

Lewiston-Porter Central School District

SCHOOL: _____	TODAY'S DATE: _____
GRADE: _____	ENTRANCE DATE: _____
STUDENT #: _____	FAMILY #: _____
Registrar's Initials _____	District Office Use Only

PLEASE REFER TO THE DISTRICT'S RESIDENCY AND ENROLLMENT GUIDELINES, A COPY OF WHICH IS ATTACHED HERETO, FOR IMPORTANT INFORMATION RELATED TO THE ENROLLMENT PROCESS

PUPIL INFORMATION

- Student's Name: _____
LAST FIRST FULL MIDDLE NAME
- By what name do you wish this child called in school? _____
- Birth date: _____ Gender: M F
- Your Lew-Port School District Address: _____
NUMBER STREET APT. # or PO BOX
- _____ TOWN STATE ZIP CODE
- Main Contact Telephone # _____
- If you are not yet a Lew-Port Resident, what is the date you will be moving in? _____
- Current address _____
- Main Contact Telephone # _____
- Does the child reside with both parents? Yes No
- If no, whom does the child reside with? _____
- If parents are divorced or separated, who has residential custody? _____
- Other pertinent information: _____
- Has this child ever attended Lew-Port Schools before? Yes No
- If yes, name(s) of school(s) attended: _____

McKINNEY-VENTO ACT

If you reside with relatives or others due to loss of housing economic hardship or similar reason or in a shelter, car, park, public space, abandoned building, camp-site, motel, substandard housing, bus or train station or similar setting; if you are abandoned in a hospital or are awaiting foster care placement; or have a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation or in any other temporary living situation because you cannot afford housing, you or your child may be eligible for services.

Please contact our homeless liaison by calling: (716) 754-8281.

PARENT/GUARDIAN INFORMATION

- (With whom student lives)

Adult #1: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER Email Address

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. Mrs. Ms. Dr. Other _____

Adult #2:

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER Email Address

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. Mrs. Ms. Dr. Other _____

IF AN ADDITIONAL MAILING IS REQUIRED, PLEASE FILL OUT THIS PORTION.

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER Email Address

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. & Mrs. Mr. Mrs. Ms. Dr. Other _____

SIBLING INFORMATION

- Please list children under the age of 21 who reside in household.

Gender	Name (First, Middle, Last)	Birth Date	Grade	School to Attend

Gender	Name (First, Middle, Last)	Birth Date	Grade	School to Attend

SPECIAL PROGRAMMING

- Does this child currently receive any of the following services?

- Speech Therapy
- Remedial Reading
- Special Ed Class/Program
- Physical Therapy
- 504 Accommodation Plan
- Occupational Therapy

Other _____

NOTE: Notify the principal or guidance counselor if there are any special circumstances relating to your child that they should be aware of.

EMERGENCY CONTACT INFORMATION

- (If parents cannot be reached)

Contact #1:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Contact #2:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Contact #3:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Health Care Provider: _____ Telephone: _____

By signing below, I hereby swear and affirm that the information I have provided in this Student Registration Form is true and accurate and that I have made no misrepresentations of fact. I also acknowledge and understand that the District will seek to recover tuition costs, on a pro rata basis, for any student(s) enrolled in the District's schools based on any false representation(s) made herein, and that I agree to be responsible for such tuition costs, plus interest, including any costs incurred by the District in recovering same.

Parent or Guardian Signature _____

Parent or Guardian Name (please print): _____

Date: _____ Witnessed by: _____

Lewiston-Porter Central School District
4061 Creek Road
Youngstown, New York 14174
716-754-8281

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Student Name _____	DOB _____	Grade _____
Name of Previous School _____		
Street Address _____		
City, State, Zip _____	Phone _____	Fax _____

Student Name _____	DOB _____	Grade _____
Name of Previous School _____		
Street Address _____		
City, State, Zip _____	Phone _____	Fax _____

Parent Authorization Statement

As the Parent/Guardian of the above student(s), I hereby authorize the release of a complete transcript, including grades, health records, attendance records and any other pertinent information for the proper placement of the above student(s).

Signature

Date

Please fax or mail the completed transcript to the appropriate school:

Lewiston-Porter High School	grades 9-12	Fax 716-286-7852
Lewiston-Porter Middle School	grades 6-8	Fax 716-286-7204
Lewiston-Porter Intermediate Education Center	grades 3-5	Fax 716-286-7854
Lewiston-Porter Primary Education Center	grades K-2	Fax 716-286-7855



Lewiston-Porter Central School District

Aiming Higher

To the Parent/Guardian of New Students:

Re: Immunization Requirements

On June 13, 2019, New York State revised the New York State Public Health Law to eliminate the religious exemption from immunization requirements.

The New York State Public Health law mandates that all children who attend the District's schools must be immunized against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), meningococcal disease, and pneumococcal disease. A list of immunization requirements is available at: https://www.health.ny.gov/publications/2370_2019.pdf.

In order for your child to attend school in the District for the 2019-2020 school year, and thereafter, you must submit documentation demonstrating: (1) that your child's immunizations are up-to-date; or (2) that your child has received at least the first dose in each immunization series required by the Public Health Law and has age-appropriate appointments scheduled to complete the immunization series. Such documentation must be submitted at the time of registration or to School Nurse as soon as possible. If you do not provide the required records, your child will not be permitted to attend the District's schools for more than fourteen calendar days, per New York Public Health Law §2164.

We recommend that you contact your child's pediatrician to begin the immunization process. In addition, Niagara County offers immunizations at various locations and times, and such immunizations may be provided for free or at a reduced cost. More information is available at: <http://www.niagaracounty.com/health/Services/Nursing-Division/Immunizations> or by calling 716-278-1903

Thank you for your anticipated cooperation. Please contact the Registration Office if you have any questions.

Sincerely,

Paul J. Casseri
Superintendent of Schools



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

Frequently Asked Questions About Legislation Removing Non-Medical Exemptions from School Vaccination Requirements

Overview:

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

1. What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

2. When did the law become effective?

The law became effective on June 13, 2019.

3. How will schools and child day care settings be notified?

A joint notification by the NYS Department of Health, State Education Department, and Office of Children and Family Services was distributed to schools and child day care settings beginning on June 15, 2019.

4. For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by **June 28, 2019** to attend or remain in school or child day care. Also, by **July 14, 2019** parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The Department follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule for all

immunizations that are required to attend school in New York State, and expects children to receive required doses consistent with Table 2 of ACIP's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State.)

5. Where can I find the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule?

The ACIP catch-up immunization schedule is available at the following link:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

(Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in NYS.)

6. Are the vaccination requirements, as described in Question 5, required for my child to attend summer schools that are overseen by NYSED and summer child day care programs that are overseen by OCFS?

Yes. This requirement applies to summer school and summer child day care programs.

7. What is the deadline for first dose vaccinations if my child is not attending school until September?

The Department encourages parents and guardians of all children who do not have their required immunizations to receive the first dose in each immunization series as soon as possible. The deadline for obtaining first dose vaccinations in each immunization series for children attending school in the fall is 14 days from the first day of school or enrollment in child day care. Within 30 days of the first day of school, parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses.

8. Does this new legislation apply to my child attending college?

The new legislation did not change the vaccination requirements for college attendance. Students attending college in NYS can still obtain a religious exemption. The Department requires that every student attending college be vaccinated against measles, mumps and rubella (MMR), unless the student has a valid religious or medical exemption.

9. Does this new legislation affect my child's medical exemption?

No. The new legislation does not affect valid medical exemptions.

10. What is a valid medical exemption?

A valid medical exemption must:

1. Be on a sample medical exemption form issued by the Department <https://www.health.ny.gov/forms/doh-5077.pdf> or the NYC Department of Health and Mental Hygiene, or on a signed statement that certifies that the immunization may be detrimental to a child's health;
2. Be signed by a physician licensed to practice medicine in New York State;
3. Contain sufficient information to identify the medical contraindication to a specific immunization. The Department recommends that health care practitioners consult the ACIP guidelines for contraindications and precautions to childhood vaccinations, available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State); and
4. Be confirmed annually.

11. My child is not being allowed to attend school and/or child day care program based on vaccination status. How do I appeal this decision?

Education Law §310(6-a) allows an appeal to the Commissioner of the State Education Department from persons considering themselves aggrieved by an action taken by “a principal, teacher, owner or other person in charge of any school in denying a child admission to, or continued attendance at, such school for lack of proof of required immunizations in accordance with” Public Health Law §2164. Such appeal may include a request for a “stay” of the school's action while the appeal is pending before the Commissioner. Information regarding the appeal process is available at: <http://www.counsel.nysed.gov/appeals/>.

There is no appeal process for child day care programs. Programs must be in compliance with all applicable laws.

12. What are the penalties for a school and child day care program if it does not comply?

All public, private and parochial schools are required to comply with the law. The Department will determine the cause of a school's violation or noncompliance and, where appropriate, seek civil penalties from noncompliant schools. NYS OCFS regulates child day care programs and may sanction programs that do not comply with the law.

13. How does New York State verify vaccination rates at schools and child day care programs?

The NYSDOH annually conducts surveys of school and child day care immunization coverage and exemption rates. Schools and child day care settings are required to participate in the surveys. Additionally, the NYSDOH audits a sample of schools each year for compliance with PHL Section 2164 and to verify the rates reported in their survey. If any students out of compliance with PHL Section 2164 are discovered during the audit, then the NYSDOH will require the students be excluded from school until they comply with the law. The Department will determine the cause of a school's noncompliance and, where appropriate, seek civil penalties from noncompliant schools. In some counties, the Department has delegated the county health department with authority to assist in conducting audits of schools to verify compliance.

NYS OCFS reviews vaccination records for compliance.

14. Does the new law apply to students who receive special education services?

Yes, the new law applies to students who receive special education services. However, the new legislation does not affect valid medical exemptions, and the United States Department of Education (“USDE”) has issued guidance to assist schools in ensuring that students with disabilities under the federal Individuals with Disabilities Education Act (“IDEA”) who are medically unable to receive vaccines due to a disability are not discriminated against on the basis of disability. USDE’s Office for Civil Rights’ [Fact Sheet: Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities](https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf) is available at: <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf>.

Questions may be directed to the State Education Department’s Office of Special Education, Policy Unit, 518-473-2878, SPECED@nysed.gov or to the appropriate [Special Education Quality Assurance Regional Office](#), SEQA@nysed.gov.

15. My child receives educational services from a public, private or parochial school off school grounds. Do they need to be vaccinated?

If a student is enrolled in the school, regardless of where they receive educational services, they will need to comply with the vaccination requirements for schools.

Version: June 18, 2019 – Document will be reissued with additional questions in the future.