAFE account is considered a privilege accorded at the direction of the SCCSD. SCCSD maintains the right to immediately withdraw the access and use of these services when there is reason to believe that violations of law or SCCSD policies have occurred. In such cases, the alleged violation will be referred to a building Administrator for further investigation and adjudication.
4. **Security.** SCCSD cannot and does not guarantee the security of electronic files located on Google

*A tradition of quality... A future of excellence*

Systems. Although Google does have a powerful content filter in place for email, the school/district cannot assure that users will not be exposed to unsolicited information.

By signing below, I confirm that I have read and understand the following:

Under FERPA, a student's education records are protected from disclosure to third parties. I understand that my student's education records stored in Google Apps for Education may be accessible to someone other than my child and the SCCSD, by virtue of this online environment. My signature below confirms my understanding that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>).

I understand that I may contact my child's building administration to be removed at any time.

Yes, I do give permission for my child to be assigned a SCCSD Google Apps for Education account.

No, I do not give permission for my child to be assigned a SCCSD Google Apps for Education account.

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Building: \_\_\_\_\_ Student ID#: \_\_\_\_\_

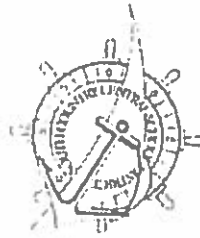
**Note: Please return to the main office of the building that your child attends.**



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**Google**  
Apps for Education

2018-2019

Formulario de consentimiento de los padres para Google Apps for Education  
para el Distrito Escolar Central de South Country  
(Envíe uno por niño)

**ESTE FORMULARIO SOLAMENTE NECESITA SER PRESENTADO SI SU NIÑO NO TIENE UN  
DISTRITO ESCOLAR CENTRAL DE SOUTH COUNTY GOOGLE ACCOUNT**

Estimados padres/tutores,

El Distrito Escolar Central de South Country (SCCSD) está pasando a la utilización de Google Apps for Education (GAFE) para estudiantes, maestros y personal. Google Classrooms está diseñado para ayudar a los profesores a crear y recolectar tareas sin papel. Los maestros están ansiosos por crear un aula de Google, ya que le brinda al profesor una mayor oportunidad de diferenciarse para maximizar los resultados del aprendizaje de los estudiantes. Un estudiante debe tener una cuenta de Google Apps for Education para participar en un Google Classroom. Además, las carpetas de Drive ofrecen a los profesores y estudiantes la oportunidad de organizar sus tareas, creando un acceso más fácil. Si un estudiante no tiene una cuenta de Google Apps for Education, todavía se le permitirá usar una Chromebook, pero el estudiante no podrá unirse a Google Classroom.

**Ley de protección de la privacidad de los niños en línea (COPPA)**

COPPA se aplica a las empresas comerciales y limita su capacidad para recopilar información personal de niños menores de 13 años. De forma predeterminada, la publicidad se desactiva para la presencia de SCCSD en Google APPs for Education. No se recopila información personal para estudiantes con fines comerciales. Esta forma de permiso permite a la escuela para actuar como un agente para los padres en la recogida de información dentro del contexto de la escuela según la política de la Junta # 8271. El uso de la escuela de la información del estudiante es exclusivamente para propósitos educativos.

COPPA - <http://www.ftc.gov/privacy/coppafaqs.shtml>

Directrices para el uso responsable de Google Apps for Education por parte de los estudiantes:

1. **Cuenta GAFE.** A todos los estudiantes se les asignará una cuenta de usuario@southcountry.org. Esta cuenta sólo permite el acceso a GAFE y no es una cuenta de correo electrónico.
2. **Conducta Prohibida.** Consulte la Política de Uso Aceptable de SCCSD.
3. **Restricción de acceso.** El acceso al uso de una cuenta de GAFE estudiantil se considera un privilegio acordado por la dirección del SCCSD. SCCSD mantiene el derecho de retirar inmediatamente el acceso y el uso de estos servicios cuando hay razones para creer que se han producido violaciones de la ley o las

políticas de SCCSD. En tales casos, la presunta violación se remitirá a un administrador del edificio para su investigación y adjudicación.

4. **Seguridad.** SCCSD no puede y no garantiza la seguridad de los archivos electrónicos ubicados en los sistemas de Google. Aunque Google tiene un filtro de contenido potente para el correo electrónico, la escuela / distrito no puede asegurar que los usuarios no estarán expuestos a información no solicitada.

Al firmar a continuación, confirmo que he leído y entiendo lo siguiente:

Bajo FERPA, los registros educativos de un estudiante están protegidos de la divulgación a terceros. Entiendo que los archivos de educación de mi estudiante almacenados en Google Apps for Education pueden ser accesibles para alguien que no sea mi hijo y el SCCSD, en virtud de este entorno en línea. Mi firma a continuación confirma mi comprensión de que al participar en Google Apps for Education, la información sobre mi hijo será recopilada y almacenada electrónicamente. He leído las políticas de privacidad asociadas con el uso de Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>).

Entiendo que puedo entrar en contacto con la administración de edificio de mi niño para ser quitado en cualquier momento

\_\_\_\_\_ Sí, doy permiso para que se le asigne a mi hijo una cuenta de Google Apps for Education de SCCSD. Esto significa que mi hijo recibirá una cuenta de GAFE para poder acceder a Google Docs, Calendar, Classroom y Sites.

\_\_\_\_\_ No, no doy permiso para que se le asigne a mi hijo una cuenta de Google Apps for Education de SCCSD.

Nombre del Estudiante: \_\_\_\_\_ Nivel del grado: \_\_\_\_\_

Firma de padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_ #ID del estudiante: \_\_\_\_\_

**Nota: Por favor regrese a la oficina principal de la escuela a la cual su hijo asiste.**

# BELLPORT MIDDLE SCHOOL PTA

South Country Central School District  
35 Kreamer Street, Bellport, NY 11713

## PTA MEMBERSHIP

**YES, I WOULD LIKE TO BECOME A MEMBER OF  
THE 2018-2019 BMS PTA!**

Membership is only \$10.

Your contribution helps support important programs and events for our students throughout the year.

Please print clearly and return the completed form with payment in an envelope marked BMS PTA to the Middle School Main Office. Checks should be made payable to the Bellport Middle School PTA.

Thank you for your continued support!

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

Child/ren Name(s) & Grade(s)

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

Contact information:

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

*Jennifer Wilson, President*

*Jennifer Rupolo, Vice-President*

*Annamaria Gannon, Secretary*

*Jill Ciavatta, Treasurer*

# BELLPORT MIDDLE SCHOOL ASOCIACIÓN DE PADRES Y MAESTROS

South Country Central School District  
35 Kreamer Street, Bellport, NY 11713

## MEMBERSÍA DE ASOCIACIÓN DE PADRES Y MAESTROS

### SÍ, ME GUSTARÍA SER MIEMBRO DE LA ASOCIACIÓN DE PADRES Y MAESTROS DEL AÑO 2018-2019!

Membresía es solamente \$10.

Su contribución ayuda a apoyar programas y eventos importantes para nuestros  
estudiantes durante todo el año.

Por favor escriba claramente y devuelva el formulario completado con el pago en  
un sobre marcado BMS PTA a la Oficina Principal de Bellport Middle School. Los  
cheques deben hacerse a nombre de Bellport Middle School PTA.

¡Gracias por su apoyo continuo!

Nombre del Padre/Guardian \_\_\_\_\_

Nombre(s) del niño(s) & Grado(s)

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

Información de contacto:

Número de teléfono \_\_\_\_\_

Correo Electrónico \_\_\_\_\_

*Jennifer Wilson, Presidente*

*Jennifer Rupolo, Vice Presidente*

*Annamaria Gannon, Oficinista*

*Jill Ciavatta, Tesorera*