

# Sts. John and Paul School

2023 - 2024

# Parent - Student School Handbook

280 Weaver Street Larchmont, NY 10538

## 2023-2024 Parent/Guardian/Student Handbook

## Saints John and Paul School

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## **Academic Policies**

## **Academic Expectations**

The school expects students to perform to the best of their ability. Teachers are expected to evaluate student progress on a regular basis. Students will be given quizzes or tests regularly. After the test is graded, it will be sent home for the parent/guardian to review and sign. A parent/guardian's signature indicates that the parent/guardian is aware of the student's progress.

#### Graduation

At the discretion of the principal, each school has the right not to certify the student's graduation or provide transcripts of the student's academic record to third parties such as other schools, colleges, or employers, or to issue a diploma to the student, if there has been a breach of a material condition of this educational contract (i.e., failure to meet financial obligations and/or infractions against the school's code of conduct).

#### **Homework**

Homework is an essential part of the instructional program and, reinforces learning, and provides students with opportunities to practice what they have learned. This practice helps students establish good study habits, become independent learners, and strong readers, writers, and mathematicians. All homework times include a minimal of 15 minutes of reading (or being read to).

The time allotments for homework are as follows: (approximately)

| Grade            | Reading (minutes) Addition to or inclusive to homework     | Written &<br>studying<br>(minutes)   | Total<br>Minutes |
|------------------|--|--|------------------|
| Pre-Kindergarten | Families and children spend time together reading books 10 | Homework when appropriate  | 10-15            |
| Kindergarten     | Families and children spend time together reading books 10 | 15 minutes<br>may be given<br>short homework<br>related to the<br>curriculum | 25               |
| First            | 15 (may include homework)                                  | 30   | 30               |
| Second           | 20 (may include homework)                                  | 30   | 30               |
| Third            | 20 (may include homework)                                  | 45   | 45               |
| Fourth           | 20-30 (may include homework)                               | 45   | 45               |
| Fifth            | 25-30 (may include homework)                               | 90   | 90               |
| Sixth            | 30-35 (may include homework)                               | 90   | 90               |
| Seventh          | 35-40 (may include homework)                               | 120  | 120              |
| Eighth           | 40-45 (may include homework)                               | 120  | 120              |

Students are required to complete all of their homework. Reading will be tracked by the teacher. Each teacher will determine the appropriate method for their class and how it will be graded.

## **Grades and Grading**

Report cards are distributed four times a year for Grades 1 to 8. Pre-Kindergarten and Kindergarten report cards are distributed (**two to four**) times a year. The report card is an important part of the ongoing communication between the school and the home. Dates for progress reports and report cards are indicated on the school calendar.

#### **Academic Achievement**

The first part of the Archdiocesan Report Card is used to mark the student's achievement in academic subjects.

- The achievement mark in each quarter is based upon the demonstration of mastery of material covered in class such as:
  - 1. Classwork/Participation
  - 2. Homework
  - Quizzes
  - 4. Formative Assessments
  - 5. Summative Assessments

There are no grades for Computer Science, Music or Library as these areas are to be supportive of, and integrated into, the total learning process.

Foreign Language will be given a letter grade in grades First through Fifth Grade since the class meets less than 120 minutes per week. Foreign Language will be given a numerical grade for grades Sixth through Eighth grade since the class meets more than 120 minutes per week. Their grade will also be averaged into their grade point average (GPA).

The Final Report Card Grade is the weighted average of the four previous quarter grades (with mid-year and end-year tests in Religion for grades 3-5 and in all core subjects, including Religion for grades 6-8). Saints John and Paul School requires all fifth grades to take mid-year and end-year exams in all core subjects except for Language. The Final Grade will be recorded on the student's permanent record.

- Numerical marks are recorded on report cards for Grades 1– 8.
- The marks are an average of summative assessments, quizzes, classwork, homework, and formative assessments.
- Passing is any mark 70% or above or any mark of D or higher.

Parent/guardians will be informed in a timely manner in the event of a student who is not satisfactorily performing in a course or activity.

#### **Character Development**

The Conduct and General Effort Scale indicates grades for General Effort and Character Development. A single letter grade is used with progress codes indicating improvement needed in any sub-category.

#### Honor Roll

The criteria for inclusion in the Honor Roll are particular for each school. Students enrolled in the Fluent French program receive weighted grades given the advanced nature of their language course. As an acknowledgment of achievement in academics is:

| Grades 1 – 5 | N/A           |  |
|--------------|---------------|--|
| Grades 6 – 8 | High Honors   | 97% and above average; no mark less than 95. |
|              | First Honors  | 93% to 96% average; no mark less than 90%    |
|              | Second Honors | 90% to 92% average; no mark less than 85%    |

Good conduct is a requirement to receive High Honors, First or Second Honors.

A student must receive an A (excellent) in conduct to be eligible for High Honors. A student who does not receive an A in conduct will not receive High Honors even though marks might warrant it.

Good conduct is a requirement to receive First or Second Honors. Therefore, a student must receive an A (excellent) or B (good) in conduct to be eligible for First or Second Honors. A student who does not receive an A or B in conduct will not receive First or Second Honors even though marks might warrant it

Schools have the discretion in determining whether or not a student received Honors depending on the individual school's attendance and lateness policy.

#### **Report Card Distribution**

Report cards are distributed according to the school's designated schedule. Report cards will be withheld if financial obligations have not been met and fees are outstanding.

#### **Retention/Promotion**

Very few decisions we make about children are more important than recommendations to promote or to retain a student. When a school accepts a student, that school accepts the responsibility for providing appropriate instruction to help the student achieve the prescribed goals. If the student successfully achieves the program's objectives, the student progresses to the next level.

Testing, diagnosis, and actual performance, however, may indicate that some students cannot follow the school's complete course of study. The principal and school faculty develop for each of these students a special program, based on the school's regular program, which follows the New York State Standards. A copy of the student's modified program is retained in the student's file. Conferences must be held with the parent/guardian periodically to inform them of the specific demands of this program and on-going progress. Therefore, the decision to retain a student presupposes that the school has done everything to help the student achieve success, and the student still has not made satisfactory progress.

If a student is being considered for retention, teachers must begin discussing this possibility early in the school year with the principal. Parent/guardian conferences must be held periodically, and notification of the possibility of retention must be made no later than mid-January, with written notation having been made on the report card. Although the teacher consults with the principal, the final decision for retaining a student rests with the principal.

The following are specific criteria that will assist teachers as they consider a recommendation for retention.

The student has failed to pass the major subjects on each grade level.

The following table indicates the specific failures by grade level that might result in retention at that grade level:

| <u>LEVEL</u> | ACADEMIC PROGRESS  |  |
|--------------|--|--|
| Kindergarten | Evidence that the child is not meeting academic expectations of the program.                 |  |
| Grade 1      | Evidence of insufficient developmental progress and a failure in English Language Arts (ELA) |  |
| Grade 2      | Failure in ELA   |  |
| Grade 3      | Failures in ELA and Mathematics  |  |
|              | Failures in ELA and Mathematics,   |  |

| Grade 4, 5,<br>6 | or Failures in ELA or Mathematics and failures in two of the following subjects: Religion, Science, and Social Studies   |
|------------------|--|
| Grade 7, 8       | Failures in ELA and Mathematics  or  Failures in ELA  or  Failures in ELA or Mathematics and failure in one of the following subjects: Religion, Science, and Social Studies |

The student has not demonstrated acceptable progress toward mastery of standards. The following types of behavior might indicate unacceptable progress:

- failure to complete assignments
- failures on multiple summative assessments
- Generally, a student would be retained only once in the elementary grades (1 5), and only once in the upper grades (6 8).
- If a student completes all the requirements for promotion or graduation, a family cannot self-select the student to be retained in their grade.

#### **Assessments**

In addition to class and school exams, every student will take part in the Archdiocesan testing program, which includes the Archdiocesan religion test, interim assessments, and New York State Education Department assessments. All students enrolled at our school are expected to participate in all exams and assessments. No alternative assignments will be provided. If parent/guardian refuse to allow their child to participate in the New York State Education Department assessment, their child will not be permitted to attend school during testing hours. Students may arrive once testing is completed.

#### Archdiocesan Test

| Religion Mid-year and Final Exams      | Grade 3 to 8 | January and June |
|--|--------------|------------------|
| Core Subject* Mid-Year and Final Exams | Grade 5 to 8 | January and June |

<sup>\*</sup>In June, the Archdiocese Religion exam will be used as the student's End-Year Examination in Religion for Grades 6-8.

#### Saints John and Paul School Standardized Assessment

| Standardized Assessment – Administered One Time a Year in the Spring / Fall |                       |
|---|-----------------------|
| Grades K-2  | IOWA - Spring         |
| Grades 3-8  | IOWA and CogAT – Fall |

#### **NY State Tests**

|       | New York State Exams                  |
|-------|---------------------------------------|
| Grade | Tests                                 |
| 3     | English Language Arts and Mathematics |
| 4     | English Language Arts and Mathematics |
| 5     | English Language Arts and Mathematics |
| 6     | English Language Arts and Mathematics |
| 7     | English Language Arts and Mathematics |
| 8     | English Language Arts and Mathematics |

The faculty of the school reviews these assessments regularly for the purpose of fostering student growth and achievement.

## **Accidents**

Student accident insurance included in the school's yearly fees. In the event of an accident at school you may obtain a claim form from the office.

Please note that the school accident insurance usually is secondary to the parent/guardian's own medical insurance coverage.

#### **Admission Policies**

Roman Catholic Schools in the Archdiocese of New York base their educational purpose and all their activities on the Christian teaching of the essential equality of all persons as rooted in God's love.

Thus, with discrimination so repugnant to their nature and mission, Catholic schools in this Archdiocese do not discriminate on the basis of race, color, national and ethnic origin, or gender in administration of educational policies, admission policies, scholarship and loan programs, and athletic and other school -administered programs.

This policy is subscribed to by all Catholic elementary and secondary schools in the Archdiocese of New York, whether owned or operated by the parishes within the Archdiocese, Catholic school regions, or religious communities within the Archdiocese.

The process for admission to the school is: parent/guardian must complete the school application form and provide all required documents. Following an interview and evaluation of the materials, the parent/guardian will be notified in writing about the status of the child.

While admission is on a first-come, first served basis. The school endeavors to give preference in admission following these guidelines: first, to siblings of currently enrolled students; second, to Catholic students whose parent/guardian are active members of the parish, or if a regional school, active in a parish in the region; third, to Catholic students whose parent/guardian are active in another Catholic parish or, if a regional school, active in a parish outside the region; and fourth, to non-Catholic students.

## **After School Program**

An aftercare program is available to parent/guardian. As long as a student is engaged in school sponsored programs or activities, the student is expected to follow school policy. Directors of individual activities may also issue rules of behavior, which recognize the special nature of non-classroom activities. In instances where students are picked up, parent/guardians are expected to make arrangements to pick up their children at the end of the program or activity. Students will be released only to a parent/guardian or a person previously specified IN WRITING by the parent/guardian. Program fees are expected to be paid in full upon being invoiced. Past due balances will result in your child not being allowed to participate in the program until their accounts are brought up to date.

#### **Announcements**

Informational announcements are handled through the school P.A. system. Courteous attention is expected when any message is presented over the P.A. system, especially when prayers are said. All announcements must be written, brought to the office and approved by the principal.

#### **Attendance**

In the State of New York, full-time education is compulsory from age six to age 16. Regular attendance is the responsibility of the child(ren)'s parent/guardian.

<u>Excused Absence:</u> A child is legally absent from school for the following reasons: sickness, sickness or death in the family, impassable roads, or extreme weather. All other absences are unexcused.

<u>Lateness:</u> A child should come to school even though he/she may be late. All lateness is recorded and marked on the report card. The Parent/guardian will be consulted about chronic lateness, and the child may be required to make up missed work.

When the child returns to school from an absence, a completed absence form must be given to the teacher (See Appendix). This form is distributed at the beginning of the school year and contains appropriate spaces for the child's name, date of absence, class, reason for absence, and the signature of a parent/guardian.

Doctor or dental appointments should be scheduled for after school or on Saturdays. Family vacations are not to be planned for those days when school is in session. The school provides families with an annual calendar to ensure that does not happen. If it is necessary for a child to be dismissed during the school day, the parent/guardian or adult (must be 18 years of age or older) chosen by the parent/guardian MUST come to the school for the child and sign out the child in accordance with the standard sign out procedure. The school must be informed ahead of time about such occurrences.

Students in kindergarten through grade eight who miss ten or more days of the school year, whether excused or unexcused, and who have not satisfactorily completed the required work, may be considered for retention. Students with more than 10 absences are in jeopardy of not successfully completing the school year. Principals will meet with the student's parent/guardian to determine appropriate next steps. Certification of an absence by a physician is an exception to the ten-day limit. However, satisfactory completion of required work is mandatory.

When a child is absent, parents/guardians are required to notify the school by 9:00 A.M.

Absence notes are still required upon student's return to school in addition to the phone call. Excessive absences and lateness may be considered educational neglect.

## **Birthday Parties**

Birthday parties for Grades K-3 may be held monthly in each homeroom with the teacher's permission. Parent/guardians should notify the teacher in writing. Parent/guardian and teacher must coordinate a date and time that would be appropriate for the class party. Parent/guardian may bring small individually wrapped items such as cupcakes, brownies, etc. SJP School prefers a healthy snack when possible. Parent/guardian may not bring in favors or "goodie" bags for the students.

## **Books**

All resource materials chosen for use in academic courses must be consistent with the religious nature of our schools. Books, DVDs, or other electronic-based supplementary resources that contain profanity, inappropriate sexual references, and other immoral information would be in violation of this policy.

All books must be properly covered. Contact paper is NOT to be used to cover any books obtained under N.Y.S. Textbook Loan. These books are stamped on the inside front cover. Each child is

responsible for keeping his/her books in good condition. Books that are lost or defaced become the liability of the student and his/her parent/guardian. If a book is lost or defaced, the school will bill the parent/guardian for the cost.

- 1. ASSIGNED TEXTBOOKS: When a textbook is lent to a pupil on a semi-permanent basis, the New York State Department of Education requires that:
  - a. the pupil's name be placed in the space provided in each book
  - b. the teacher makes a record of the number of the book
  - c. the teacher makes a record of the condition of the book
  - d. in September, each child will put a clean cover on each textbook received
  - e. in June, all textbooks are collected, extra materials and covers are removed.
  - f. all workbooks are collected in June.
- 2. SUPPLEMENTARY BOOKS: When books are handed out to the children for use during a specific period within the classroom, they will be immediately collected after they have been read. If the book is to remain with the children for any length of time, his/her name must appear in the book and the teacher should have a record of this.
- 3. LIBRARY BOOKS: Books may be borrowed for two weeks. Books are charged to the child so that he/she will have the experience of signing out a library book and abiding by due dates. If books are returned late, there will be a five cents per day fine per book, payable by the child. All lost library books must be paid for so that the school can purchase a replacement copy. If the book is located after a new order is placed, the child will be allowed to keep the old book since he/she has paid for it.

#### **Buses**

Busing is provided within a 15-mile limit to students from their residence. The public school district where the student resides provides and manages this service. If the student is not taking the bus home on a given day, the parent/guardian must inform the school in writing at the beginning of the school day.

To obtain student transportation in school districts outside of New York City, parent/guardian must file requests with the district in which they live by April 1st of the preceding school year or within 30 days of moving to the district. Parent/guardian must contact their local public school district to determine eligibility.

Students and parent/guardian should consider riding on the school bus as a privilege and an extension of the school. Thus, students are to demonstrate a respectful, Christian, and safety-conscious attitude at all times on the bus.

- Students should obey the driver and monitors at all times.
- Students should do nothing to cause annoyances or distraction to the driver, as this places the safety of all in danger.
- In cases of extreme or persistent misbehavior, the school will work in consultation with the public school district about possible consequences.

## Change of Address, E-mail, Phone

The office must be informed immediately if there is a change of home address, email address, cell phone number, or home telephone number for purposes of mailing and/or emergency notification.

## Charter for the Protection of Children and Young People

 All institutions and programs of the Archdiocese will comply with the Safe Environment Policies of the Archdiocese.

- The Department of Education has developed a curriculum for the children in our parishes and schools, entitled "Right, Safe, Good Relationships", which provides age-appropriate instruction in child sexual abuse. The lessons in this curriculum must be given annually to all children in all grades.
- Parent/guardian reserves the right to remove their children from the classes. The school administration should take care to cause as little embarrassment to these students as possible.
- If parent/guardian choose not to have their child participate in the safe environment classes, the parent/guardian will be offered training materials, and will be asked to sign a form acknowledging that the materials were made available to them. This form will be maintained in the records of the school. If the parent/guardian decline to sign such a form, a notation of this will be made in a record maintained by the school.

#### **Child Abuse Laws**

Under NYS law, school personnel are legally obliged to report any suspected cases of child abuse or neglect to the proper agency. In so reporting, no allegation is made against a parent/guardian or caregiver. Rather, it is a judgment by the school that the child may be presenting signs of abuse or neglect.

## **Child Custody**

At the time of school entry or at any other time when a change in custody status/arrangements occurs, it is the responsibility of the parent/guardian to provide the principal with a copy of the legal document from the parent/guardian for any student for which there is a legal custody agreement or for any student not residing with his/her parent/guardian

School communication with the appropriate guardian is essential. Accordingly:

- Custodial parent/guardian must identify in writing other adults who may have access to information regarding their child.
- Non-custodial parent/guardian may receive information (when requested) regarding the child unless specific documentation to the contrary is provided in the legal custody agreement.

Non-custodial parent/guardian may pick up a child only if written the custodial parent/guardian has granted permission.

#### Communication

Since, as parent/guardians, you are the child's first teachers, you are our partners in education. Regular communication with you is an essential part of your child's school experience. Scheduled parent/guardian conferences allow teachers and parent/guardian to discuss student achievement as well as to develop means to assist students in areas of difficulty.

A parent/guardian may request a meeting with a teacher at any time by simply sending a note to the teacher in question and the teacher will arrange for this meeting outside class time at a mutually convenient time. The meeting should take place in the classroom or someplace that ensures privacy; never in a hallway or on the street. A parent/guardian who is refused such a meeting should notify the principal.

Parent/guardian-teacher conferences will be scheduled each year in conjunction with report card distribution to provide an opportunity for in-depth discussion of student growth. Parent/guardian-teacher conferences are required at the end of the first marking period. Teachers are expected to be reasonably available to parent/guardians throughout the school year in order to keep open the lines of communication in the best interest of the students.

Respectful communication fosters a positive home-school relationship. As such, disparaging the school, students, administration, faculty, and staff either verbally or on social media is unacceptable, will harm the relationship between your family and the school, and may jeopardize the continued enrollment of your child in the school.

## Confidentiality

There is a professional, legal and moral ethic that requires all persons to safeguard all student information of a privileged nature.

It is imperative that such information be regarded as a sacred trust.

- If there is evidence of knowledge that could impact the health or safety of any person, the teacher has the responsibility to share the information with the principal.
- Under Section 423 of the Child Protective Services Act, school officials are required to report
  when they have reasonable cause to suspect that a child coming before them in their
  professional or official capacity is an abused or maltreated child. (See section on Child Abuse.)

The rules that govern privileged information apply, as well, to any personal or academic information that is discovered through daily classroom instruction or other social interaction with students, parent/guardians or peers. Always, the sense of confidentiality should prevail.

## **Contacts with the Media**

Parent/guardians have the right to exclude their children from videotaping, audio recording, school pictures, other photography or participation involving printed materials or on the Internet. Parent/guardians should provide such documentation to the school office; otherwise, they must fill out the media authorization release form.

## **Crisis/Emergency Information**

Should a crisis require evacuation from the school building, students will be brought to a safe place located at Weaver Street Fire House and parents/guardians should meet them at that location.

Catholic schools throughout the Archdiocese of New York utilize the Immediate Response Information System (IRIS Alert) to notify parents/guardians directly about the crises.

For further information concerning the crisis, parents/guardians can refer to the following:

| Radio Station: WOR | TV Station: NY area network channels | On the Internet: Mamaroneck |
|--------------------|--------------------------------------|-----------------------------|
| Radio              | or Channel 12 on Cablevision.        | Patch News                  |

## **Daily Schedule**

Grades K - 8, will observe the following schedule:

| 8:05 AM        | Enter School (doors open)       |
|----------------|---------------------------------|
| 8:20 AM        | School Begins: Bell Rings K-8   |
| 11:54-12:36 PM | First Lunch (Middle School)     |
| 12:39-1:21 PM  | Second Lunch (Pre-K to 4)       |
| 2:55 PM        | Buses Called & Dismissal begins |

Before 8:00 AM and after 3:00 PM the school does not have staff available to supervise children on school grounds. **No child is permitted to be left unattended on school grounds without an adult.** Students must not arrive on school grounds prior to **8:05 AM** and parent/guardians must pick up at 3:00 pm for dismissal.

To avoid interruption during the school day, any messages, forgotten lunches, books, boots, etc., must be taken to the receptionist and not to the classrooms while school is in session. The school office will see to it that the child receives these items.

Pre-K will observe the following approximate schedule:

| 8:30 AM           | School Door Drop Off by Church                      |  |
|-------------------|---|--|
| 8:45 AM           | School Begins for Pre-K                             |  |
| Teacher Schedules | Playtime Outside                                    |  |
| 12:39-1:21 PM     | Second Lunch Pre-K                                  |  |
| Teacher Schedules | Playtime Outside                                    |  |
| 2:30 PM           | Dismissal: Pickup at School Door Drop Off by Church |  |

Children are not permitted to be unattended on school grounds without an adult.

Note: PreK students with older siblings may be dropped at 8:05 AM

## **Discipline Code for Student Conduct**

The goal of discipline in a Catholic school is for students to learn self-discipline, which strengthens and promotes the values incorporated in our Catholic faith community. As the school builds community, it develops in students the awareness that sensible rules serve to safeguard the individual's freedom and provide an atmosphere conducive to learning. Disciplinary measures should have as an end the development of the human person who respects one's self, other persons and those in authority.

By enrolling a child in this school, the parent/guardians agrees to be supportive of the rules and regulations that we deem as critical in the spiritual, academic, and behavioral growth of the child.

Teachers discipline students directly for minor classroom disruptions (i.e., not coming prepared to class; not being in the complete school uniform; not completing assigned homework; minor verbal disputes with other classmates; etc.). Parent/guardians are notified of classroom problems by the teacher and are asked to help the teacher to ensure that inappropriate behavior is modified.

Teachers are not permitted to use corporal punishment on any child. Perceived acts of corporal punishment should be reported to the principal of the school immediately by students and/or parent/guardians.

It happens that some classroom discipline issues are referred to the administration of this school. This would include chronic minor problems listed above or major problems (i.e., chronic lateness; verbal abuse of the teacher by a child; signs of disrespect to a teacher or another adult on the staff; fighting; physical, sexual, or verbal harassment or bullying of a fellow student; violent behavior; stealing; smoking (including vaping and e-cigarettes); vandalism; or the possession of drugs, drug paraphernalia, cigarettes, alcohol, or dangerous items, such as lasers or a weapon). The administration handles such matters in a variety of ways depending on the severity of the incident.

The school employs a progressive discipline system for minor acts of misbehavior in order to encourage students to change inappropriate behavior so that sanctions do not increase in severity. For acts such as, but not limited to: cursing, lying and not submitting homework in on time, may result with students spending time at lunch discussing with the principal or assistant principal or teacher better behavior options. If the offenses continue the loss of recess will be added. Repeated violation of minor acts of misbehavior may result in suspension from school or the non-re-registration of the child for the next school year.

For more serious acts of misbehavior such as, but not limited to, fighting, stealing, vandalism, harassment, improper use of technology and social media the student is immediately suspended for a period of one to five days. In cases of vandalism, the parent/guardian must pay the full cost of the repair or replacement of the item before the child may return to school. In cases of theft, the item is either returned in good condition or the cost of replacement is borne by the parent/guardian before the child can return to school.

In cases where a child engages in a fight, which causes injury to another child or adult, the police may be summoned and, then, the parent/guardian will be notified. Likewise, the possession of drugs or

alcohol by a child is reported to the police. The school reserves the right to request to begin the expulsion process and request an expulsion from the Superintendent of Schools for such an offense.

In cases in which a child brings a weapon to school, the police are summoned, and then the parent/guardians are called. The school reserves the right to begin the expulsion process and request expulsion by the Superintendent of Schools for any serious offense.

Individual-directed threats of violence or harm communicated directly or indirectly by any means, as well as building-directed threats of violence or harm communicated directly or indirectly by any means (e.g., shooting, bomb threats), or to harm students, employees, or visitors are taken seriously. Upon knowledge of the threats, the principal will notify the Regional Superintendent and call the parent/guardian. The Office of the Superintendent will also be notified and, along with administration, will determine the course of action to be taken up to and including calling law enforcement, requiring a mental health referral and/or expulsion.

It is the expectation of this school that student behavior is exemplary both on and off school grounds. A student always represents the entire school community. Therefore, the school reserves the right to discipline students for acts such as, but not limited to: stealing, fighting, vandalism, bullying or any other type of threatening or inappropriate misconduct (personally, via telephone, or the improper use of technology and social media). Such misconduct could result in punishments including the suspension and/or expulsion.

Lastly, a child's arrest for a crime on or off school grounds, within or beyond the vicinity of the school, at any time could result in the child's suspension or expulsion. A child's conviction of a crime on or off of school grounds, within or beyond the vicinity of the school, will likely result in a child's expulsion.

### **Dress Code**

#### Pictorial description is provided here for reference to the uniform requirements.

Your school uniform confirms your attendance at the school and is a symbol of unity within the school community. It minimizes distractions in the learning process. It is important that you take pride in your appearance by wearing your complete uniform always remembering that by wearing it inside and outside the classroom and the school you are representing the school and your behavior should be a credit to both yourself and the school community.

Girls and Boys: The presence of anything that proclaims a current fad is not permitted.

During the cold weather, students may wear the school fleece. Other types of sweaters or sweatshirts may not be worn.

#### Personal Appearance

A good personal hygiene routine should be followed daily: ears, neck, and fingernails should be given special attention. When appropriate, children should be instructed in the use of deodorant.

Uniforms should be neat and clean.

Hair should be clean and well groomed. The boys' hair must not be below the shirt collar. Bangs should not be so long that they impede vision. Hair should not be dyed.

Parent/guardians will be notified if a child comes to school consistently in an unkempt manner. If no improvement is noticed within a reasonable amount of time, an appointment with the parent/guardians will be made by school officials.



#### SAINTS JOHN AND PAUL UNIFORM GUIDELINES 2023 - 2024 GIRLS

The uniform clothing items are illustrated below.

Additional guidelines beyond the clothing - The acceptable items are listed.

PreK - Wears only the Gym uniform. Any color sneakers or sneaker like shoes: Velcro or Slip On

Girls Grades K to 8 Footwear: Solid colors: Black, Brown or Navy ONLY~ Shoes must be dark or neutral colors.

NO multi-colored shoes. Vans "Authentic", Topsiders, Loafers, sneaker-type shoes, or suitable low-heeled dark shoes such as Merrels. No high tops! See pictures of acceptable styles. Colorful sneakers permitted only on gym days.

Boots: Colors- Solid colors only: Black, brown or navy "Uggs" like boots maybe worn during winter months -

Notification for the beginning and the end of boots season will be sent by email.

Undershirts; a neutral color - not visible through the uniform shirts.

Jewelry: Watches: Analog only. Small stud earrings, religious medals on chain worn inside shirt.

Additional items: No make-up, light or neutral color nail polish, no nail extensions, no fake nails or tips, no hair dye, no attached hair ornaments or fad fashion accessories. All hair accessories are to match colors in the uniform skirt.

No Uniform Days: Shirts are to be plain without any words with the exception of a small manufacturer's logo.

SJP School Store Spirit Wear: Can only be worn on no uniform days!

School Uniform Provider: Liebman's, 518 Main Street, New Rochelle NY 10801. ~ 914 632 2770

#### Girls Standard Uniform

| Girls Standard Uniform                               |  |  |
|--|--|--|
| Skirt, Jumper,<br>Dress, Pant:                       | House No higher than 2" phore the knot | Grades K-2: Plaid jumper<br>Grades K-2: NAVY cotton dress with SJP Logo.<br>Grades 2 to 8: Pleated plaid skirt.<br>Grades 2 to 8: Flat front, NAVY cotton twill fabric pants.  |
| Blouse:  | 11110                                  | Grade K -2: White Peter Pan collared, or polo shirts with<br>jumper. Grades K to 8 Long or short-sleeved white polo with<br>SJP Logo.<br>Navy option for Grades 5 – 8  |
| Fleece:<br>School or Gym<br>Jackets:<br>Grade 8 only | 5-7 only                               | Grades PreK to 4: Classic NAVY fleece — half or full zip jacket with SJP Logo Grades 5-7: Classic RED fleece jacket half or full zip with SJP Logo Grade 8: Fleece color chosen by class. Dress Uniform- Classic navy blazer with an SJP patch provided by the school. |
| Undershirt<br>(Optional)                             | MO                                     | If student wears an undershirt, it must be white and fully<br>concealed under uniform polo. Bike shorts- Navy only may be<br>worn under skirt or dress so long as they are not visible.  |
| Socks and Shoes                                      |  | Navy blue socks must be above ankle, leggings, or tights.<br>White socks for Gym uniform only.<br>See shoe description above.  |

#### Gym Uniform all grades: (PreK wears Gym uniform exclusively)

Pants and Shirt

Navy sweatpants or shorts ~ must have SJP logo
T-shirt: Navy SJP logo Only
SJP School Store Wear: is permitted only on Gym days

If an item is not included under the uniform guidelines, it is therefore considered excluded from the school uniform. This guideline is subject to change at any time.



#### SAINTS JOHN AND PAUL UNIFORM GUIDELINES 2023-2024 BOYS

The uniform clothing items are illustrated below.

Additional guidelines beyond the clothing - The acceptable items are listed.

PreK - Wears only the Gym uniform. Any color sneakers or sneaker like shoes: Velcro or Slip On

Boys Grades K to 8 Footwear: Solid colors: Black, Brown or Navy ONLY: NO multi-colored shoes. Topsiders, loafers, sneaker-type shoes, or suitable shoeure permitted. NO multi-colored shoes. NO high-tops shoes. See images below. Colorful sneakers permitted only on gym days.

Boots: Timberland light brown or similar type of boot (tied to top and pants over the boots)

Notification for the beginning and the end of boots season will be sent by email.

Jewelry: Wristwear: Watches analog only. Simple chain with religious pendant worn inside shirt.

Hair: No fad hair cuts, hair touching the shirt collar, or hair dye.

Undershirt (Optional): If student wears an undershirt, it must be white and fully concealed under uniform shirt.
On No Uniform Days: Shirts are to be plain without any words with the exception of a small manufacturer's logo.

SJP School Spirit Wear Store: Can only be worn on no uniform days!

School Uniform Provider: Liebman's, New Address: 518 Main Street, New Rochelle NY 10801-- (914) 632 2770

#### Boys Standard Uniform

| Pants:   | K-4 5-4                                 | Grades K-4: NAVY flat front cotton twill points<br>Grades K-4: NAVY cotton twill zipper shorts<br>Grades S-8: KHAKI flat front cotton twill pants<br>Grades S-8: KHAKI cotton twill zipper shorts  |
|--|---|--|
| Shirt:   | 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Grades K-8: Long or short-sleeved white polo with SJP Logo.<br>(Navy option for Grades 5-8)  |
| Fleece:<br>School or Gym<br>Jackets:<br>Grade 8 only | K-4 Grades 5-7 8 Only                   | Grades PreK to 4: Classic NAVY fleece jacket – half or full zip with SJP Crest Logo Grades S-7: Classic RED fleece jacket – half or full zip with SJP Crest Logo Grade 8: Fleece color chosen by class. Dress Uniform-classic may blazer with an SJP patch provided by the school. |
| Belt, Socks, and<br>Shoes                            |   | Brown or black belt all grades.  Blue, black or brown trouser. Socks: Navy, must be above ankle - White socks only for Gym uniform.  See shoe descriptions above.  |

#### Boy's Dress Uniform Grades Kindergarten to 8 for Mass and Official School Functions announced by office

Shirt and Tie:

White long-sleeved or short sleeved oxford shirt with button-down collar. Fleece optional.
Solid blue tie only
Grade 8 must wear blue blazer with logo patch.

#### Gym Uniform all grades. (PreK wears the Gym uniform exclusively.)

Pants and Shirt:

Navy sweatpants or shorts -must have SJP logo
T-shirt: Navy SJP logo Only
SJP School Store Wear: is permitted only on Gym days

If an item is not included under the uniform guidelines, it is therefore considered excluded from the school uniform.

This guideline is subject to change at any time.

## **Drug and Alcohol Policies**

In recognition of the seriousness of drug and alcohol problems to which the children are exposed, school will follow the policy as stated below:

- If a teacher suspects that a child is under the influence of either drugs or alcohol, the matter will be referred to the principal immediately:
- The principal will verify the teacher's observation and will notify parent/quardian,
- If the student confirms suspicion or appears unstable, student should be brought to the attention of the School Nurse (as per the Emergency Guidelines)
- If necessary, the principal will call 911 (as per the Emergency Guidelines)
- The police may be called if the student is in <u>possession</u> of an illegal substance (as per the Emergency Guidelines),
- Parent/guardians must pick up the child immediately should it be determined that the suspicion is founded. Parent/guardians will be expected to follow the recommendations of the school principal if the child is to continue in the school; and
- Any student who appears to be under the influence of alcohol or any drug, and appears at a school function in questionable condition, will be barred from attending or participating in that ceremony, party, dance, or school outing. Parent/guardians will be notified and appropriate action will be taken, which may include suspension or expulsion from the school.

#### **Electronic Devices**

Electronic devices may be dynamic tools in the 21<sup>st</sup> century school environment, but only when used appropriately by faculty, administration, staff, and students.

The use of electronic devices by faculty, administration, staff and students must be appropriate to the educational setting, and may not distract the student, other students, or the class as a whole during the course of the school day and after school. (i.e., cell phones, Pads, iPhones, Smart Watches and other personal electronic devices). In the event an electronic device, including a student cell phone, is believed to contain evidence of a violation of school policy and/or a threat to the school community, the individual possessing the electronic device is obliged to grant the administration of the school access to the device and the information on the device to ensure compliance with policy and the safety of the school.

Inappropriate use of any electronic device may result in serious consequences as stated in the school's Technology Use Policy.

In addition to the statements below with regard to technology use at Sts. John and Paul, the Computer Science teacher provides a separate contract for all students and their parent/guardians to sign covering the use of technology and access to the Internet at school. No class will log onto the Internet at school until the entire class returns their contracts signed.

## SAINTS JOHN & PAUL SCHOOL'S ACCEPTABLE USE POLICY GRADES K-3

Your child's teacher has read this document to his/her class and explained the importance of using the Internet and other computer resources appropriately. We want to make you familiar with these rules as well. Please review these rules with your child, sign and date the attached form, and return it to your child's teacher. Please keep this set of rules at home for your reference.

I understand that I may use the Internet under the direction of my teacher if I follow these rules:

I am responsible for using the Internet in an appropriate way. I may use the Internet for research, to communicate with others, and to do assignments from my teachers.

If I use someone else's networks, I must obey their rules of that network.

It's against the law to send certain things over the school networks. I will not send copyrighted, threatening or obscene material over school networks.

My teachers will set rules for using school networks, and I agree to follow them. I know that the inappropriate use of our networks can break school rules and sometimes even break the law.

I will never harm or destroy computers, nor will I harm or destroy the work of another person, on our school's system or on any other system.

NORMAL ETIQUETTE AND PRIVACY RULES

When I am using school networks, I will always BE POLITE: I will never send, or tell others to send, abusive messages.

USE APPROPRIATE LANGUAGE: I will never swear or use any other inappropriate language, or threaten or humiliate others.

RESPECT PRIVACY: I will not tell my home address, telephone number, names or addresses of family members, or the addresses or telephone numbers of other students.

AVOID DISRUPTIONS: I will not use the network in any way that would disrupt the use of the network by others

BE HONEST: I will not send anonymous messages or represent a message to have been written by someone else. I will always sign the message I send with my name and e-mail address.

## SAINTS JOHN & PAUL SCHOOL'S ACCEPTABLE USE POLICY GRADES 4-8

Your child's teacher has read this document to his/her class and explained the importance of using the Internet and other computer resources appropriately. We want to make you familiar with these rules as well. Please review these rules with your child, sign and date the attached form, and return it to your child's teacher. Please keep this set of rules at home for your reference.

#### INTRODUCTION

On the school network and on the Internet, you may participate in a variety of activates that support learning. With access to other networks and people around the world, you might have access to information that may not be appropriate. Sts. John & Paul School has taken measures to prevent access to inappropriate information. However, we cannot control all the information available on the Internet. The school is not responsible for other people's actions or the quality and content of information available through this service. We trust our students to know what is appropriate and inappropriate.

#### **USER AGREEMENT**

The user of the school network must be in support of education, research, and the educational goals and objectives of Sts. John & Paul School. You are personally responsible for this provision at all times when using the school network.

The use of another organization's networks or computing resources must comply with rules appropriate to that network.

Transmission of any material in violation of any United States statures is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene materials protected as trade secrets.

Be familiar with these rules and how to use the Internet before getting on-line. If you have any questions about these rules, please ask your teacher so you can understand. Be aware that the inappropriate use of electronic information resources can be a violation of school rules, local, state and federal laws, and that you can be prosecuted for violating those laws.

#### NORMAL ETIQUETTE AND PRIVACY RULES

When I am using school networks, I will always...

BE POLITE: I will never send, or tell others to send, abusive messages.

USE APPROPRIATE LANGUAGE: I will never swear or use any other inappropriate language, or threaten or humiliate others.

RESPECT PRIVACY: I will not tell my home address, telephone number, names or addresses of family members, or the addresses or telephone numbers of other students.

AVOID DISRUPTIONS: I will not use the network in any way that would disrupt the use of the network by others.

BE HONEST: I will not send anonymous messages or represent a message to have been written by someone else. I will always sign the message I send with my name and e-mail address.

PRIVACY: Do not reveal your home address, phone number, passwords, account number, names or addresses of family members. Never disclose the names, addresses, or phone numbers of other students.

DISRUPTIONS: Do not use the network in any way that would disrupt the use of the network by others. REPRESENTATIONS: Do not send anonymous messages or represent a message that has been written by another. Identify yourself by name and computer address only.

#### **SECURITY**

If you identify a security problem in the building, notify the Computer Teacher at once. Never demonstrate the problem to other users. Never use another individual's account. Never tell anyone else your password. Any user identified as a security risk will be denied access to the network and may be liable for disciplinary action and criminal prosecution.

#### **VANDALISM**

Vandalism is defined as any malicious attempt to physically deface, disable or destroy, computers, peripherals, or other network hardware, or, to harm or destroy, the data or software of another user, or any other agency or network that happens to be connected to the system. This includes, but is not limited to, the creation or transmission of computer punishment and potential legal action.

## **Emergency Closings/Delayed Openings**

- The schools in the Archdiocese of New York follow the policy of local public schools when closing due to inclement weather, loss of power or other issues.
- In addition to following the lead of New York public schools, Catholic schools may find it necessary
  to make closure decisions independently, based on local situations. Schools rely on public school
  districts for bus transportation will follow the delayed opening and/or closing policy of the local
  district.
- Catholic schools throughout the Archdiocese of New York utilize the Immediate Response Information System (IRIS Alert) to notify parent/guardians directly about delayed openings and closures due to weather. The school will also post schedule changes on our website.
- When a school in the Archdiocese is closed for the day due to inclement weather or other unforeseen situation, the following will apply:
- All school-related extracurricular activities, interscholastic contests, team practices and field trips will be cancelled
- After School and/or extended day care programs will be closed all day.

## **Expectations and Responsibilities for Students**

Students attend the school in order to develop fully their God-given talents and capabilities. To accomplish this, students are asked to:

- Do their best work at all times.
- Treat all members of the school community (i.e., teachers, staff, priests, parent/guardians and students) with respect. This includes respecting the work of others by not cheating.
- Obey all school rules and regulations, including those forbidding the use of drugs, alcohol, cigarettes, or disruptive behavior, and improper use of technology and social media.
- Develop personal standards of conduct that reflect Christian morals and behavior, and refrain from use of inappropriate language, verbal threats, and sexual behavior (including touching, gestures, writing, and dress).
- Speak in a well-modulated tone of voice.
- Observe the school dress code, including standards on non-uniform days.
- Help care for school property and keep the school free from damage and defacement.
- Report concerns to an adult, especially if they witness what they know to be a violation of school
  conduct policy, violent or criminal act or become aware of a potentially violent or criminal act in
  school or at a school function.

#### **Extracurricular Activities**

Students are encouraged to participate in the extracurricular activities of the school. Participation in these activities is a privilege. Students are expected to fulfill their obligations in the classroom (class work and homework). In order to participate in extracurricular activities, students must pass each subject on their report card and model acceptable behavior both on and off school grounds and during select activities. Failure to meet academic or behavioral requirements will result in the student's suspension or dismissal from the activity. Participation in these activities requires a commitment of both student and parent/guardians. Attendance will be taken at each activity to determine a student's participation. In individual cases regarding participation in extracurricular activities, the principal holds the final determination.

## **Faculty Meetings**

The school will schedule early dismissal days to accommodate faculty meetings and professional development throughout the school year. The dates and times for these early dismissal days are provided on the school calendar.

## **Field Trips**

Field trips must serve an educational purpose and their value should be an integral part of the school's instructional program. They broaden the students' educational experiences. Field trips are privileges given to students; no student has a right to a field trip.

## It is the policy of the schools within the Archdiocese that overnight trips, trips to water parks, amusement parks, dude ranches, beaches/pools, and ski slopes are strictly prohibited.

- Field trips are designed to correlate with teaching units and to achieve curricular goals.
- No Cell Phone use on field trips. Phones must be turned on to Airplane mode at all times.
- No pictures may be posted on social media due to privacy.
- Field trips vary for each grade level.
- Field trips are permissible when advanced planning, location, and the experience ensure a successful learning opportunity.
- Individual teachers in consultation with the administration reserve the right to restrict or deny student participation on any field trip due to, but not limited to, poor academic performance and/or poor conduct or behavior.
- A written official permission slip, signed by the parent/guardian, is required before a child will be permitted to attend a field trip. Verbal, emailed or faxed permission <u>cannot</u> be accepted.
   Permission slips are due in the office 48 hours before the day of the trip.
- Students participating in field trips must leave and return to school with their class. For insurance purposes, no private transportation will be permitted.

## **Financial Policies**

We make every effort to keep tuition and fees as affordable as possible. We also understand the financial sacrifice that parent/guardians make to send their children to Catholic school. The majority of the School's funding is derived from tuition and fees. The school must operate in a financially sound manner in order to provide a quality Catholic education for each and every one of our students.

#### 1. TUITION Schedule: Grades Pre-K - 8

The school's expectation at the time of registration is that all tuition and fees will be paid on time. Tuition is an annual charge that may be paid in monthly installments. Failure to do so could result in the suspension of a child for delinquent tuition or fees.

Tuition is due based on your contract with FACTS Tuition Management. Tuition should be paid monthly directly to FACTS Tuition on the designated day it is due. If a family chooses to withdraw their child(ren) from the school, partial or full month tuition refunds will not be granted if the child(ren) attended one or more days that month.

#### **WITHDRAWALS AND REFUNDS**

Considerable effort and expense is expended throughout the registration period and continues during the summer months as we plan and prepare for your child's inclusion in our school community. We understand that plans and circumstances sometimes change. Should you decided to withdraw your child, the following policy applies:

- If written notice of withdrawal is received by the school on or before July 1, the entire tuition obligation will be waived, and any payments made will be refunded upon written request to the school with the exception of all non-refundable fees.
- If written notice of withdrawal is received by the school after July 1 and the student does not attend, 90% of the tuition will be forgiven. The family is obligated to pay the remaining balance of 10% of the annual tuition as billed. If payments were made in excess of 10% of the annual tuition, a refund for that amount will be refunded upon written request to the school.

• If a family chooses to withdraw their child(ren) from the school once they begin attending, the family tuition obligation will be calculated as follows:

**Annual Tuition Obligation Withdrawal Date** 80% of tuition forgiven; family obligation 20% September October 70% of tuition forgiven; family obligation 30% 60% of tuition forgiven; family obligation 40% November December 50% of tuition forgiven; family obligation 50% 40% of tuition forgiven; family obligation 60% January 30% of tuition forgiven; family obligation 70% February 20% of tuition forgiven; family obligation 80% March 10% of tuition forgiven; family obligation 90% April May No adjustment; family obligation 100% No adjustment; family obligation 100% June

- Calculations will be based on the last month in which the child(ren) attended one or more
  days of school. If payment has been made in excess of the family obligation, a refund will be
  granted upon written request to the school.
- Student records can only be provided to the child's new school upon satisfaction of the tuition obligation.



## Sts. John and Paul School 280 Weaver Street

280 weaver street Larchmont, NY 10538 914 834 6332

#### Tuition Schedule 2023-2024

#### Pre-K 4 years old - Full Day Program

Eligibility: For PreK 4 ~ all children must be 4 years old by December 31, 2023

Registration Fee: \$1,500.00 (Non-refundable – required to secure enrollment)

Due Date: As instructed in your acceptance letter

Check for registration fee must be payable to Sts. John and Paul School.

If your child is deemed not ready for our program by our staff, these funds will be refunded in full.

## Annual Tuition: \$10,750.00 per child

(Billed via FACTS account in 10 installments of \$1,075)

#### **Sibling Tuition Discount**

SJP ~ Grades K to 8 Sibling Discount: \$1,000.00 per child

Preferential acceptance is given to school families and parishioners.

#### **Special Program Fees**

#### Fluent French Language Program for bilingual students:

Registration Fee: \$250 per child - Non Refundable

PreK 4 and Kindergarten \$3,400 per child Grades 1 to 8 \$4,400 per child

English Language Learner (ELL) classes - Rate to be determined by need.

#### SJP Care (afterschool care program):

Registration Fee \$100 per family – Non-Refundable (See After Care Program Hourly Rates)

#### PSPA (Parish School Parent Association): \$300.00 per family

All payments for tuition and fees are made through FACTS, the school's tuition management company, with the exception of the above mentioned registration fee.

Subject to change 12/13/22



#### Sts. John and Paul School 280 Weaver Street Larchmont, NY 10538 (914) 834 6332

## Tuition and Fee Schedule 2023 – 2024

#### **School Fees**

NON-REFUNDABLE

Registration Fee
 Technology Fee
 General Fee
 \$300 per child
 \$300 per child
 \$225 per child

Total Student Fees: \$825 per child "New Families due upon acceptance

PSPA Fee: \$300 per family
(Parish School Parent Association)

(Current families are billed via their established FACTS Tuition Account)

#### **Special Programs Fees**

#### Fluent French Language Program for bilingual students:

Registration Fee: \$250 per child - Non Refundable

PreK 4 and Kindergarten \$3,400 per child Grades 1 to 8 \$4,400 per child

English Language Learner (ELL) classes - Rate determined by need.

#### SJP Care (afterschool care program):

Registration Fee \$100 per family - Non-Refundable (See After Care Program Hourly Rates)

#### Tuition - Kindergarten to Grade 8

| 1 Child    | \$10,050 Annually | (\$1,005.00 per month for 10 months) |
|------------|-------------------|--------------------------------------|
| 2 Children | \$18,850 Annually | (\$1,885.00 per month for 10 months) |
| 3 Children | \$28,275 Annually | (\$2,827.50 per month for 10 months) |
| 4 Children | \$37,700 Annually | (\$3,770.00 per month for 10 months) |
| 5 Children | \$47,125 Annually | (\$4,712.50 per month for 10 months) |

Tuition, fees & special program fees are payable via FACTS Management.

\*New families: fees are to be paid by check or bank transfer - due upon acceptance.

Payment Plans Available: Monthly (August through May), Semi-Annually (August and December), or Annually (August).

Subject to change 12/13/22

#### 2. TUITION DELINQUENCY

Failure to keep current with your tuition obligation jeopardizes your child(ren)'s placement in school. If tuition and fees cannot be paid on time, families must communicate with school administration in writing to prevent enforcement of delinquent tuition procedures.

- Families whose tuition payment is delinquent (late) will receive a letter from FACTS immediately following the due date.
- Families whose tuition payment is delinquent 60 days will receive a second letter; this letter will come from their Pastor. If a parent/guardian does not contact the Pastor within 7 days of receiving this letter, the child(ren) may not be permitted to attend classes.
- Failure to address the delinquent tuition payment/s as agreed with the Pastor may result in the child(ren)'s suspension.
- Records and report cards cannot be transmitted for students with delinquent tuition payments, and financial aid/scholarships provided will be at risk and may be rescinded.
- Students with delinquent tuition payments may not participate in school activities and graduation ceremonies.
- Three or more failed payments within a month will result in a change of payment terms.

#### 3. FEES

- Families are charged all fees listed in tuition and fee schedule via their FACTS account (payable in full the 1st month of tuition collection)
- Accounts with late payments will be assessed a fee of \$40 per occurrence
- Checks and electronic payments that fail (i.e. do not clear the bank) will result in a \$30 fee per occurrence.
- Families may be charged for other fees in addition to tuition (i.e. after school programs, meal programs, graduation, class trips). **Fees are not refundable**.
- Families with accounts requiring collection action will be responsible for paying all associated collection fees, attorney's fees, and costs.
- FEES ARE NON-REFUNDABLE

## Fire & Emergency Drills/Lockdown Drills

Fire & emergency drills/lockdown drills at regular intervals are required by the law and are an important safety precaution. It is essential that when the fire signal is given, everyone obeys promptly and clears the building by the prescribed route as quickly as possible. Students are not permitted to talk during a fire drill and are to remain outside the building until a signal is given to return inside. Teachers will direct the students. For other emergency drills (e.g. lockdown drills), students are expected to remain quiet and follow teacher directions. Fire drills and emergency drills/lockdown drills may take place on any day and at any time regardless of weather conditions.

## **Guidance**

A guidance program is a resource available to the school students. Service may include counseling, psychological intervention and support for families experiencing change.

## **Guidelines for the Education of Non-Catholics**

Parent/guardians must be made aware of the intentional Catholic witness in our schools. As a Catholic school within the Archdiocese of New York, our school has as its primary mission the formation of children in the Catholic faith.

All children will participate in the total academic life of our school, including religious education. According to the norms of our Church, it is expected that non-Catholics participate as fully as they can in the liturgical and prayer life of the school.

The religious educators of our schools are committed to teaching the fullness of revelation as it is taught by the Roman Catholic Church and as the life and doctrine are set forth in the Religious Education Guidelines of the Archdiocese of New York. While our teachers value ecumenical education, and respect the traditions of other ecclesiastical communities, they always teach within the context of fidelity to the doctrine and traditions of our teaching church.

## **Harassment/Bullying Policies**

All persons have a right to be treated with dignity and in a Catholic school environment all demeaning behavior is unacceptable. Students, parents/guardians who become aware of acts of bullying or harassment involving any student must report these incidents to the principal.

The school provides a safe environment for all and participates in the ADAPP anti-bullying curriculum annually. Verbal, internet, telephone, or written threats made against the physical or emotional well-being of any individual are taken seriously. Students making such threats, even in jest, face appropriate disciplinary action including detention, suspension, or expulsion. The principal investigates all complaints of harassment and bullying. Students determined to have been involved in harassing and/or bullying behavior are subject to detention, suspension, or expulsion and, where appropriate, will be referred for counseling services and/or reported to the local authorities.

Harassment, intimidation or bullying includes, but is not limited to, written, verbal, or physical acts, which physically harm a student or damages the student's property or has the effect of substantially interfering with a student's education or is so severe, persistent, or pervasive that it creates an intimidating or threatening educational environment or has the effect of substantially disrupting the orderly operation of the school. Harassment, intimidation or bullying can take many forms including: slurs, rumors, jokes, innuendos, demeaning comments, drawings, pranks, gestures, exclusion or other forms of relational aggression, or physical attacks, actions or threats. Actions may take any form including written, oral, physical or electronic.

These behaviors, which are contrary to the teachings of the Catholic Church, are prohibited in all Catholic schools in the Archdiocese of New York and will not be tolerated regardless of time or place.

No student shall be subjected to bullying and harassment on the basis of actual or perceived traits or characteristics i.e., age, color, creed, national origin, race, religion, gender, physical attributes, physical or mental ability, ancestry, political beliefs, socioeconomic status, or familial status.

#### **HIV/AIDS Curriculum**

The Archdiocese of New York and the NYS Education Department mandate that all schools within the Archdiocese are to give age-appropriate instruction on *HIV* and *AIDS* to all students in Grades K –12. The schools within the Archdiocese use an HIV/AIDS Handbook developed and approved by the Catholic Bishops of the State of New York.

Schools under the authority of the Office of the Superintendent of Schools of the Archdiocese of New York does not discriminate on the basis of HIV or AIDS. Students with HIV or AIDS shall not be excluded from school by reason of infection with HIV unless the following conditions are evident as determined by the student's physician and parent/guardian, together with the school administration.

- The student is not toilet-trained or is incontinent, or unable to control drooling.
- The student is physically aggressive, with a documented history of others.

## Illness (see Medication)

If a child has an illness or chronic medical condition, it is the parent/guardian's responsibility to notify the school and to provide necessary documentation and medication. The school reserves the right to call 911 in any case of a medical emergency. In the event that a child exhibits symptoms related to infectious disease or communicable diseases (see attached), the parent/guardian is obligated to notify the school and to keep the child home until properly tested and cleared by a physician or appropriate licensed medical professional.

### **Immunizations**

Students are required to have all inoculations as required by the Department of Health before admission to and for continued attendance at the school. Students will not be permitted to enter school unless all appropriate inoculations are documented on or before the first day. See appendix for most current information published by NYC and NYS Departments of Health. It is the responsibility of the parent/guardians and their personal physician to ensure that, as immunization requirements change, students are kept current in their schedule.

#### Lateness

Student lateness interrupts the learning process for your child and all other children in that classroom. Any student arriving at school after the published opening time is considered late. If late, the student may be admitted to class only with a late pass, obtainable in the main office. Repeated lateness affects your child's ability to be on the honor roll, may lead to disciplinary action and could impede your child's re-registration for the coming year. Excessive absences and lateness may be considered educational neglect.

## Liturgy/Religious Education

All Catholic elementary schools will follow and adhere to current Archdiocesan policies and curriculum guidelines in religion.

Students in grades 3 through 8 are required to take a Mid-Term Religion Examination and the Archdiocesan Religion Midterm and Final Religion Examinations.

Parents/guardians of non-Catholic students are expected to participate in the religious formation and education programs of the school, including, but not limited to, liturgies, religious functions, and religion classes for credit. Parents/guardians of non-Catholic students must be willing to accept the standards, values, and regulations of the school. They must understand the religious education program of the school at the time of enrollment.

## Lunchroom

Lunch Food program:

- 1. Your child/ren are permitted to bring their own lunch and snacks. There are no facilities to warm cook or serve the food brought from home. Please be sure to provide all necessary utensils for them to use.
- 2. Online lunch purchases are available. Please consult the school website for options.
- It is the responsibility of the individual child to keep the area clean.
- Respect and obedience are to be shown at all times to those who work in the lunchroom.
- In good weather, the children go directly from lunchroom to the playground or vice versa.
- During inclement weather, the lunchroom will have playtime in their classrooms.
- If a child normally eats lunch in school every day and will be eating out on a particular day, a note
  must be presented to the teacher giving the child permission to eat out for the day. A designated
  adult, who appears on the emergency contact must pick up and return the student within the lunch
  period. TELEPHONE PERMISSION IS NOT ACCEPTABLE.

## **Maternity/Paternity Policies**

As members of the Church committed to the preservation of life at all levels, the Catholic school must act in ways consistent with that commitment. Catholic schools - elementary as well as secondary- are faced sometimes with the situations of unwed mothers and fathers. School officials will consider carefully the consequences of any policies that are adopted. At the very minimum, students will be encouraged to finish their work and to receive grades and diplomas. The principal makes the decision concerning a student's continued school attendance, after consultation with his/her parents/guardians, and in consideration of the best interest of the student, the unborn child, and the school's educational expectations.

## **Student Abortion Policies**

The Catholic Church teaches definitively and without question that life begins at conception. Pope John Paul declared that the Church's teaching on abortion is "unchanged and unchangeable... since it is the deliberate killing of an innocent human being."

Policies:

- 1. If a student decides to obtain an abortion, and if a school learns of it after the fact, she will be allowed to return to school only if she accepts counseling from a counseling program approved by the Office of the Superintendent of Schools.
- 2. If a student refuses counseling, she will not be allowed to continue as a student at the school.
- 3. The counseling requirements stated in Policies 1 and 2 also apply to the student who is considered the paternal father.

Guideline:

1. In the event a student decides to obtain an abortion despite being counseled by the school beforehand, the continued status of the student's enrollment in the school will be determined by the school administration. Factors such as the parent/guardians' role in the decision to abort should be taken into consideration.

## **Medications**

If a student needs any kind of medication during the school day, it is the parent/guardian's responsibility to bring the medication to the school nurse (or school office in the absence of a nurse) to be kept there. A written statement from the parent or guardian requesting administration of the medication in school as ordered by the licensed prescriber is required.

Medication must be presented in a properly labeled container. Prescription medication must be in the original container. On the prescription medication, the pharmacy label should display:

- Student name
- Name and phone number of the pharmacy

- Licensed prescriber name
- Date and number of refills
- Name of the medication and dosage
- Frequency of administration

Medication should not be transported daily to and from school. Parent/guardians should be advised to ask the pharmacist for two containers – one for home and one for school.

The school may receive a written request from a parent/guardian or physician to permit a student to carry and self-administer his or her own medication. Under certain circumstances, it may be necessary to do so. Such a decision will be made on a case-by-case basis and will reflect the age and maturity of the child, as well as:

- Severity of health care problem, particularly asthmatic or allergic conditions
- Prescriber order directing the student be allowed to carry his/her medication
- Written statement from parent/guardian requesting compliance with prescriber order
- Student has been instructed in the procedure for self-administration and can assume this responsibility
- Parent/guardian contact is made to clarify parent /guardian responsibility in monitoring the child on an ongoing basis to ensure the child is carrying and taking the medication as ordered.

## Money

Bringing cash to school as a payment is discouraged – except for well-founded and specific situations in which payment cannot be made in any other way. Money that is brought to school for a specific purpose (class trip, book fair, milk money, etc.) - must be put into an envelope with the child's name, grade and amount. Since snacks are sold on a daily basis, students may choose to bring in small amounts of money (less than \$5) for such purchases. If a student does bring money to school, the money should be kept on the student's person and not left in the school bag, coat pocket, lunch box, or desk. The school cannot be responsible for lost money.

## **Parent/Guardians as Partners**

Just as the parents/guardians look to the school to provide the facilities and the trained personnel that are essential to their child's proper development, so the school looks to the parents/guardians to assume active responsibilities that cannot be delegated to others.

No school can be wholly effective in teaching the values of religion and the virtues of honesty, respect for authority, consideration for the rights and property of others, and standards of personal morality and integrity unless these principles have been established, upheld, and valued in the home. If parents/guardians cooperate with the school, instill respect for the integrity of its teachers and administration, and actively support their authority in the home, this is likely to be reflected in the positive attitudes of their children. Parents/guardians are invited and encouraged to participate in the spiritual and academic programs developed for the education of their children. The wide spectrum of this involvement includes participation in school celebrations of prayer and liturgy, volunteer work, participation in parent/guardian-teacher conferences, attendance at meetings and seminars designed to help parent/guardians assist their children at home, and active involvement in the school's parent/teacher organization.

Parents/guardians are asked to take an active role in their child's education by:

- assisting their child in his/her academic and moral development by carefully reviewing class work, test results, progress reports, and report cards; supervising home study; and reinforcing school policies.
- explaining and reviewing periodically the school behavior code with their child.
   Parents/guardians should discuss school disciplinary episodes in relation to the school behavior code.

- recognizing their child's talents and interests so they may be developed in cooperation with the classroom teachers.
- seeing that the dress code, including gym uniform, is enforced, and insisting that children dress according to Christian virtue.
- insisting on their child's regular school attendance and punctuality and on complying with attendance rules and procedures.
- making all tuition and fee payments on time, and participating in fund-raising activities. If tuition
  payments are not made on time, parents are encouraged to reach out to the school to establish
  a payment plan.
- providing proper supervision at home, and not tolerating harassment, inappropriate or violent behavior, or viewing of such in videos, movies, song lyrics, and through the use of technology and social media.
- teaching their child respect for law, for authority, for the rights of others, and for public and private property. This includes showing respect for the work of others by not tolerating cheating in any circumstance.
- arranging for a time and place for their child to complete homework assignments.
- working with the school in a cooperative effort to carry out recommendations made in the best interest of their child, including those related to educational evaluations and counseling.
- attending all Parent/Guardian -Teacher Conferences and Home-School Association meetings.
- by always interacting in a respectful manner when speaking with or about the administration, teachers and staff of the school. Verbal abuse, improper use of technology and social media, or physical harassment may result in your child being required to withdraw from the school immediately or not being allowed to re-register for the following year.

The education of a student is a partnership between the parents/guardians and the school. Just as the parent/guardian has the right to withdraw a child if desired, the school administration reserves the right to require the withdrawal of a student if the administration determines that the partnership is irretrievably broken.

## **Parent/Guardian Organizations**

The PSPA – Parish School Parent Association, provides an effective channel of communication between parents/guardians and teachers for the benefit of the students and the whole community. Its main purposes are:

- to create mutual support and understanding between home and school, and thus bring about a total learning environment for students.
- to provide a means for keeping parents/guardians informed of school activities, programs, etc., and if any, parent/guardian service requirement.
- to assist the school in meeting its financial obligations, primarily through fundraising activities.
- to provide adult education programs.
- All parent activities must be done in collaboration with the school principal and all communications must be approved before they are shared with the school community.

## **Philosophy and Goals**

Saints John and Paul School endorses the call of the Catholic Bishops of the United States to express its educational ministry through the three objectives of personal spirituality, social justice, and a strong

academic program in accord with Christian values. This commitment extends to building Christian community and to fostering Christian service to the whole human family.

## Re-registration

At the time of re-registration parents/guardians will be notified if their child is being invited to return to the school in September or if the child is not being invited back. If the re-registration fee is not completed by the due date as outlined by the school, we cannot guarantee a seat for your child in the upcoming school year. Once paid, the registration fee is non-refundable. If we have not received notification of potential withdrawal by the date outlined from the school, families will be charged the registration fee for each child.

## Release of Students (during school day)

The school has a sign-out book located in the main office.

Occasions for the use of a sign-out book are:

- in the event of a student illness, the parent/guardians or an adult designated by the parent/guardians on the school's Emergency Contact list must come to the school and take the child. It is against the law to dismiss a child during school hours except to the direct custody of a parent/guardian, or an adult designated by the parent/guardian. If the parent/guardian cannot be contacted, the Administrative Assistant will contact the name listed on the child's emergency contact slip. Emergency Contact slips will be completed in September and must be updated as necessary.
- for liturgies and services when altar servers leave the school, the students will sign out and in.
- when a student is released to a parent/guardian, that adult (must be 18 years of age or older) must sign the book.
- for a prearranged appointment when the student is released, the parent/guardian, or approved adult must sign the book. [Please note: only the principal or administration in the school office may approve the release of a student for a prearranged appointment.]

## **School Calendar**

A yearly calendar is distributed at the beginning of the school year. Please refer to the School Monthly Calendar online for any revisions to the Yearly School Calendar.

The Mid-Year and End-Year Examination schedule for Grades 5-8 will be sent to parent/guardians when dates have been finalized.

## **School Publications**

All student or parent/guardians publication are subject to review and approved by the school administration prior to publication. The principal must have on file all current log-in information for any digital publication, email or social media accounts that represent or use the school name. Parent/guardian, volunteers and external consultants must submit any and all postings for approval in advance. Maintaining a positive public image for the school is the responsibility of the principal and Superintendent's staff.

## School's Right to Amend

The school reserves the right to amend this handbook without prior notice. Notice of amendments will be sent as necessary.

## **Security**

To ensure the security of the building and the safety of each child, all exterior doors will be locked during the school day, the school strongly enforces its policy of requiring all visitors, even parents/guardians, to report to the office.

To avoid interruption of the learning process, no one may enter a classroom without permission of the principal or administration in the school office.

The school has a crisis management manual, and it is reviewed regularly with the faculty and staff.

## **Sex Offender Policy**

This notice is to remind you of the importance of taking steps to keep your child safe when he or she is involved in outdoor activities, including traveling to and from school. The following are some safety tips that we hope you will share with your children:

- Students should never go home with strangers.
- Students should never talk to strangers.
- Students should never take things from strangers.
- If students are approached by strangers and are still near the school, they should be encouraged to return to the school and immediately inform a staff member.
- Young students should be escorted to and from school.
- Older children should be encouraged to walk/travel to school in groups whenever possible.

The teachers at our school will also remind students of the importance of not responding to strangers and actions each child should take if approached by a stranger, including reporting it to responsible adults.

In addition, over the course of the school year, we may receive from the local police department notification under the New York State Sex Offender Registration Act that a registered sex offender has moved into the region where our school is located. Copies of all the notifications we receive will be kept accessible to parent/guardians in the principal's office. You can also find information about registered sex offenders on the NYS Division of Criminal Justice Services website, located at

http://www.criminaljustice.state.ny.us -- or by calling 1-800-262-3257.

Finally, if our school is notified during the school year that a registered sex offender has moved within the vicinity of our school, further notice will be sent to you.

These procedures are part of our continuing effort to provide a safe environment for all children in this school.

## **Smoking**

New York State Law prohibits smoking in school buildings and on school property. Smoking is prohibited at all times in the school building, on its parking lot and playing fields. This prohibition applies to faculty, staff, parent/guardian, and all visitors to the school. This policy includes cigarettes, cigars, pipe or any other matter or substance containing tobacco, as well as the use of electronic cigarettes (e cigarettes), personal vaporizers, vape pens, e-cigars, e-hookah, vaping devices, mod systems, pod systems or any similar system.

## **Special Learning Needs**

Students with learning differences are children of God and members of the Church. The school makes every effort to meet individual students' needs by providing accommodation. Sometimes, however, a student may have needs that do not permit him or her to benefit fully from the program. In those cases, your child's teacher and/or principal may schedule a meeting with you to discuss having an evaluation of your child's learning needs. If you suspect your child has a disability and you wish to have your child evaluated to determine if special education services are needed, you must contact the school principal. The principal will arrange for the parents to speak with the District CSE committee in which they will provide the recommended services for your child, including conducting special education individual evaluations, CSE meetings and developing an Individualized Education Services Plan (IESP). The IESP is the document for nonpublic school children with special education services. It is your right as a parent/guardian to ask the public-school district CSE to evaluate your child at no cost to you. You also have the option as the parent/guardian to have your child evaluated privately, at your own expense.

Once the results of the evaluation are available, the parents/guardians are obligated to share educational/psychological testing results and any resulting plan with the school. The parent/guardian must make an appointment to meet with the principal to discuss the results of the evaluation and the recommendations and provide a copy of the Individualized Education Services Plan (IESP). It is the responsibility of the parent/guardian to ensure that the child's IESP is kept current.

If a student transfers in from a public school with an Individualized Education Program (IEP), the parent/guardian must contact the public school district Committee on Special Education where the Catholic school is located to have the IEP converted to an IESP. The IESP is the document for nonpublic schools.

When a student qualifies for a 504 Plan, the principal will meet with the parent/guardian to review and discuss the 504 Plan and will then notify the parent/guardian of any reasonable accommodations/modifications that can or cannot be made at the school. If reasonable accommodations can be made, a Student Assistance Plan (SAP) will be written by the Archdiocesan Director of Special Education, and a copy of the plan will be placed in the student's confidential file at the school. The accommodation/modifications will be reviewed yearly. If the school cannot make reasonable accommodations, the school reserves the right to negate enrollment of the student.

#### **Summer School**

(Each school will develop its own policy for summer remediation.)

Since most summer schools and programs offer reading, mathematics, and language arts, a student who has failed in one or more of these subjects in three marking periods of the report card will be required to take a remedial course during the summer. Summer school also may be recommended due to poor performance on standardized tests or in the classroom. Proof of successfully completing a summer school program is required to be presented to the principal in September.

The summer school report card must be submitted to the office in September. Failure to attend summer school will result in retention. It is the parent's or guardian's responsibility to provide documentation that summer school has been successfully completed. In cases in which tutoring is allowed for the remediation, it must be undertaken by a qualified teacher who will provide documentation to the school of no less than 25 hours upon completion of the tutoring sessions.

## **Telecommunications Policy**

SOCIAL MEDIA GUIDELINES

The principal of the school is responsible for maintaining all administrative logins for all social media outlets, blogs or any school-branded media outlets in existence now or in the future that contain the school name. Principals must be mindful that their school's social media may be linked to the Superintendent of Schools Office and the Archdiocese of New York media accounts.

All domain names and access must be owned, secured and maintained by the school principal. UNDER NO CIRCUMSTANCES are these administrative logins, permissions or oversight to be delegated to any parent/guardians, volunteer or external vendor separate and exclusive from the principal.

In addition to the login and administrative rights to the school website and all current or future social media outlets (Facebook, Twitter, Instagram, etc.) the principal is also responsible for reviewing and approving the content on such sites.

All social media content must follow the Standards of Behavior for student internet use and must reflect the standards and mission of the school.

Electronic devices may be dynamic tools in the 21<sup>st</sup> century school environment, but only when used appropriately by faculty, administration, staff, and students. Cell phones must be powered off during the school day. Cell phones or electronic devices that have internet or photo capabilities are not permitted

in the lavatories. Therefore, they must be placed in the Classroom Cell Phone Caddy before going to the lavatories.

## **Student Expectations in Use of the Internet**

(please see next page for complete policy requiring student's signature)

## Telecommunications Policy Student Expectations in Use of the Internet

The use of the Internet is a privilege, not a right, and inappropriate use or violation of any of the following standards will result in serious consequences and could result in expulsion from the school.

- 1. Use of the computer at school is limited to school related activities. Internet users are expected to behave responsibly in accessing and viewing information that is pertinent to the mission of the school.
- **2.** Vandalism and other infractions of school policy while using the Internet will result in immediate cancellation of privileges along with disciplinary action.
- **3.** After School/Home Access requires students to follow the same student expectations as stated in the "Discipline Code for Student Conduct" and "Harassment Policies" in the student handbook.
- 4. Students must abide by the generally accepted rules of network etiquette both inside and outside school.
- 5. Students are responsible for their explorations on the Internet and are subject to the consequences of the school's discipline policy.
- 6. Students must sign a contract indicating their understanding and acceptance of the school's guidelines (see parent/student handbook).
- 7. Parent/guardians must give their permission for their child to use the Internet for educational purposes as an individual by signing the Contract Form once conditions are clearly understood. Parent/guardians also have the option of denying permission for their child to use the Internet independently at school

#### **Standards of Behavior**

- Be courteous and respectful in your messages to others.
- Use appropriate language. Do not use vulgar, harassing, obscene, threatening, bullying, abusive, or sexually offensive language, or make any statements that are slanderous or disparaging of any students or adults.
- Never visit inappropriate or offensive websites.
- Never download materials from inappropriate or offensive websites.
- Never expose yourself in an inappropriate, vulgar, or sexually offensive manner on any website or via e-mail, either in pictures or videos.
- Illegal activities are strictly forbidden.
- Do not reveal your home address or phone number, or that of other students or staff.
- Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages related to or in support of illegal activities may be reported to the authorities.

- Proofread your message before you send it.
- Never agree to get together with someone you "meet" on-line.
- Only public domain software ("shareware") can be downloaded.
- Copyright laws must be respected. Do not make-unauthorized copies of software and do not give, lend, or sell copies of software to others.
  - Do not use the Network/Internet for illegal activities.
  - Software applications and games from home may not be used on school equipment without proof of licensure and prior approval of appropriate school personnel.
  - Do not reveal personal passwords, use or try to learn others' passwords. Do not copy, change, read or use another user's files without prior permission from that user. Do not attempt to gain unauthorized access to system programs for computer equipment.
  - Do not post personal messages on bulletin boards "list servers or social media platforms."
     Send personal messages directly to the person to whom you want to write.
  - Do not use the network in such a way that you would disrupt the use of the network for other users.
  - Do not waste or take supplies such as paper, printer cartridges, and diskettes that are provided by the school.
  - Talk softly and work in ways that will not disturb other users. Keep computer work areas clean and do not eat or drink in the computer lab.
  - If students encounter material on a network/bulletin board that is not appropriate (vulgar jokes, statements of belief that some might consider immoral, etc.,) the student is responsible for not pursuing this material and reporting the matter to appropriate school personnel.
  - The use of cell phones, camera phones or other digital media is prohibited during the school day. Cell phones, camera phones, or other personal electronic devices will be confiscated if students use them during the school day without permission. In addition, any student who uses a camera, camera phone or other personal electronic devices in school or in the classroom / lavatories for any reason may be suspended. Further disciplinary measures including expulsion, will be considered depending on the nature of the camera, camera phone, or personal electronic device use.
  - Technology Use outside normal academic hours and/or off school grounds (including but not limited to cell phones, e-mail, text messages, camera-phones, cameras, iPads, iPhones, etc., are subject to the same guidelines as previously cited in the "Discipline Code for Student Conduct," "Harassment Policies," and the "Summary Statement.
  - The school reserves the right to seek financial restitution for any damage caused by a student or other user. The system administrators will deem what is inappropriate use, and their decision is final. The administration, faculty, and staff of the school may request the system administrator to deny, revoke, or suspend specific privileges. Violation of the rules and code of ethics described above will be dealt with seriously.
  - Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. The use of school computers and networking resources for commercial activities is not permitted. Their use for product advertisement or political lobbying is also prohibited.

| Student Name:      | Grade: |
|--------------------|--------|
| Student Signature: | Date:  |

#### **Use of School Grounds**

The school does not have staff available to supervise students present on the school grounds **before** 8:05 AM and after 3:15 PM. Students must not arrive on the school grounds prior to 8:05 AM and parent/guardians must arrange to pick up at dismissal times.

#### Withdrawals and Transfers

When a student transfers from one school to another, enters high school or is withdrawn for any reason, the parents/guardians must notify the school of the student's new learning institution within 5 days, or the appropriate authorities will be contacted. The child's absence will be marked as unexcused until the school receives this notification or a request for records from the receiving school. The new school may request a copy of the permanent record and health card from the former school. Permanent records will not be released directly to parents/guardians. Such a request for records should come directly from the receiving school. An Authorization to Release Records request form must be obtained from the school Administrative Assistant. (Please see appendix.) All books must be returned. All bills must be paid before the records are transferred to another school.

Schools may disclose a student's cumulative record (i.e., permanent record, attendance record, test results) to another school with legitimate educational interest if a written request is made and when a custodial parent/guardian has given written permission for the release of the child's records. The parent's or guardian's signature is required for release of a student's confidential file (i.e., special education records, psychological reports, disciplinary records, anecdotal information, or reports by the school counselor).

At the discretion of the principal, each school has the right not to certify the student's graduation or provide transcripts of the student's academic record to third parties such as other schools, colleges, or employers, or to issue a diploma to the student, if there has been a breach of a material condition of the educational contract (i.e., failure to meet financial obligations, infractions against the school's code of conduct, etc.).

The school reserves the right to request the parent/guardian withdraw his/her child from the school due to serious disciplinary issues and/or unpaid financial obligations.

## **Summary Statement**

Once students have met the necessary admission requirements and have been accepted in the school, the school warmly welcomes these students for the coming school year and will strive to provide them with a solid Catholic spiritual and academic education in a supportive learning environment. Students and parents/guardians must always be mindful that attendance at the school is by invitation. It is not a "right" because this is a private school. Admission to and continued enrollment in this school include responsibilities regarding conduct, both inside and outside the classroom and school, and students are expected to conduct themselves in such a manner as to be a credit both to themselves and to their school.

In order to protect its standards of scholarship, discipline and character, the school reserves the right, and students and parents/guardians concede to the school the right to require the withdrawal of any student at any time, for any reason deemed sufficient in the sole discretion of the school and its administrators. By the student's attendance at the school, a student and his or her parent/guardian acknowledge the important obligations and restrictions contained in this handbook and agree to be bound by the terms of this handbook.

Students attending the school relinquish certain rights they might otherwise be entitled to if they were attending a public school. For example, a student's freedom of speech is limited in many important respects here at our school. Speech, either written or oral, contrary to the Roman Catholic faith, the teachings of the Church or the directives of the local Bishop or Ordinary is prohibited, as is any other speech which is contrary or disruptive to the philosophy and purposes of our school. Another important right all students at the school surrender involves searches and seizures. School administrators may search a student's person and belongings if there is a reasonable belief, in the sole opinion of the school administrator, that contraband, illegal substances or inappropriate objects are being concealed. Any unauthorized items found may be seized. Additionally, student desks and lockers, which are at all times under the joint control of the school and the student to whom the desk or locker has been assigned, may be searched by school administrators at any time, for any reason or for no reason at all. Students should have absolutely no expectation of privacy with regard to any item in their desks or lockers.

Another important right that a student and his or her parent/guardians give up when they decide to have a student attend this school is the right to sue the school, the parish, the Catholic School Region Corporation, or the Archdiocese of New York, and/or any individuals acting on behalf of the school, such as the school administrators, teachers, staff or any of their agents for any matter relating to academic or disciplinary decisions or other matters covered within this handbook. Each student and his or her parents/guardians, by their acceptance of enrollment at the school, agree to and accept the school's rule and policy that students, parents/guardians may not bring any civil action in any local, state or federal court or in any administrative agency or body to challenge any school decision on academic or disciplinary matters, including any decision relating to the rules, regulations, procedures or programs covered within this handbook. Students and parents/guardians agree that any challenge to any school academic or disciplinary action or relating to the rules, regulations, procedures or programs covered in this handbook may only be challenged or appealed within the hierarchy of the school, subject to the limitations contained in this handbook. This includes any decision relating to a student's enrollment at the school or termination of that enrollment.

While any student and his or her parents/guardians are of course free to consult with legal counsel regarding any school decision taken with respect to a student, the school emphasizes that students and parent/guardian are not permitted to have legal counsel present during any meetings with school administrators. School administrators are not obligated to meet with legal counsel at any time.

There are several grounds for disciplinary action or expulsion set forth in the "Discipline Codes" section of this handbook. It should be noted, however, that any listing of prohibited conduct is set forth by way of example only and to provide guidance to the student and his or her parent/guardian. It is not meant to be an exhaustive listing of improper conduct or resultant disciplinary action.

# APPENDIX



# Accelerated Learning Program for Students (ALPS)

The Accelerated Learning Program for Students (ALPS) at Sts. John and Paul offers an academically and intellectually enriching program for our students. Students who are identified in middle school for this program have the opportunity to participate in accelerated classes in: English Language Arts and Social Studies and/or Math.

#### Consideration for Middle School ALPS Classes (Grades 6-8)

Students whose recent IOWA reading achievement scores are at or above the 85th percentile and or their math scores are at or above the 85% will be identified and placed on a list for possible placement in the program. Student's classroom test grades, teacher recommendation, and New York State Scores will also help to determine permanent placement in the program. Students are usually placed in September of the academic school year. Students may be considered after the first and second quarter with teacher recommendation and educational test scores of 95% and above consistently. Seventh grade students in grade level math cannot move up into 7 ALPS after the first quarter. Effort and conduct grades must be all 3's in order to be placed in the ALPS program.

#### Minimum ALPS Requirement / Student and Family Commitment:

The challenges of the *ALPS* program require both students and their families to commit time and energy. Students and families who are invited to participate in the program agree to work together to ensure that the student's:

- Classwork and assignments will be of a high quality, meet expectations and submitted on time.
- Class participation will be active, appropriate and students will be prepared for class.
- Effort and conduct grade is not lower than an "A" on their report card.
- Minimum grade of "B-" (not lower than 80%) will be maintained in each ALPS class.

Failure to adhere to the above requirements will place your child on probation for the following quarter. If grades do not improve the following quarter and your child does not receive an 80 or above in their ALPS class(es), they will be removed from the program.

If there are two quarters (not consecutive in an academic school year) your child does not meet the following minimum requirements they will be removed from the ALPS program for the following academic school year.

#### Fifth Grade Middle School Program:

Fifth grade is a significant year. Students from our elementary school are transitioning into our middle school model. This transition will allow students to get adjusted to switching classes, having multiple teachers, understanding what the expectations are, google classroom, and honestly not forgetting their books and supplies from going from one class to another.

5th grade ELA / Social Studies placement will be decided by the end of second quarter. The ELA and Social Studies teachers will evaluate the student's summer work, writing, reading, comprehension, and mid-term before being placed in their level. ALPS ELA / Social studies will start third quarter. In addition to all the other requirements stated above.

Math Placement will only occur into 6th grade since the material in 5th grade is still very foundational. Enrichment in the classroom will occur in order to have more data for placement for next

year. A placement exam for math will be given at the end of the school year for students who are eligible for placement in September.

#### **Eighth Grade** ALPS **MATH Program**:

At SJP, the eighth grade has an advanced math class (Algebra CC) taught during the school day. To be successful in our accelerated eighth-grade program, the following is expected for a successful academic year:

- · Must maintain an 80% or better on all tests in 7th grade ALPS.
- · Must score in the 85th percentile on IOWA in Math and ELA.
- · Have a high 3 or 4 on the New York State Exams.
- · Students must pass their midterm and final exams in order to remain in the ALPS program the following school year.
- $\cdot$  No student who fails their final in Math in 7th grade will be allowed in the Regents Algebra Course for 8th grade.
- · Must show a commitment to math.
- · Self-motivated and a willingness to be challenged in Algebra CC.

Note: Even though students are placed in seventh grade Math ALPS, it is not a guarantee they will be placed in Algebra CC in Eighth Grade.

#### Science (NEW):

- 7th Grade students will be taking Earth Science Course. The science teacher will determine if they will be placed in the Regents or High School Level Earth Science Course. The class will be differentiated accordingly.
- 8th Grade students will be taking Living Environment Course. The science teacher will
  determine if they will be placed in the Regents or High School Level Course. The class will be
  differentiated accordingly.

#### **Regents Requirements:**

All students in a Regents Course must take the Regents Exam at the end of the Academic School Year.

# Sts. John and Paul School 2023 -2024

#### Parent/Guardian Signature Page Return Due Date: September 8, 2023

We have received a copy of the school handbook and have read it.

| (Parent/guardian's signature) | (Parent/guardian's signature) |
|-------------------------------|-------------------------------|
| (Student's signature)         | (Grade of Student)            |

#### 

| USER:  |   |   |
|--|---|---|
| l,   | in Grade  | accept and agree to   |
| abide by the following rules: I agree to abide by a<br>Paul School Technology Use / Telecommunication<br>I realize that the use of the Internet is a private of the Int | all rules, which a<br>ns Policy Agreen  | re listed in the Sts. John and<br>nent.   |
| behavior may lead to penalties including revoking action.  |   |   |
| I realize that the primary purpose of the Sts educational, and that as such, educational purpoagree not to use the Internet connection unless gacceptable supervision.   | ses shall take pr   | ecedence over all others. I   |
| I agree not to participate in the transfer of Sts. John and Paul School Internet connection. I f regulations is unethical and may constitute a crin my access priveldges may be revoked, school disp   | urther understa<br>ninal offense. Sl  | nd that any violation of these hould I commit any violation,  |
| appropriae legal action may be taken.  |   |   |
| Signed,Student Signature   | _Date,  |   |
| Parent / Guardian:   |   |   |
| As the parent/guardian of this student, I have read the access is designed for educational purposes. I am aw access to all controversial materials and I will not hold Further, I accept full responsibility for supervision if an resources is not in a school setting. I hereby give per resources and certify that I have reviewed this information.  | vare that it is impo<br>them responsible<br>d when my child's<br>mission for my chi | essible for the school to restrict<br>for materials acquired in use.<br>Is use of school's technology<br>and to use the school's technology |
| Parent's or guardian's name (please print):  |   |   |
| Parent/Guardian Signature:   |   | Date:   |

#### MEDIA AUTHORIZATION AND RELEASE

|  | photographs, movies, videos, and images capable of children or children of whom I am the designated  |
|--|--|
| guardian                                       |  |
| Names of Children, Parent/Guardian             |  |
|  | se of New York and/or the Catholic School Region and their s, members, officers, employees, volunteers, agents and   |
| purposes including, but not limited to, adver- | edit, reproduce, use and reuse images for any and all tising, promotion and display, and I hereby consent to the images in any and all media in existence and all media yet in print, television, internet, and pod-casts. |
| child/children may have in any images, inclu   | to School any right, title and interest that I and/or my adding negatives, taken of me and/or my children by School. It harmless School from any and all claims, demands, actions or cost arising from this authorization. |
| (Student's Name)                               | (Grade of Student)   |
| (Student's signature)                          | (Grade of Student)   |
| Print Name of Parent/Guardian                  |  |
| Signature of Parent/Guardian                   |  |

SIGNED Form Due by September 8, 2023

#### **Absent Note**

| STUDENT'S NAME             |     |        |  |  |
|----------------------------|-----|--------|--|--|
| STUDENT'S CLASS            |     | <br>   |  |  |
| DATE(S) OF ABSENCE         |     |        |  |  |
|                            |     |        |  |  |
| REASON FOR ABSENCE         |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
|                            |     |        |  |  |
| Doctor's note is attached. | Yes | <br>No |  |  |

# NEW YORK STATE TEXTBOOK LAW (NYSTL), SOFTWARE LAW (NYSSL), LIBRARY LAW (NYSLIB), AND COMPUTER HARDWARE (NYS CH)

#### PARENT/GUARDIAN REQUEST FORM FOR SCHOOL YEAR 2023-2024

| I hereby authorize the school to obtain state-loaned textbooks, software, | library materials, |
|---|--------------------|
| and computer hardware for my child  | _who is in grade   |
| pursuant to the New York State Textbook, Software, Libra                  | ry, and Computer   |
| Hardware Laws.  |                    |
| Family NAME:  |                    |
| Signature of Parent/Guardian  |                    |
| Date:   |                    |
| Address:  |                    |
|   |                    |

Note: Please make copies and fill out one sheet for each child attending Saints John and Paul School.



# DATA PRIVACY CONSENT FORM for Saints John & Paul School

Saints John & Paul School puts premium value to the privacy and security of personal data entrusted by its students and parent/guardians for legitimate purposes in connection with the Technology Use/Telecommunications Policy and any hardware and software used in connection therewith.

When we speak of "personal data", the term includes the concepts of personal information, sensitive personal information, and privileged information. The first two are typically used to distinctively identify you.

#### **Processing of Personal Data**

- A. Collection of Information. We collect your personal data that you provide to us during your application for admission, information we acquire or generate upon enrollment, and during the course of your education with us in order to carry out the purposes associated with our Technology Use/Telecommunications Policy.
  - 1. Information you provide us during your application for admission. Upon application for admission, we collect information about personal circumstances and contact information, including, but not limited to, name, address, email address, telephone number and other contact details, family history, previous schools attended, academic performance, disciplinary record, medical record, etc.
  - 2. Information we acquire or generate upon enrollment and during the course of your education with us. Upon enrollment and during the course of your education with us, we collect information on your academic or curricular undertakings, the classes you enroll in and scholastic performance, attendance record, medical record, etc. We will also collect information for and in relation to co- curricular matters, such as outreach activities, as well as extra-curricular activities, such as membership in student organizations, leadership positions and participation and attendance in seminars, competitions and programs. We will also collect information in connection with any disciplinary incident, including accompanying sanctions that you may be involved in. We will also collect information in connection with your use of hardware and software provided to you during the course of your education with us, including, but not limited to, address, telephone number, email address, other unique identifier, passwords or PINs, and account credentials (e.g., username and password).
- B. Access to Information. Your personal information is accessed and used by us. We use and share your information as permitted or required by law to pursue our legitimate interests as an educational institution, including a variety of academic, administrative, historical, and statistical purposes. Some examples of situations when we may use your information to pursue our legitimate interests as an educational institution are as follows:
  - 1. evaluating applications for admission;

- 2. processing confirmation of incoming students and transfer students in preparation for enrollment:
- 3. recording, generating and maintaining student records of academic, co-curricular and extra- curricular progress;
- 4. establishing and maintaining student information systems;
- 5. maintaining directories and records;
- 6. compiling and generating reports for statistical and research purposes;
- 7. providing services such as health, counseling, information technology, library, sports/recreation, transportation, safety and security;
- 8. managing and controlling access to campus facilities and equipment;
- 9. communicating official school announcements; sharing marketing and promotional materials regarding school-related functions, events, projects and activities; and
- 10. soliciting your participation in research and non-commercial surveys.
- C. Sharing of Information. Some examples of when we may share or disclose your personal information to others include:
  - 1. sharing information to persons, including parent/guardians, guardians or next of kin, as required by law or on a need-to-know basis as determined by the school to promote your best interests, or protect your health, safety and security, or that of others;
  - 2. providing academic institutions, companies, government agencies, private or public corporations, or the like, upon their request, with scholastic ranking information or certification of good moral character for purposes of admission;
  - 3. reporting and/or disclosing information to government bodies or agencies (e.g., Commission on Higher Education, Department of Education); and
  - 4. conducting research or surveys for purposes of institutional development; and
  - 5. sharing of information to various third party vendors who provide services associated with our Technology Use / Telecommunications Policy and any hardware and software used in connection therewith.

#### **Data Protection**

We shall implement reasonable and appropriate organizational, physical, and technical security measures for the protection of personal data which we collected. The security measures shall aim to maintain the availability, integrity, and confidentiality of personal data and are intended for the protection of personal data against any accidental or unlawful destruction, alteration, and disclosure, as well as against any other unlawful processing. We only permit your data to be

accessed or processed by authorized personnel who hold such information under strict confidentiality, including all third-party vendors.

Any data security incident or breach that comes to the knowledge of us will be recorded and reported as required by law. We will take all necessary and reasonable steps to address such incident or breach and mitigate any negative effect of such incident or breach. If there is strong suspicion that an incident affects your personal information, we will notify you of such incident in an appropriate manner.

#### **Consent**

I have read this form, understood its contents and consent to (a) the collection, use, processing and transfer by Saints John & Paul School of certain personal information about you (the "Data"); (b) any transfer of Data by any such authorized person for the purposes of implementing, administering and managing the purposes outlined above; (c) the use of such Data by any such authorized person for such purposes; and (d) the transfer to and retention of such Data by third parties in connection with such purposes. I further agree and acknowledge that while Saints John & Paul School has taken all necessary and reasonable steps to ensure that all third parties protect such Data, Saints John & Paul School has no control over how the third party will use or disseminate my information. I agree to release and hold harmless Saints John & Paul School, its representatives, officers, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records by any third party pursuant to this form and as allowed by all applicable laws.

Complete Name of Student/Child/Ward:

| Signature of Student:  |  |                           |
|--|--|---------------------------|
| Date:  |  |                           |
| If below 18 years old,   |  |                           |
| As the parent/guardian of this student, I have reaccontents, and provide consent to use the persoaccordance with this form. I hereby give permiss outlined and in accordance with this form and cermy child. | onal information collected as out<br>ion to use the personal information | lined and in collected as |
| Parent's or guardian's name (please print):  |  |                           |
| Parent/Guardian Signature:   | Date:  |                           |



#### **Authorization to Release Records**

| Parent/Guardian: A separate form must be fit  | lled out for each of your children.               |
|---|---|
| <u>I,</u>                                     | the parent(s)/guardian(s) of                      |
|   | (Student's Name),                                 |
| authorize                                     | g school: (Current School Name)                   |
|   | (Receiving School Name)                           |
|   | (Receiving School Address)                        |
| I understand that once the records are releas | sed, I am responsible for any changes thereafter. |
| Parent/Guardian Signature:                    |   |
| Date:   |   |
| PLEASE BE ADVISED NO RECORDS WIL              | L BE SENT TO THE RECEIVING SCHOOL                 |

UNTIL ALL TUITION AND FEES ARE PAID IN FULL.

# 2023-24 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

#### **NOTES:**

All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

#### Dose requirements MUST be read with the footnotes of this schedule

|  | 7   |  | I  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Vaccines   | Pre-<br>Kindergarten<br>(Day Care,<br>Head Start,<br>Nursery or<br>Pre-K) | Kindergarten and Grades<br>1, 2, 3, 4 and 5  | Grades<br>6, 7, 8, 9, 10<br>and 11         | Grade<br>12  |  |  |  |  |
| Diphtheria and Tetanus<br>toxoid-containing vaccine<br>and Pertussis vaccine<br>(DTaP/DTP/Tdap/Td) <sup>2</sup>        | 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 |  |  |  |  |  |  |
| Tetanus and Diphtheria<br>toxoid-containing vaccine<br>and Pertussis vaccine<br>adolescent booster (Tdap) <sup>3</sup> |   | Not applicable   | 1 dose                                     |  |  |  |  |  |
| Polio vaccine (IPV/OPV) <sup>4</sup>   | 3 doses   | 4 doses or 3 doses if the 3rd dose was received at 4 years or older  |  |  |  |  |  |  |
| Measles, Mumps and<br>Rubella vaccine (MMR) <sup>5</sup>   | 1 dose  | 2 doses  |  |  |  |  |  |  |
| Hepatitis B vaccine <sup>6</sup>   | 3 doses   | 3 dose or 2 doses of adult hepatitis B vaccine (Returned the doses at least 4 months apart between   | ecombivax) for child                       |  |  |  |  |  |
| Varicella (Chickenpox)<br>vaccine <sup>7</sup>   | 1 dose  | 2 dos  | es   |  |  |  |  |  |
| Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>   |   | Not applicable   | Grades<br>7, 8, 9, 10<br>and 11:<br>1 dose | 2 doses<br>or 1 dose<br>if the dose<br>was received<br>at 16 years<br>or older |  |  |  |  |
| Haemophilus influenzae<br>type b conjugate vaccine<br>(Hib) <sup>9</sup>   | 1 to 4 doses  | Not appli  | cable                                      |  |  |  |  |  |
| Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>   | 1 to 4 doses  | Not applicable   |  |  |  |  |  |  |



- 1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or 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 and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
  - c. 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 or Tdap 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.
- 3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
  - c. 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. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
- 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. Two doses are required for grades kindergarten through 12.
  - 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 (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
  - 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 (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - 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.
  - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.
- 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 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.  $\,$  PCV is not required for children 5 years or older.
  - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

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

#### **NEW YORK STATE DEPARTMENT OF HEALTH**

#### **Communicable Disease Reporting Requirements**

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

| Anaplasmosis                       |
|------------------------------------|
| Amebiasis                          |
| C Animal bites for which           |
| rabies prophylaxis is              |
| given¹                             |
| C Anthrax <sup>2</sup>             |
| C Arboviral infection <sup>3</sup> |
| Babesiosis                         |
| C Botulism <sup>2</sup>            |
| C Brucellosis <sup>2</sup>         |
| Campylobacteriosis                 |
| Chancroid                          |
| Chlamydia trachomatis              |
| infection                          |
| <b>C</b> Cholera                   |
| Coronavirus (severe or novel)      |
| 2019 Novel Coronavirus             |
| (COVID-19)                         |

Cryptosporidiosis Cyclosporiasis C Diphtheria E.coli 0157:H7 infection4 **Ehrlichiosis** C Encephalitis C Foodborne Illness Giardiasis

Glanders<sup>2</sup> Gonococcal infection Haemophilus influenzae5 (invasive disease) 🕻 Hantavirus disease Hemolytic uremic syndrome Hepatitis A Hepatitis A in a food

handler Hepatitis B (specify acute or chronic)

Hepatitis C (specify acute or chronic)

Pregnant hepatitis B carrier Herpes infection, infants aged 60 days or younger Hospital associated infections (as defined in section 2.2 10NYCRR) Influenza. laboratory-confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria Measles Melioidosis<sup>2</sup> Meningitis

C Haemophilus Meningococcal Other (specify type) **C** Meningococcemia

Aseptic or viral

Monkeypox Mumps **Pertussis** C Plague<sup>2</sup> C Poliomyelitis Psittacosis Q Fever<sup>2</sup>

C Rabies1 Rocky Mountain spotted fever

C Rubella

(including congenital rubella syndrome) Salmonellosis

Shigatoxin-producing E.coli4 (STEC) Shigellosis<sup>4</sup>

C Smallpox<sup>2</sup>

Staphylococcus aureus<sup>6</sup> (due to strains showing reduced susceptibility or resistance to vancomycin)

Staphylococcal enterotoxin B poisoning<sup>2</sup> Streptococcal infection

(invasive disease) 5 Group A beta-hemolytic

strep Group B strep

Streptococcus pneumoniae

Syphilis, specify stage<sup>7</sup> Tetanus

Toxic shock syndrome

Transmissable spongiform encephalopathies8 (TSE)

Trichinosis

Tuberculosis current disease (specify site)

C Tularemia<sup>2</sup> Typhoid

**C** Vaccinia disease<sup>9</sup> Vibriosis<sup>6</sup>

Yersiniosis

#### WHO SHOULD REPORT?

Severe Acute Respiratory

Syndrome (SARS)

Middle East Respiratory Syndrome (MERS)

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

#### WHERE SHOULD REPORT BE MADE?

| Report to local health depar | tment where patient resides. |  |
|------------------------------|------------------------------|--|
| Contact Person               |                              |  |
|                              |                              |  |
|                              |                              |  |
|                              |                              |  |
| Phone                        | Fax                          |  |

#### WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- · Phone diseases in bold type,
- · Mail case report, DOH-389, for all other diseases.
- · In New York City use form PD-16.

#### **SPECIAL NOTES**

- Diseases listed in bold type ( warrant prompt action and should be reported immediately to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:

Division of Epidemiology, Evaluation and Research P.O. Box 2073, ESP Station

Albany, NY 12220-2073

(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene For HIV/AIDS reporting, call:

(212) 442-3388

- 1. Local health department must be notified prior to initiating rabies prophylaxis.
- 2. Diseases that are possible indicators of bioterrorism.
- 3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
- 4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
- 5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
- 6. Proposed addition to list.
- 7. Any non-treponemal test ≥1:16 or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
- 8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
- 9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

#### ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours.

In New York City, 1 (866) NYC-DOH1.

To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY











| NYS and NYC Screening & Health Exam Requirements |                     |                |            |            |            |            |            |            |            |            |            |             |             |             |
|--|---------------------|----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
|  | New<br>Entrant      | Pre K<br>or K* | Grade<br>1 | Grade<br>2 | Grade<br>3 | Grade<br>4 | Grade<br>5 | Grade<br>6 | Grade<br>7 | Grade<br>8 | Grade<br>9 | Grade<br>10 | Grade<br>11 | Grade<br>12 |
| HEARING SCREENING:                               |                     |                |            |            |            |            |            |            |            |            |            |             |             |             |
| Pure Tone  | Х                   | Х              | х          |            | Х          |            | Х          |            | Х          |            |            |             | х           |             |
| SCOLIOSIS SCR                                    | SCOLIOSIS SCREENING |                |            |            |            |            |            |            |            |            |            |             |             |             |
| Boys   |                     |                |            |            |            |            |            |            |            |            | Х          |             |             |             |
| Girls  |                     |                |            |            |            |            | Х          |            | Х          |            |            |             |             |             |
| VISION SCREEN                                    | ING                 |                |            |            |            |            |            |            |            |            |            |             |             |             |
| Color Perception                                 | х                   |                |            |            |            |            |            |            |            |            |            |             |             |             |
| Color Perception                                 | х                   |                |            |            |            |            |            |            |            |            |            |             |             |             |
| Fusion   |                     | Х              | х          |            |            |            |            |            |            |            |            |             |             |             |
| Near Vision                                      | х                   | Х              | х          |            | х          |            | х          |            | х          |            |            |             | х           |             |
| Near Vision                                      | Х                   | Х              | Х          |            | Х          |            | Х          |            |            |            |            |             |             |             |
| Distance Acuity                                  | Х                   | Х              | Х          |            | Х          |            | Х          |            | Х          |            |            |             | Х           | _           |
| Distance Acuity                                  | Х                   | Х              | Х          |            | Х          |            | Х          |            |            |            |            |             |             |             |
| Hyperopia  | х                   |                |            |            |            |            |            |            |            |            |            |             |             |             |

<sup>\*</sup>Determine if your Kindergarten or Pre K students are your district's new entrants.

| Health Examination Overview |                |   |            |            |            |            |            |            |            |            |            |             |             |             |
|-----------------------------|----------------|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|
|                             | New<br>Entrant |   | Grade<br>1 | Grade<br>2 | Grade<br>3 | Grade<br>4 | Grade<br>5 | Grade<br>6 | Grade<br>7 | Grade<br>8 | Grade<br>9 | Grade<br>10 | Grade<br>11 | Grade<br>12 |
|                             | х              | х | х          |            | х          |            | х          |            | х          |            | х          |             | х           |             |
| Health Examination**        | х              |   |            |            |            |            |            |            |            |            |            |             |             |             |
| Dental Certificate          | Х              | х | х          |            | х          |            | х          |            | х          |            | х          |             | х           |             |

<sup>\*\*</sup>Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medicalprovider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

Cheryl Lawrence, MD, FAAP Medical Director June 2023

Office of School Health 30-30 47th Avenue, Long Island City, NY 11101 Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2023-2024 school year. A list of the vaccine requirements for 2023-2024 is included with this letter. Vaccines protect children from getting and spreading diseases; they are required to attend school.

Before the school year begins, you must submit proof of immunization or blood test results that show immunity (see below) for your child if they are attending childcare or school. **All students in childcare through grade 12** must meet the requirements for:

• The DTaP (diphtheria-tetanus-pertussis), poliovirus, MMR (measles-mumps-rubella), varicella and hepatitis B vaccines.

Children under age 5 who are enrolled in childcare and prekindergarten (pre-K) must also meet the requirements for:

- The Hib (Haemophilus influenza type b) and PCV (pneumococcal conjugate) vaccines.
- The influenza (flu) vaccine: children must receive the flu vaccine by December 31, 2023 (preferably, when it becomes available in early fall).

Children in grades 6 through 12 must also meet the requirements for:

 The Tdap (tetanus-diphtheria-pertussis) booster and MenACWY (meningococcal conjugate) vaccines.

**Blood tests** that show immunity to measles, mumps, rubella, varicella, or hepatitis B also meet the requirements (polio labs only if done before September 2019).

Please take the time this summer to review your child's immunization history with your child's healthcare provider. Their provider can tell you whether additional doses of one or more vaccines are required for your child to attend childcare or school this year.

Please note: If your child received doses of vaccine BEFORE the minimum age (too early), those doses do NOT count toward the number of doses needed.

If you have questions about these 2023-2024 requirements, please contact your childcare center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP Medical Director

Medical Director

Office of School Health

Chery Lawrence

# Is Your Child Ready for Child Care or School?

# Learn about required vaccinations in New York City.

and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or if previous doses were given too early. Blood tests that show immunity to measles, mumps, rubella, varicella, or hepatitis B also meet the requirements (polio immunity is only acceptable if the lab test was done before September 2019). child's vaccine needs based on their grade level this school year. The number of vaccine doses your child needs may vary based on age All students ages 2 months up to 18 years in New York City must get the following vaccinations to go to childcare or school. Review your

| VACCINATIONS                                     | CHILD CARE, HEAD START,<br>NURSERY, 3K OR PRE-<br>KINDERGARTEN    | KINDERGARTEN - Grade 5  | GRADES 6-11   | GRADE12  |
|--|---|---|---|--|
| Diphtheria , tetanus, and<br>pertussis (DTaP)    | 4 doses   | 5 doses  or 4 doses ONLY if the fourth dose was received at age 4 years or older or 3 doses ONLY if the child is age 7 years or older and the series was started at age 1 year or older | 3 d   | 3 doses  |
| Tetanus, diphtheria and pertussis booster (Tdap) |   |   | <b>1 dose</b> is required at 11 years or<br>(in compliance u              | 1 dose is required at 11 years or older when entering grades 6 - 12 (in compliance until age 11 years)                         |
| Polio (IPV or OPV)                               | 3 doses   | or 3 doses if the third dos   | 4 doses or 3 doses if the third dose was received at age 4 years or older | or older   |
| Measles, mumps and rubella (MMR)                 | 1 dose  |   | 2 doses   |  |
| Hepatitis B                                      | 3 doses   | 3 doses   | 3 d or 2 doses of adult hepatitis B doses at least 4 months apart be      | 3 doses or adult hepatitis B vaccine (Recombivax HB®) if the doses at least 4 months apart between ages of 11 through 15 years |
| Varicella (chickenpox)                           | 1 dose  |   | 2 doses   |  |
| Meningococcal conjugate<br>(MenACWY)             |   |   | Grade 6: Not applicable<br>Grades 7-11: 1 dose                            | Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older  |
| Haemophilus influenzae type b<br>conjugate (Hib) | 1 to 4 doses Depends on child's age and doses previously received |   |   |  |
| Pneumococcal conjugate (PCV)                     | 1 to 4 doses Depends on child's age and doses previously received |   |   |  |
| Influenza  | 1 dose  |   |   |  |

Talk to your health care provider if you have questions.

For more information call 311 or visit nyc.gov/health and search for student vaccines.



Department of Education Cheryl Lawrence, MD, FAAP Medical Director

Estimado padre o tutor:

Junio de 2023

Office of School Health 30-30 47th Avenue, Long Island City, NY 11101

La Ciudad de Nueva York ha actualizado los requisitos de vacunación para el año escolar 2023-2024.

Esta carta incluye una lista de vacunas requeridas para el año escolar 2023-2024. Las vacunas protegen a los niños ante el contagio y la transmisión de enfermedades; también se requieren para asistir a la escuela.

Si su hijo va a asistir a un programa de cuidado infantil o a la escuela, deberá presentar comprobante de vacunación o de pruebas sanguíneas antes de que comience el año escolar (vea abajo).

Todos los estudiantes, desde programas de cuidado infantil hasta 12.º grado, deben cumplir con los siguientes requisitos:

• Las vacunas DTaP (difteria, tétanos, tos ferina), polio, MMR (sarampión, paperas, rubeola), varicela y hepatitis B.

Los menores de 5 años inscritos en programas de cuidado infantil y prekínder también deben cumplir con los siguientes requisitos:

- Las vacunas Haemophilus influenzae tipo b (Hib) y PCV (vacuna antineumocócica conjugada).
- La vacuna de la influenza: Esta debe administrarse antes del 31 de diciembre de 2023 (idóneamente, cuando esté disponible a principios del otoño).

Los menores de 6.º a 12.º grado también deben cumplir con los siguientes requisitos:

• La vacuna de refuerzo de Tdap (tétanos, difteria, tos ferina) y la de MenACWY (vacuna antimeningocócica conjugada).

Las pruebas de sangre que comprueben inmunidad contra el sarampión, las paperas, la rubeola, la varicela o la hepatitis B también cumplen los requisitos (las pruebas de inmunidad contra el polio son válidas solo si se realizaron antes de septiembre de 2019).

**Tómese el tiempo este verano** para revisar el historial de vacunación de su hijo con su médico. El médico le podrá informar si su hijo necesita vacunas o dosis adicionales para que pueda asistir o permanecer en la escuela o programa de cuidado infantil este año.

**Para tener en cuenta**: Si su hijo recibió dosis de vacunas ANTES de la edad mínima (demasiado temprano), estas NO cuentan para la cantidad de dosis necesarias.

Si tiene alguna pregunta sobre los requisitos para el año escolar 2023-2024, póngase en contacto con la oficina administrativa de la escuela o centro de cuidado infantil de su hijo.

Atentamente,

Cheryl Lawrence, MD, FAAP, directora médica Oficina de Salud Escolar

Chery Lawrence

# Infórmese sobre las vacunas obligatorias en la Ciudad de Nueva York. ¿Su hijo está listo para un programa de cuidado infantil o la escuela?

Revise los requisitos de vacunación de su hijo según el grado que vaya a cursar este año escolar. El número de dosis de las vacunas que su hijo necesita puede variar según Todos los estudiantes de la Ciudad de Nueva York de 2 meses a 18 años necesitarán las siguientes vacunas para poder asistir a su programa de cuidado infantil o escuela. la edad y las dosis que haya recibido anteriormente. Si su hijo tiene algún problema de salud o si le aplicaron las dosis muy temprano, es posible que requiera vacunas o dosis adicionales. Las pruebas de sangre que comprueben inmunidad contra el sarampión, las paperas, la rubeola, la varicela o la hepatitis B también cumplen los requisitos (las de inmunidad contra el polio solo se aceptan si las pruebas se realizaron antes de septiembre de 2019).

|   |   |  | -   |  |
|---|---|--|---|--|
| VACUNAS   | CUIDADO INFANTIL, HEAD START,<br>GUARDERÍA, 3-K O PREKÍNDER   | DE KÍNDER A 5.º GRADO  | DE 6 ° A 11 ° GRADO   | 12 º GRADO   |
| Difteria, tétanos y tos ferina (DTaP)                   | 4 dosis   | <ul> <li>5 dosis</li> <li>o 4 dosis SOLO si la cuarta dosis se administró de los</li> <li>4 años en adelante</li> <li>o 3 dosis SOLO si el estudiante tiene 7 años o más y el ciclo de vacunación se inició del primer año de edad en adelante.</li> </ul> | 3 dosis   |  |
| Refuerzo de tétanos, difteria y tos<br>ferina (Tdap)    |   |  | <b>1 dosis</b> (de los 11 años en adelante)   | os en adelante)  |
| Polio (IPV u OPV)                                       | 3 dosis   | <b>o 3 dosis</b> si la tercera dosis fı  | <b>4 dosis</b><br>o 3 dosis si la tercera dosis fue administrada de los 4 años en adelante  | inte   |
| Sarampión, paperas y rubeola<br>(MMR)                   | 1 dosis   |  | 2 dosis   |  |
| Hepatitis B   | 3 dosis   | 3 dosis  | <b>3 dosis o 2 dosis de la vacuna de la hepatitis B para adultos</b> (Recombivax HB°) si transcurrieron por lo menos cuatro meses entre cada dosis entre los 11 y los 15 años | s <b>B para adultos</b> (Recombivax<br>cuatro meses entre cada dosis<br>s 15 años                      |
| Varicela ( <i>chickenpox</i> )                          | 1 dosis   |  | 2 dosis   |  |
| Vacuna conjugada contra el<br>meningococo (MenACWY)     |   |  | 6.º grado: No corresponde o 1<br>De 7.º a 12.º grado: 1 dosis ad  | 12.º grado: 2 dosis<br>o 1 dosis si la primera dosis fue<br>administrada de los 16 años en<br>adelante |
| Vacuna Haemophilus influenzae<br>tipo b (Hib) conjugada | 1 a 4 dosis Depende de la edad del menor y de las dosis anteriores  |  |   |  |
| Vacuna antineumocócica<br>conjugada (PCV)               | <ul><li>1 a 4 dosis</li><li>Depende de la edad del menor y<br/>de las dosis anteriores</li></ul>                                  |  |   |  |
| Gripe (influenza)                                       | 1 dosis   |  |   |  |
| Para obtener más inform                                 | Consulte a su médico si tiene preguntas.<br>Para obtener más información, llame al <b>311</b> o visite <b>nyc.gov/health</b> y bu | oreguntas.<br>ealth y busque vacunas para estudiantes.   | Department of Health & Mental Hygiene   | tealth Department of Education   |



#### SEPTEMBER 2023

#### MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL SCHOOLS AND CHILD CARE CENTERS)

# ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight Body Mass Index Medical History

Height Vision Screening Developmental Assessment
Blood Pressure Hearing Screening Nutritional Evaluation

Dental Screening

All students entering NYC public or private schools or child care (including Universal 3K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in the CIR and is accessible for use to update as needed. For school year 2023-2024, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, Center/School/Home-Based Care and After-School until it is replaced by the new version.

**Required Screening for Child Care Only** 

| Screening                                 | Required Information   |
|---|--|
| Anemia Screening                          | Hematocrit and Hemoglobin  |
| Lead Screening,<br>Assessment and Testing | <ul> <li>All children under age 6 years must be assessed annually for lead exposure.</li> <li>Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented.</li> </ul> |
|   | For more information, call the Lead Poisoning Prevention Program at 311, or visit<br>https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf   |

#### **IMMUNIZATION REQUIREMENTS 2023–24**

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years (i.e., until they reach the age of 18 years). Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

#### PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to

https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html). If a child does not receive subsequent doses of vaccine at appropriate intervals and according to the ACIP catch-up schedule, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule. Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

| VACCINES  | CHILD CARE, HEAD START, NURSERY, 3K OR<br>PRE-KINDERGARTEN | KINDERGARTEN<br>through Grade 12  |
|---|--|---|
| Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DT/Td/Tdap) <sup>2</sup>   | One dose DTaP or DTP                                       | Grades K-5: One dose DTaP, DTP, DT; or Td, Tdap<br>(ages 7 years or older)<br>Grades 6-12: one dose of Tdap |
| Polio vaccine (IPV/OPV) <sup>1,4</sup>  | One dose   | One dose  |
| Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup><br>On or after the first birthday  | One dose   | One dose  |
| Hepatitis B (HepB) vaccine <sup>1,6</sup>   | One dose   | One dose  |
| Varicella (chickenpox) vaccine <sup>1,7</sup> On or after the first birthday  | One dose   | One dose  |
| Meningococcal conjugate vaccine (MenACWY) <sup>8</sup> Grades 7 through 12  |  | One dose  |
| Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup><br>Through age 59 months (up until the 5 <sup>th</sup> birthday)   | One dose   |   |
| Pneumococcal conjugate vaccine (PCV) <sup>10</sup> Through age 59 months (up until the 5 <sup>th</sup> birthday)  | One dose   |   |
| Influenza <sup>11</sup> Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose in not required for child care/pre-K attendance. | One dose   |   |

#### 2023–24: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance

Notes: For all settings and grades (child care, head start, nursery, 3K, pre-Kindergarten through 12), intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for children aged 0 up to 18 years. Doses received more than 4 calendar days before the recommended minimum age or interval are not valid and do not count. This 4-day grace period does not apply to the recommended 28-day minimum interval between doses of live virus vaccines (i.e., MMR, varicella). Refer to the footnotes for dose requirements and specific information about each vaccine. Children enrolling in gradeless classes should meet immunization requirements for their age-equivalent grade. Children who were not in full compliance before the start of the school year must complete requirements according to the ACIP-recommended catch-up schedule in order to remain in child care or school.

| catch-up schedule in order to remain in child care or s  | 7011001.   |  |  |
|--|--|--|--|
| VACCINES   | CHILD CARE, HEAD START,<br>NURSERY, 3K OR PRE-<br>KINDERGARTEN | KINDERGARTEN<br>through Grade 5  | GRADES<br>6 through 12   |
| Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP) <sup>2</sup>     | 4 doses  | 5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older | 3 doses  |
| Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) <sup>3</sup> |  | Not Applicable   | 1 dose   |
| Polio vaccine (IPV/OPV) <sup>1,4</sup>   | 3 doses  | 4 doses or 3 doses if the th   | nird dose was received at age 4 years or older   |
| Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup>   | 1 dose   | 2 doses  |  |
| Hepatitis B (HepB) vaccine <sup>1,6</sup>  | 3 doses  | 3 doses  | 3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB®) for children who received the doses at least 4 months apart between the ages of 11 through 15 years |
| Varicella (chickenpox) vaccine <sup>1,7</sup>  | 1 dose   | 2 doses  |  |
| Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>   |  | Not Applicable   | Grades 7, 8, 9,10 and 11: 1 dose Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older   |
| Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>                                 | 1 to 4 doses   | Not Applicable   |  |
| Pneumococcal conjugate vaccine (PCV) <sup>10</sup>   | 1 to 4 doses   | Not Applicable   |  |
| Influenza <sup>11</sup>  | 1 dose   |  | Not Applicable   |

#### For more information contact:

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): OSH@health.nyc.gov

- Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, or varicella meets the requirements for these immunizations. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing must have been done prior to September 1, 2019. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella 2.
  - Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (Minimum age: 6 weeks)
  - Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 a. months, provided at least 6 months have elapsed since the third dose. However, when retrospectively identified, the fourth dose need not be repeated if it was administered at least 4 months after the third dose. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
  - If the fourth dose was administered at age 4 years or older, the fifth (booster) dose is not necessary. b.
  - If the fifth dose was received prior to the fourth birthday, a sixth dose, administered at least 6 months after the prior dose, is required.
  - Children ages 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, either Tdap or Td should be d. used; the Tdap dose may count towards the Tdap requirement according to grade (see footnote 3d). If the first dose of DTaP/DTP/DT was received before the first birthday, then four total doses are required to complete the series. If the first dose of DTaP/DTP/DT was received on or after the first birthday, then three total doses are required to complete the series. The final dose must be received on or after the fourth birthday
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine -- (Minimum age: 10 years for grades 6-9; 7 years for grades 10-12)
  - Students ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
    - Students without Tdap who are age 10 years upon entry to 6th grade are in compliance until they turn age 11 years.
  - In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series (see C.
  - d. In school year 2023-2024, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6, 7, 8 and 9. However, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grades 10 through 12.
  - DTaP should NOT be used on or after the 7th birthday but if inadvertently received, the Tdap requirement is satisfied by doses of DTaP (see footnote 3c and 3d).
- Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) -- (Minimum age: 6 weeks)
  - Children starting the series on time should receive IPV at ages 2 months, 4 months, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months
  - b. For students who received their fourth dose before age 4 years: if the 4th dose was prior to August 7, 2010, four doses separated by at least four weeks is sufficient. If the third dose was received at age 4 years or older and at least 6 months after the prior dose, a fourth dose is not necessary.
  - 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 IPV schedule. For OPV to count towards the completion of the polio series, the dose(s) must have been given before April 1, 2016, and be trivalent (tOPV).
  - Measles, mumps, and rubella (MMR) vaccine (Minimum age: 12 months)
    - The first dose of MMR vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
    - Students in kindergarten through grade 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine
  - Hepatitis B (HepB) vaccine (Minimum age: birth)
    - The first dose of HepB vaccine may be given at birth or anytime thereafter. The second dose must be given at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose a.
    - AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.

      Administration of a total of four doses is permitted when a combination vaccine containing HepB is administrated after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 6 b.
    - Two doses of adult HepB vaccine (Recombivax®) received at least four months apart at age 11 through 15 years will meet the requirement.
  - Varicella (chickenpox) vaccine -- (Minimum age: 12 months)
    - The first dose of varicella vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
  - b. For children younger than age 13 years, the recommended minimum interval between doses is three months (though, if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people aged 13 years and older, the minimum interval between doses is four weeks.
- Meningococcal Vaccine (MenACWY) (Minimum age: 10 years for grades 7-10; 2 months for grades 11 and 12)
  - Students entering grades 7, 8, 9, 10 and 11 are required to receive a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccines, including Menactra, Menveo, or MenQuadfi). See a. footnote 8e for the age requirements.
  - b. Students entering grade 12 need to receive two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
  - If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
  - The minimum interval between doses of MenACWY vaccine is eight weeks.
  - Haemophilus influenzae type b conjugate vaccine (Hib) (Minimum age: 6 weeks)

In school year 2023-2024, only doses of MenACWY given at 10 years or older satisfies the requirement for grades 7, 8, 9 and 10; doses given before 10 years will satisfy the requirement for the first dose for grades 11 and 12.

- Children starting the series on time and receiving PRP-T Hib vaccine should receive doses at ages 2 months, 4 months, 6 months and 12 through 15 months. If the formulation is PRP-OMP, only two doses are needed before age a. 12 through 15 months. b.
- If 2 doses of vaccine were received before age 12 months, only 3 doses are required, with the third dose at 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was received at age 12 through 14 months, only 2 doses are required with second dose at least 8 weeks after the first dose.
- If the first dose was received at age 15 months or older, no further doses are required.
- Hib vaccine is not required for children ages 5 years or older.
- For further information, see CDC catch-up schedule

10.

11.

- Pneumococcal conjugate vaccine (PCV) (Minimum age: 6 weeks)
  - Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months, and 12 through 15 months.
- b. Unvaccinated children ages 7 through 11 months must receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months and at least eight weeks after the prior dose.
- Unvaccinated children ages 12 through 23 months must receive two doses at least eight weeks apart.
- Unvaccinated children ages 24 through 59 months must receive just one dose. PCV vaccine is not required for children ages 5 years or older. e.
- For further information, see CDC catch-up schedule Influenza Vaccine -- (Minimum age: 6 months)
- All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated Child Care, Head Start, Nursery, or Pre-K programs must receive one dose of influenza vaccine between July 1 and December 31 of each year.
- Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine; however, a second dose is not required for school entry. Please refer to the Centers for Disease Control and Prevention (cdc.gov/flu) or New York City Department of Health (www.nyc.gov/health/flu)

**State Education** 

June 14, 2019

#### **Statement on Legislation Removing Non-Medical Exemption** from School Vaccination Requirements

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.

#### 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.

#### 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 made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

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

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.

# 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 12<sup>th</sup> 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: <a href="https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf">https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf</a> (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:

- Be on a sample medical exemption form issued by the Department <u>https://www.health.ny.gov/forms/doh-5077.pdf</u> 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: <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html">https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html</a>. (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: <a href="http://www.counsel.nysed.gov/appeals/">http://www.counsel.nysed.gov/appeals/</a>.

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' <u>Fact Sheet: Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities is available at: https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf.</u>

Questions may be directed to the State Education Department's Office of Special Education, Policy Unit, 518-473-2878, <a href="mailto:SPECED@nysed.gov">SPECED@nysed.gov</a> or to the appropriate <a href="mailto:Special Education Quality">Special Education Quality</a> Assurance Regional Office, <a href="mailto:SEQA@nysed.gov">SEQA@nysed.gov</a>.

## 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.



# Department Office of Children and Family Services

# State Education Department

Effective June 13, 2019, Chapter 35 of the Laws of 2019 repealed non-medical exemptions from vaccination for children attending school.

This document is in follow-up to FAQs issued on June 18, 2019.

The <u>2019-20 School Year New York State Immunization Requirements for School Entrance/Attendance</u> is available online.

The Center for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule is available online.

#### VACCINATION REQUIREMENTS APPLICABLE TO ALL STUDENTS

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 applies to students attending all schools as defined in Public Health Law §2164 to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools.

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 prohibits a school from permitting any child to be admitted to such school, or to attend such school, in excess of 14 days without sufficient evidence that the child has received all age appropriate required vaccinations. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the CDC's Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 through 18.

1. Does the new law apply to children's camps issued a permit by the State or local health department?

No. The new legislation applies to schools as defined in Public Health Law §2164 and does not apply to children's camps that are issued a permit by the State or local health department.

2. My child had a religious exemption and attends summer school, or extended school year (ESY) for students with disabilities, which are not children's camps. Does the new law apply to summer school/ESY and if so, what is the

# timeline I must follow to get my child vaccinated so my child can continue to attend school?

Yes, the law applies to both summer school and ESY. Proof of immunization must be provided within 14 days after the first day of summer school/ESY. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence; **or**, where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the Advisory Committee on Immunization Practices ("ACIP") "Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger."

Thereafter, if such students require additional vaccinations due to entering a new grade level when school starts again in the future, those students must provide evidence of having received any additional age-appropriate required immunizations within 14 days of the first day instruction commences. The 14 days may be extended where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the ACIP "Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger."

https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.

# 3. When do parents need to provide proof of immunization in the fall for students who did not attend summer school or ESY?

Proof of immunization must be provided within 14 days after the first day of instruction in September. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith

effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series.

4. Does the new law apply to attendance at activities that are on school property but open to the general public? Examples may include: SAT prep, sporting events, and plays.

No. The new legislation does not apply to attendance at activities on school property that are open to the general public.

5. My child's school operates year-round, excluding ESY and summer school. When did the new law start applying to year-round schools?

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine in order to be admitted to or continue attending school. Therefore, children at year-round schools were required to be vaccinated with the first doses by June 28, 2019. These children must be excluded from school immediately if they do not meet this requirement.

6. Does this new law apply to students aged 18 and older?

No. The mandatory vaccination law only applies to a child, which Public Health Law §2164(1)(b) defines as a person between the ages of two months and 18 years.

Once a student reaches the age 18, he/she is no longer required to show proof of immunization.

7. My child's school operates a year-round day care center. When did the new law start applying to these year-round day care centers in schools?

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine. Therefore, children at year-round day care centers are required to be vaccinated with the first doses by June 28, 2019. These children must be excluded from day care centers in school immediately if they do not meet these requirements.

8. My child had a religious exemption before the new law was enacted. Is my religious exemption still valid?

No. Religious exemptions are no longer valid in New York State.

9. Does the new requirement apply to charter schools?

Yes.

10. Do I need to schedule all of my child's appointments for all required doses, including all follow-up doses, within 30 days of the first day of attendance?

Parents and guardians must demonstrate, within 30 days of the first day of attendance, that their child has age-appropriate appointments scheduled for the next follow-up doses to complete the immunization series in accordance with the ACIP schedule. However, the actual appointments for the follow-up doses may be more than 30 days out, so long as they are in accordance with the ACIP schedule available online at <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>.

11. When are follow-up doses required for children who received their first doses prior to the change in law and are overdue for their next doses?

Such students must still receive their next doses as soon as they are due, in accordance with the ACIP schedule. Children must receive all first doses, or overdue follow-up doses if they already received prior doses in a series, within 14 days of school or child day care attendance, and must provide evidence of age appropriate appointments for the next follow-up doses, in accordance with the ACIP schedule, within 30 days of the first day of attendance. All required vaccine schedules must be completed in accordance with the ACIP schedule. Here is a link for the routine immunization and catch up schedules:

https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

#### 12. Is the rotavirus vaccine required to attend school?

No.

13. My child never received the pneumococcal vaccine or Haemophilus Influenzae type B (Hib) vaccine as a baby. Now my child is entering kindergarten.

According to the ACIP schedule, healthy children age 5 and older don't need these vaccines. Does my child still need these vaccines to attend school?

No. Pneumococcal and Haemophilus Influenzae type B (Hib) vaccines are only required for day cares and pre-kindergarten programs. Children in kindergarten through grade 12 do not need to receive a pneumococcal or Hib vaccine.

#### 14. Who may issue a medical exemption?

Pursuant to Section 2164 of the Public Health Law, only physicians licensed to practice medicine in NYS may issue a medical exemption.

15.Is serological evidence of immunity acceptable proof of immunization for school enrollment?

A positive serologic test can be accepted as proof of immunity for school enrollment only for the following diseases: measles, mumps, rubella, varicella (chickenpox), hepatitis B and all three serotypes of poliomyelitis found in the polio vaccines.

16.If I'm a Group Family Child Care Provider, with my own children in my home, in addition to day care children, what are my options regarding my own children who remain in the home during day care hours and are not vaccinated? Can they remain in another part of the house during day care hours?

In home-based child care programs (family day care and group family day care), a provider's own non-school aged children count in the program's capacity and are considered to be enrolled in the program. The provider must comply with Public Health Law and New York State Child Care Regulations regarding immunizations, and must keep documentation of immunizations all enrolled children have received, including the provider's own children.

# 17. Are "homeoprophylaxis vaccines" acceptable alternatives for required vaccinations?

No. Only licensed vaccines recommended by the ACIP are acceptable.

#### 18. Are out-of-country immunization records acceptable?

Yes, as long as they are official records and can be read and understood by the school or have been reviewed and signed by a physician licensed to practice medicine in NYS.

# 19. Are children allowed to follow a delayed vaccination schedule for required vaccines?

No. The ACIP schedule must be used. Delayed vaccination schedules are not permitted.

#### 20. What does the June 30, 2020 date mean in the law?

Until June 30, 2020, a child can attend school if they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. This allows students who were not fully up-to-date on their vaccinations on June 13, 2019, when the law was enacted, to continue to attend school, as long as they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. By June 30, 2020, all students who were attending school at the time the law was enacted are expected to be fully up-to-date on their required immunizations and therefore the 30-day extension allowing such children to be enrolled as long as they have scheduled appointments to complete their immunization series according to the ACIP schedule will expire.

# 21. Can all required vaccines be given at the same time? Can the schedule be spread out?

Scientific data show that getting several vaccines at the same time does not cause any health problems. If combination vaccines are used, the number of injections can be reduced. The highest number of vaccines that a child might need to attend school or daycare is seven. However, the number varies by age, and older children need fewer doses to catch up. It is important to note that infants routinely get multiple vaccines at once, according to the ACIP schedule. The ACIP schedule is approved by the American Academy of Pediatrics, the American Academy of Family Practice, and is the standard of practice for vaccination in the United States. Vaccines can be

spread out to start, so long as a child receives the first age-appropriate dose in each immunization series within 14 days of the first day of attendance.

# 22. If a school doesn't receive State Aid, can it offer religious exemptions to the vaccination requirement?

No. All schools must comply with the immunization requirements, regardless of whether they receive State Aid. Public Health Law §2164(1)(a) defines "school" to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.



ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

**SALLY DRESLIN, M.S., R.N.** Executive Deputy Commissioner

#### Pneumococcal Vaccine Requirements for New York State Daycare Entrance/Attendance by Age and Vaccination History: Infants and Toddlers Less Than 2 Years of Age

| Current<br>Age  | Vaccination History  | Additional<br>Doses Required* | Total Number of Doses Required |
|-----------------|--|-------------------------------|--------------------------------|
| 0-6 months*     | 0 doses (child never had a dose)                           | 4                             | 4                              |
|                 | 1 dose   | 3                             | 4                              |
|                 | 2 doses  | 2                             | 4                              |
|                 | 3 doses  | 1<br>at age 12-15 months      | 4                              |
| 7-11<br>months  | 0 doses (child never had a dose before age 7 months)       | 3                             | 3                              |
|                 | 1 dose   | 2                             | 3                              |
|                 | 2 doses, at least 1 administered on or after age 7 months  | 1<br>at age12-15 months       | 3                              |
|                 | 2 doses, both administered before age 7 months             | 2                             | 4                              |
|                 | 3 doses  | 1<br>at age 12-15 months      | 4                              |
| 12-23<br>months | 0 doses (child never had any doses before age 12 months)   | 2                             | 2                              |
|                 | 1 dose administered on or after age 12 months              | 1                             | 2                              |
|                 | 1 dose administered before age 12 months                   | 2                             | 3                              |
|                 | 2 doses, both administered on or after age 12 months       | 0                             | 2                              |
|                 | 2 doses, at least 1 administered before age 12 months      | 1                             | 3                              |
|                 | 3 doses, at least 1 administered on or after age 12 months | 0                             | 3                              |
|                 | 3 doses, all administered before age 12 months             | 1                             | 4                              |
|                 | 4 doses  | 0                             | 4                              |

<sup>\*</sup> Recommended vaccine schedule for children starting the series on time is at 2 months,

<sup>4</sup> months, 6 months, and 12-15 months of age. Minimum age for administration of first dose is 6 weeks.



ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

**SALLY DRESLIN, M.S., R.N.** Executive Deputy Commissioner

# Pneumococcal Vaccine Requirements for New York State Prekindergarten and Daycare Entrance/Attendance by Age and Vaccination History: Children Aged 2 Through 5 Years

| Current<br>Age  | Vaccination History  | Additional Doses<br>Required* | Total Number of Doses Required |  |  |  |  |
|-----------------|--|-------------------------------|--------------------------------|--|--|--|--|
| 24-59<br>months | 0 doses (child never had any doses before age 24 months)   | 1                             | 1                              |  |  |  |  |
|                 | 1 dose administered on or after age 24 months              | 0                             | 1                              |  |  |  |  |
|                 | 1 dose administered before age 24 months                   | 1                             | 2                              |  |  |  |  |
|                 | 2 doses, both administered on or after age 12 months       | 0                             | 2                              |  |  |  |  |
|                 | 2 doses, at least 1 administered before age 12 months      | 1                             | 3                              |  |  |  |  |
|                 | 3 doses, at least 1 administered on or after age 12 months | 0                             | 3                              |  |  |  |  |
|                 | 3 doses, all administered before age 12 months             | 1                             | 4                              |  |  |  |  |
|                 | 4 doses  | 0                             | 4                              |  |  |  |  |
| ≥ 5 years       | Not required for pre-K and daycare entrar 5 years of age   | nce or attendance for h       | nealthy children ≥             |  |  |  |  |



#### MEDICAL REQUEST FOR IMMUNIZATION EXEMPTION



| Student Information | DOE School Sites | Non-DOE School Sites       |
|---------------------|------------------|----------------------------|
| Student Name:       | OSIS#            | School/Facility Name:      |
| Date of Birth//     | ATS DBN          | School contact name/title: |
| Student Address:    |                  | Phone: FAX:                |
|                     |                  | Address:                   |

#### **Instructions for the Requesting Physician**

This form must be completed and signed by a <a href="mailto:physician">physician</a> licensed in New York State</a> and be based on <a href="mailto:Advisory">Advisory</a> Committee on Immunization Practices' recommendations and guidelines, in accordance with NYS Public Health Law Section 2164. Parental concerns about immunizations do not constitute a valid medical exemption. Medical exemptions are granted for no more than one year and requests must be resubmitted annually. NYC Department of Health medical providers review all medical exemption requests and may request additional information. Note: students on home instruction are required to be vaccinated in accordance with the NYS Public Health Law Section 2164.

#### The following are **NOT** valid contraindications to ANY routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Prior influenza A and/or B infection (influenza vaccine still required for children up to the 5<sup>th</sup> birthday).
- Contact with immunosuppressed persons by a healthy individual.
- Pregnancy in the household or contact with a pregnant woman.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Parental requests to delay or withhold vaccinations will not be considered.

| • Tarchtarrequ   | coto to aciay or w  | itiliola va     | cemations           | WIII HOU DE     | considered.       |                 |           |                          |  |
|--|---------------------|-----------------|---------------------|-----------------|-------------------|-----------------|-----------|--------------------------|--|
|  |                     | Med             | lical Exe           | emption Re      | <u>equest</u>     |                 |           |                          |  |
| As the student's phy   | sician, I request a | medical e       | xemption            | for (student    | name)             |                 |           |                          |  |
| date of birth/   | $/_{}$ for the fo   | ollowing re     | equired im          | munization(s    | s). I certify und | er penalty of   | violation | of NYS Public            |  |
| Health Law Section 2   | 2164 that the part  | icular imn      | nunization          | ı(s) will be de | trimental to th   | ne child's heal | th:       |                          |  |
|  |                     |                 |                     |                 |                   | For children    | up to the | 5 <sup>th</sup> birthday |  |
| ☐ Hepatitis B ☐ DTaP ☐ Tdap ☐ Td ☐ Polio ☐ MMR ☐ Varicella ☐ MenACWY |                     |                 |                     |                 |                   | ☐ PCV13         | □Hib      | ☐ Influenza              |  |
| <b>Explanation for exer</b>  | nption request fo   | or each va      | <b>ccine(s)</b> . p | lease attach    | supporting do     | cumentation i   | if needed |                          |  |
| Diagnosis/Event/Tr   | eatment:            |                 |                     |                 |                   |                 |           |                          |  |
| Date of Diagnosis/E  | vent:               |                 |                     | Expected        | Duration of Co    | ntraindication  | า:        |                          |  |
|  |                     |                 |                     |                 |                   |                 |           |                          |  |
|  |                     |                 |                     |                 |                   |                 |           |                          |  |
|  |                     |                 |                     |                 |                   |                 |           |                          |  |
|  |                     |                 |                     |                 |                   |                 |           |                          |  |
|  |                     |                 |                     |                 |                   |                 |           |                          |  |
| Physician Name:  |                     |                 |                     | NYS Lice        | ense # NY         |                 | _         |                          |  |
| Physician Signature  | e:                  |                 |                     | Degree          | ( MD / DO )       | Date//          |           |                          |  |
| Office Phone (   | ) -                 |                 | Fxt                 |                 |                   | Stamp           |           |                          |  |
| Cell Phone (   | /                   |                 |                     |                 |                   |                 |           |                          |  |
| Cell Filone (  | /                   |                 |                     |                 |                   |                 |           |                          |  |
|  | Parent/G            | <u>iuardiar</u> | <u>Conser</u>       | nt for Rele     | ase of Info       | rmation         |           |                          |  |
| ।, (parent/guardian।   | name)               |                 | au                  | thorize (phys   | sician name) _    |                 |           | to                       |  |
| provide the New Yor  |                     |                 |                     |                 |                   |                 |           |                          |  |
| record, including, bu  | t not limited to la | boratory        | or other re         | ecords suppo    | rting this requ   | est.            |           |                          |  |
| Parent/Guardian's s  | ignature            |                 |                     |                 | Dat               | e /             | _/        |                          |  |



Child's Name:

Child's OSIS Number:

#### **Department of** Education

Date:

Grade or Class:

### **Warning Notice: Missing Immunization Records**

School DBN:

| Public Health Law Secti   | on 2164, <b>your ch</b>                | ild's principal is p                     | ol (checked off in the following table). Under rohibited from allowing your child to attend s your child has received the vaccines or proof of                              |
|---|--|--|---|
| child already received th<br>Vaccines given before tl           | ne vaccines or has<br>he minimum age ( | records of immun<br>too early) do not co | sure they receive any missing vaccines. If your ity, give the records to your school principal. bunt. Alternative vaccine schedules are not finding a health care provider. |
| Vaccine (Missing Vaccines                                       | -                                      | Dose Number<br>Needed                    | Health Care Provider Notes*   |
| ☐ Diptheria, tetanus a<br>(DTap or DTP), or t<br>diptheria (Td) |  | □1 □2 □3<br>□4 □5                        | DTaP is for children younger than age 7 years.<br>Td is for children age 7 years or older.  |
| ☐ Tetanus, diphtheria pertussis (Tdap)                          | and acellular                          | □1                                       | Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 9; doses given at age 7 years or older count for grades 10 to 12.                         |
| □ Polio (IPV or OPV)  |  | □ 1 □ 2<br>□ 3 □ 4                       | Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019.  |
| ☐ Measles, mumps at (MMR)                                       | nd rubella                             | □1 □ 2                                   | Blood work showing immunity is accepted.  |
| ☐ Hepatitis B   |  | □1 □2 □3                                 | Blood work showing immunity or infection is accepted.   |
| □ Varicella (chickenpe  | ox)                                    | □1 □2                                    | Blood work showing immunity or provider documentation of disease is accepted.   |
| ☐ Meningococcal con<br>(MenACWY)                                | jugate                                 | □1 □2                                    | Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12.                   |
| ☐ Haemophilus influe (Hib)                                      | <i>nzae</i> type B                     | □1 □2<br>□3 □4                           | Child care, Head Start, nursery, 3-K or prekindergarten   |
| ☐ Pneumococcal con  | jugate (PCV)                           | □ 1 □ 2<br>□ 3 □ 4                       | Child care, Head Start, nursery, 3-K or prekindergarten   |
| ☐ Influenza (flu)   |  | □1                                       | Child care, Head Start, nursery, 3-K or prekindergarten   |
| *For health care provide for immunizations (see                 |  |  | equirements, visit <b>schools.nyc.gov</b> and search  |
| Principal's Name:   |  |  | ,   |
| School Phone:   |  |  |   |



Child's Name:

Child's OSIS Number:

Dear Parent or Guardian:

#### **Department of Education**

Date:

Grade or Class:

### Notice of Exclusion From School Due To Incomplete Immunization Record

School DBN:

| for school (checked off in the following  | <b>g table).</b> Under Pub                   | due to one or more missing vaccines required blic Health Law Section 2164, your child's principal you provide records your child has received the                           |
|---|--|---|
| child already received the vaccines or ha   | s records of immuni<br>(too early) do not co | sure they receive any missing vaccines. If your ity, give the records to your school principal. bunt. Alternative vaccine schedules are not finding a health care provider. |
| Vaccines<br>(Missing Vaccines Are Checked)  | Dose Number<br>Needed                        | Health Care Provider Notes*   |
| ☐ Diptheria, tetanus and pertussis<br>(DTap or DTP), or tetanus and<br>diptheria (Td) | □1 □2 □3<br>□4 □5                            | DTaP is for children younger than age 7 years.<br>Td is for children age 7 years or older.  |
| ☐ Tetanus, diphtheria and acellular pertussis (Tdap)                                  | □1   | Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 9; doses given at age 7 years or older count for grades 10 to 12.                         |
| □ Polio (IPV or OPV)  | □ 1 □ 2<br>□ 3 □ 4                           | Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019.  |
| ☐ Measles, mumps and rubella<br>(MMR)   | □1 □ 2                                       | Blood work showing immunity is accepted.  |
| □ Hepatitis B   | □1 □2 □3                                     | Blood work showing immunity or infection is accepted.   |
| □ Varicella (chickenpox)  | □1□2   | Blood work showing immunity or provider documentation of disease is accepted.   |
| ☐ Meningococcal conjugate<br>(MenACWY)  | □1 □2  | Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12.                   |
| ☐ Haemophilus influenzae type B (Hib)   | □1 □2<br>□3 □4                               | Child care, Head Start, nursery, 3-K or prekindergarten   |
| ☐ Pneumococcal conjugate (PCV)  | □ 1 □ 2<br>□ 3 □ 4                           | Child care, Head Start, nursery, 3-K or prekindergarten   |
| □ Influenza (flu)   | □ 1  | Child care, Head Start, nursery, 3-K or prekindergarten   |
| *For health care providers: To view sch   | nool immunization r                          | equirements visit <b>schools.nvc.gov</b> and search   |

Principal's Name: School Phone:

for immunizations (see the Information for Providers section).



## REQUEST FOR REVIEW OF SEROLOGY OR DOCUMENTATION OF VARICELLA DISEASE TO SATISFY IMMUNIZATION REQUIREMENTS



| Department of Education VARICELLA DISEASE TO SATISFY IMMUNIZATI   | UN REQUIREMENTS Health  |  |  |  |
|---|---|--|--|--|
| Student's Name  | Date of Birth / / /   |  |  |  |
| OSIS#   | ATS DBN   |  |  |  |
| INSTRUCTIONS FOR THE REQUESTING ME  | DICAL PROVIDER  |  |  |  |
| New York State Public Health Law §2164 allows for laboratory documentate requirements for school/childcare attendance for measles, mumps, rubellate evidence of immunity to polio is acceptable only if results are positive for all September 1, 2019. Serologic results are not acceptable proof of immuneningococcus, pneumococcus, or <i>Haemophilus influenzae</i> type b. Do or nurse practitioner that a child has had varicella (chicken pox) disease is Parent history of varicella disease is not acceptable.   | ion of immunity to satisfy the immunization, varicella, and hepatitis B. Serologic three serotypes and testing was done prior to <b>inity to diphtheria, tetanus, pertussis,</b> plagnosis by a physician, physician assistant acceptable proof of immunity to varicella. |  |  |  |
| As the child's medical provider, I certify that this child has (select  |   |  |  |  |
| Lab evidence of immunity*: ☐ Measles ☐ Mumps ☐ Rubella ☐ Varicell   | a □ Hepatitis B □ Polio (3 serotypes)   |  |  |  |
| <ul> <li>Varicella disease history*: □ Varicella disease (must be provider-documented)</li> <li>* You must include one of the following documents for laboratory evidence of immunity or varicella documentation:</li> <li>• A copy of the laboratory result including student name, DOB, test results and either reference range or quality result (e.g., positive, immune); you must sign the document.</li> <li>• Equivocal results are not accepted as proof of immunity.</li> <li>• Notes indicating immunity without laboratory test results are not accepted as proof of immunity.</li> <li>• Immunity to polio serotypes 1,3 (only types available for testing) do not meet the requirement for polio vacces.</li> <li>• For varicella disease: documentation or basis for confirming varicella disease.</li> <li>• Original note confirming varicella disease when available.</li> </ul> |   |  |  |  |
| <ul> <li>Citywide Immunization Registry history page indicating that the of<br/>documented; documentation or basis for diagnosis may be requested.</li> </ul>   | •   |  |  |  |
| <ul> <li>Parent history alone is not acceptable documentation for varicella</li> </ul>  | disease.  |  |  |  |
| I am the student's treating health care practitioner:   |   |  |  |  |
| Physician Name:   | NYS License #   |  |  |  |
| Physician Signature:  | Degree:   MD   DO   NP   PA   |  |  |  |
| Office Phone ( ) Ext  | Stamp   |  |  |  |
| Cell Phone ()  Date//   |   |  |  |  |
| Cell Phone ()   |   |  |  |  |
| Cell Phone ()   Date//  | E OF INFORMATION  onal) to provide the New York City  |  |  |  |
| Date/  PARENT/GUARDIAN CONSENT FOR RELEAS  I, authorize (health professi  Departments of Health and Education with information contained in relationships.  | E OF INFORMATION  onal) to provide the New York City  ny child's medical record, including, but   |  |  |  |
| Date/  PARENT/GUARDIAN CONSENT FOR RELEAS  I, authorize (health professi  Departments of Health and Education with information contained in r  not limited to laboratory or other records supporting this request.  | E OF INFORMATION  onal) to provide the New York City  ny child's medical record, including, but   |  |  |  |
| Cell Phone ()  Date//  PARENT/GUARDIAN CONSENT FOR RELEAS  I, authorize (health professi Departments of Health and Education with information contained in r not limited to laboratory or other records supporting this request.  Parent/Guardian Name:   | E OF INFORMATION  onal) to provide the New York City  ny child's medical record, including, but   |  |  |  |
| Cell Phone ()  Date//  PARENT/GUARDIAN CONSENT FOR RELEAS  I, authorize (health professi Departments of Health and Education with information contained in r not limited to laboratory or other records supporting this request.  Parent/Guardian Name:  Parent/Guardian's signature  NYC DOHMH USE ONLY  | E OF INFORMATION  onal) to provide the New York City  ny child's medical record, including, but   |  |  |  |

#### **Immunization Requirements for School Attendance** Medical Exemption Statement for Children 0-18 Years of Age

#### NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

#### **Instructions:**

- 1. Complete information (name, DOB etc.).
- 2. Indicate which vaccine(s) the medical exemption is referring to.
- 3. Complete contraindication/precaution information.
- 4. Complete date exemption ends, if applicable.

| 5. Complete medical provider information. Retain copy for file. Return original to facility or per  | rson requesting form.                         |
|---|---|
| 1. Patient's Name  2. Patient's Date of Birth  3. Patient's Address  4. Name of Educational Institution   |   |
| Guidance for medical exemptions for vaccination can be obtained from the contraindications, indi-<br>manufacturers' package insert and by the most recent recommendations of the Advisory Committe<br>in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications<br>following website: http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm. | ee on Immunization Practices (ACIP) available |
| Please indicate which vaccine(s) the medical exemption is referring to:  Haemophilus Influenzae type b (Hib)  Polio (IPV or OPV)  Hepatitis B (Hep B)  Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)  Measles, Mumps, and Reconstruction  Weasles, Mumps, and Reconstruction  Varicella (Chickenpox)  Pneumococcal Conjugat  Meningococcal Vaccine   | e Vaccine (PCV)                               |
| Please describe the patient's contraindication(s)/precaution(s) here:   |   |
| Date exemption ends (if applicable)   |   |
| A New York State licensed physician must complete this medical exemption statement and  | NYS Medical License #                         |
| Address   | Telephone                                     |
| Signature   | Date  |

### **Immunization Request Letter to Parents/Guardians of Students in PreK-12**

| Dear Parent/Guardian of  | Date  |
|--|---|
| All students entering or attending school in NYS, i must be immunized. Your child is missing one or n  |   |
| Please share the attached documents with your child's they can provide the immunizations (shots) your child are given must match the <a href="NYSDOH Immunization Requires">NYSDOH Immunization Requires</a>   | I needs. The age at which immunizations   |
| The following immunizations have changes in require  | ements for the 2023-2024 school year.   |
| <ul> <li>Tdap vaccine requirements in the 2023-2024 school</li> <li>Students in grades 6 - 9 are required to have a dose</li> <li>Students in grades 10 - 12 are required to have a d</li> <li>Students 11 years or older entering grades 6 -12 are</li> <li>Students who are 10 years old in grade 6 and who compliance until they turn 11 years old.</li> <li>Meningococcal Conjugate vaccine requirements in</li> <li>Students in grades 7 - 10 are required to have the f</li> <li>Students in grades 11 - 12 are required to have the</li> <li>For students in grade 12, if the first dose of mening years or older, the second (booster) dose is not req</li> <li>The second dose must have been received at 16 ye doses is 8 weeks.</li> <li>Schools can accept the following immunization rec</li> <li>An immunization record from your healthcare proven</li> </ul> | e no earlier than 10 years of age. ose no earlier than 7 years of age. e required to have one dose of Tdap. have not yet received a Tdap vaccine are in  the 2023-2024 school year are: irst dose no earlier than 10 years of age. first dose no earlier than 6 weeks of age. gococcal conjugate vaccine was received at 16 uired. ars or older. The minimum interval between  ords as proof of immunization: |
| <ul> <li>An official copy of the immunization record sent of the dates given.</li> <li>A NYSIIS/NYCIR Immunization Registry record.</li> <li>A blood test (titer) lab report that proves immunity Hepatitis B.</li> <li>A note from your healthcare provider with the date</li> </ul>  | to Measles, Mumps, Rubella, Varicella,  |
| Please return your child's immunization record to  | the School Health Office.   |
| School Nurse:Scho  | ol:   |
| Email: Phone: Fa   | X:  |
| Immunizations are also available through your loc  |   |

# School District Letterhead Sample Form

## **Exclusion Notification For Missing Immunizations (Shots)**

| Dear Parent/Guardian,  |                         | Date:  |  |  |  |  |  |
|--|-------------------------|--|--|--|--|--|--|
|  | etter because           | ) required by New York State Law Section 2164 to e your child is missing the required immunization(s),   |  |  |  |  |  |
| You must provide proof of immunizate health care provider or your county he    |                         | equired immunizations can be obtained from a ment at:  |  |  |  |  |  |
| Your child is not allowed to attend sch has received the required immunization |                         | g/ unless you provide proof your child   |  |  |  |  |  |
| These are the immunizations needed:  | :                       | Proof of Immunization can be:  |  |  |  |  |  |
| Immunization Name  | # of<br>Doses<br>Needed | <ul> <li>An immunization certificate signed or<br/>stamped by your health care provider.</li> <li>A record issued by NYSIIS or CIR from NYC</li> </ul> |  |  |  |  |  |
| Diphtheria/Tetanus/Pertussis (DTaP or Tdap)                                    |                         | or an official immunization registry from another state or official record from a  |  |  |  |  |  |
| Polio  |                         | foreign country.   |  |  |  |  |  |
| Measles/Mumps/Rubella (MMR)  |                         | An electronic health record from your  provider's office.  |  |  |  |  |  |
| Hepatitis B  |                         | <ul><li>provider's office.</li><li>A blood test (titer) lab report that proves</li></ul>   |  |  |  |  |  |
| Varicella (Chickenpox)   |                         | your child is immune to measles, mumps,  |  |  |  |  |  |
| Meningococcal Conjugate (MenACWY)  |                         | <ul><li>rubella varicella (chickenpox), or hepatitis B.</li><li>For varicella (chickenpox), a note from your</li></ul>                                 |  |  |  |  |  |
| Hemophilus Influenzae (HIB)  |                         | health care provider (MD, NP, PA) which say your child had chickenpox.   |  |  |  |  |  |
| Pneumococcal Conjugate (PCV)   |                         | your chird had chickenpox.   |  |  |  |  |  |
|  | _                       | 310 appeal to the Commissioner of Education within found at <a href="https://www.counsel.nysed.gov/appeals">www.counsel.nysed.gov/appeals</a>          |  |  |  |  |  |
| (Principal Name)   | _                       |  |  |  |  |  |  |



Department of Health and Mental Hygiene Department of Education

| HILD &  | ADOLESCENT       | P       |
|---------|------------------|---------|
| EALTH E | EXAMINATION FORM | Print ( |

NYC ID (OSIS)

| TO BE COMPLETED BY THE PA  | ARENT O                               | R GUARDIAN   |            |   |              |                                    |  |                  | 1                             |                          |                               |                                       | -          |
|--|---------------------------------------|--|------------|---|--------------|------------------------------------|--|------------------|-------------------------------|--------------------------|-------------------------------|---------------------------------------|------------|
| Child's Last Name  | Fir                                   | rst Name   |            | Middle Nam  | е            |                                    |  | Sex              | ☐ Female<br>☐ Male            | Date                     | of Birth (Mo                  | onth/Day/Year)                        |            |
| Child's Address  | · · · · · · · · · · · · · · · · · · · |  |            | Hispanic/Latin ☐ Yes ☐ No                                     |              |                                    | heck ALL that apply<br>e Hawaiian/Pacifi |                  |                               |                          | Asian                         | Black U                               | Vhite      |
| City/Borough   | State                                 | Zip Code   | School/    | Center/Camp Name  | e            |                                    |  |                  | District<br>Number            |                          | Phone Nu<br>Home              | mbers                                 |            |
| Health insurance   | Last Name                             | First N  | ame        |   |              | Email                              |  |                  |                               |                          |                               |                                       |            |
| TO BE COMPLETED BY THE HEAL  |                                       |  |            |   | !            |                                    |  |                  |                               |                          | Work _                        |                                       |            |
| Birth history (age 0-6 yrs)  |                                       | es the child/adolescent h  |            |   |              |                                    | E  |                  |                               |                          |                               |                                       |            |
| ☐ Uncomplicated ☐ Premature: weeks ge  |                                       | Asthma (check severity and att<br>If persistent, check all current med |            |   |              |                                    | ld Persistent<br>aled Corticosteroid     |                  | Moderate Pers<br>Oral Steroid |                          |                               | re Persistent None                    |            |
| Complicated by   |                                       | Asthma Control Status  |            | ☐ Well-controlled   |              | Poo                                | orly Controlled or N                     |                  |                               |                          |                               |                                       |            |
| <b>Allergies</b> ☐ None ☐ Epi pen prescribed   |                                       | Anaphylaxis<br>Behavioral/mental health disc                           |            | <ul><li>☐ Seizure disord</li><li>☐ Speech, hearir</li></ul>   | ng, or visu  | ual im                             | pairment                                 | Medi<br>□ No     | <b>cations</b> (attac         |                          | in-school m<br>Yes (list belo |                                       | led)       |
| ☐ Drugs (list)   |                                       | Congenital or acquired heart  <br>Developmental/learning probl         |            | <ul><li>☐ Tuberculosis (a</li><li>☐ Hospitalization</li></ul> |              | tion or                            | disease)                                 |                  |                               |                          | (                             | ,                                     |            |
| Foods (list)   |                                       | Diabetes (attach MAF)  |            | Surgery Other (specify)                                       |              |                                    |  |                  |                               |                          |                               |                                       |            |
| Other (list)   |                                       | Orthopedic injury/disability<br>plain all checked items abo            | ve.        | ☐ Addendum at   |              |                                    |  |                  |                               |                          |                               |                                       |            |
| Attach MAF if in-school medications needed   |                                       |  |            |   |              |                                    |  |                  |                               |                          |                               |                                       |            |
| PHYSICAL EXAM Date of Exam:  | / / Ge                                | neral Appearance:  |            |   |              |                                    |  |                  |                               |                          |                               |                                       |            |
|  | %ile)                                 |  | ☐ Physi    | cal Exam WNL  |              |                                    |  |                  |                               |                          |                               |                                       |            |
| ,  |                                       | Abni   | NI Abnl    | FAIT  | NI Abnl      |                                    |  | NI Abni          |                               |                          | NI Abnl                       |                                       |            |
|  |                                       | <ul><li>☐ Psychosocial Development</li><li>☐ Language</li></ul>        |            |   |              |                                    |  | □ □ Ab           | enitourinary                  |                          | ☐ ☐ Skir<br>☐ ☐ Neu           |                                       |            |
|  | /66/                                  | ☐ Behavioral   |            |   | □ □ Ca       |                                    |  |                  | tremities                     |                          | □ □ Rac                       | -                                     |            |
| Head Circumference (age ≤2 yrs) cm (   | — %ile) De:                           | scribe abnormalities:  |            |   | •            |                                    |  |                  |                               |                          |                               |                                       |            |
| Blood Pressure (age ≥3 yrs) /  | -                                     |  |            |   |              |                                    |  |                  |                               |                          |                               |                                       |            |
| DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used?  Date   |                                       | <b>trition</b><br><b>1 year</b> □ Breastfed □ Formu                    | ıla ⊟ Ro   | ath .   |              |                                    | Hearing                                  |                  |                               | te Done                  | , :-                          | Result                                |            |
| □ Yes □ No /   |                                       | l <b>year</b> 🗌 Well-balanced 🗌 N                                      |            |   | ☐ Referr     | ed                                 | < 4 years: gross OAE                     | s nearing        |                               | _/                       |                               | ]NI                                   |            |
| Screening Results: WNL   | Die                                   | etary Restrictions 🗌 None 🛚  | ☐ Yes (lis | t below)  |              |                                    | ≥ 4 yrs: pure ton                        | ıo audion        |                               | _/                       |                               | _NI □Abni [<br>]NI □Abni [            |            |
| ☐ Delay or Concern Suspected/Confirmed (specify area(  | s) below):                            |  |            |   |              |                                    | Vision                                   | ie audioii       |                               | te Done                  |                               | Result                                |            |
| Cognitive/Problem Solving Adaptive/Self-Help   |                                       |  | ate Done   | Result  |              |                                    | <3 years: Vision                         | appears          | : <u> </u>                    | _/_                      |                               | □ N/ □                                |            |
| <ul><li>☐ Communication/Language</li><li>☐ Gross Motor/Fine Mo</li><li>☐ Social-Emotional or</li><li>☐ Other Area of Concert</li></ul> |                                       | ood Lead Level (BLL)<br>equired at age 1 yr and 2                      | /          | _ ———— µg/dL Acuity (required for and children age 3-         |              |                                    |  | or now ontrained |                               |                          | ight<br>eft                   | /                                     |            |
| Personal-Social  | yrs                                   | s and for those at risk)   | /          | / µg/dL   |              |                                    |  |                  |                               | ☐ Unable 1               | to test                       |                                       |            |
| Describe Suspected Delay or Concern:   | (at                                   | Lead Risk Assessment (at each well child exam, age 6 mo-6 yrs)         |            | //Stra  |              | Screened with Glasses? Strabismus? |  |                  |                               | ☐ Yes ☐ No<br>☐ Yes ☐ No |                               |                                       |            |
|  | 62                                    | —— Ch  | ild Care   | Only —  | ut Hox       | $\overline{}$                      | <b>Dental</b><br>Visible Tooth De        | cav              |                               |                          |                               | □ Yes                                 | □ No       |
|  | He                                    | emoglobin or   | ,          | ,   | g/           | /dL                                | Urgent need for o                        | dental re        |                               | -                        | infection)                    | ☐ Yes                                 | □ No       |
| Child Receives EI/CPSE/CSE services  | res □ No He                           | ematocrit -  |            | _'  | %            |                                    | Dental Visit with                        | in the pa        | st 12 month                   | S                        |                               | ! ☐ Yes                               | □ No       |
| CIR Number   |                                       | Phys   | ician Cor  | firmed History of Va  | ricella Info | ection                             |  |                  |                               |                          | Report on                     | ly positive in                        | nmunity:   |
| IMMUNIZATIONS – DATES  |                                       |  |            |   |              |                                    |  |                  |                               |                          | IgG Tit                       | ers Date                              |            |
| DTP/DTaP/DT / //   | _//                                   | ////   | /          | //  |              | Td                                 | ap/                                      | ./               | /                             | /                        | Hepatitis                     | s B/_                                 | /          |
| Td//   | _//                                   | ////   | _/         | MMR   | /            | _/                                 | /  | ./               | /                             | /                        | Meas                          |                                       | /          |
| Polio//  | _//                                   | //   | 7_/_2023   | Varicella   | /            | _/                                 | /  | ./               | /                             | /                        | Mum                           |                                       | /          |
| Hep B//  | _//                                   | ///  | _'         | Mening ACWY   | /            | _/                                 | /  | ./               | /                             | /                        | Rube                          |                                       | _/         |
| Hib////  | _//                                   | ///  | _/         | Hep A   | /            | _/                                 | /  | ./               | /                             | /                        | Varice<br>Police              |                                       | /          |
| PCV///   | _//                                   |  | _'         | Rotavirus<br>Mening B   | /            | _/                                 | /  | ./               | /                             | /                        | Poli                          |                                       | '          |
| HPV / / / /  | _ ' '                                 |  | '          | Other   |              | -'<br>'                            |  | ./               | /                             | /                        | Polic                         |                                       | '          |
| ASSESSMENT Well Child (Z00.129)  | //                                    | s/Problems (list) ICD-1  | 0 Code     | RECOMMENDATIO   | NS [         | — ′——<br>□ Full                    | physical activity                        | ,                |                               | ·—                       | 1                             | , , , , , , , , , , , , , , , , , , , | ′          |
| <del>-</del>   | <u>v</u>                              |  |            | ☐ Restrictions (spe   |              |                                    |  |                  |                               |                          |                               |                                       |            |
|  |                                       |  |            | Follow-up Needed  | □ No         | □ Ye                               | es, for                                  |                  |                               |                          | Appt. date:                   | /                                     | _/         |
|  |                                       |  |            | Referral(s):  | None [       | □ Ear                              | ly Intervention                          |                  | Denta                         | al 🗆                     | ] Vision                      |                                       |            |
|  |                                       |  |            | □ Other   |              |                                    |  |                  |                               |                          |                               |                                       |            |
| Health Care Practitioner Signature   |                                       |  |            | Date Form   | Complete     | ed                                 | _//                                      |                  | OHMH PRA                      | CTITION                  | IER                           |                                       |            |
| Health Care Practitioner Name and Degree (print)   |                                       |  | Prac       | titioner License No.  | and State    | е                                  |  |                  | PE OF EXAN                    | l: 🗌 N                   | AE Current                    | □ NAE Prio                            | or Year(s) |
| Facility Name  |                                       |  | Nati       | onal Provider Identif   | ier (NPI)    |                                    |  |                  | te Reviewed:                  |                          | I.D. NU                       | MBER                                  |            |
| Address  |                                       | City   |            | State   | Zip          |                                    |  |                  | /                             | /                        |                               |                                       |            |
| Telephone  | Fax                                   | -  |            | Email   |              |                                    |  | RE               | VIEWER:                       |                          |                               |                                       |            |
| τοιορποτίο   | · a^                                  |  |            | Linali  |              |                                    |  | FO               | RM ID#                        |                          | $\top$                        |                                       |            |

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

**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:  | Name:  |  |  |                                      | Affirmed Name (if applicable):           |   |                   | DOB:                     |  |  |  |
| Sex Assigned at Birth  | Sex Assigned at Birth: 🔲 Female 🔲 Male                                 |  |  |                                      | y: <b>□</b> Female                       | ■ Male ■                                | Nonbina           | ry 🔲 X                   |  |  |  |
| School:  |  |  |  |                                      |  | Grade:                                  |                   | Exam Date:               |  |  |  |
| HEALTH HISTORY   |  |  |  |                                      |  |   |                   |                          |  |  |  |
| If yes to any diagnoses below, check all that apply and provide additional information.  |  |  |  |                                      |  |   |                   |                          |  |  |  |
|  | Type:  | Type:  |  |                                      |  |   |                   |                          |  |  |  |
| ☐ Allergies  | ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached |  |  |                                      |  |   |                   |                          |  |  |  |
|  |  | ☐ Intermittent ☐ Persistent ☐ Other:   |  |                                      |  |   |                   |                          |  |  |  |
| ☐ Asthma   | □ Medica   | ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached            |  |                                      |  |   |                   |                          |  |  |  |
|  |  | Policy (float and the  |  |                                      |  |   |                   |                          |  |  |  |
| ☐ Seizures   | □ Colina Cons Black Attacked   |  |  |                                      |  |   |                   |                          |  |  |  |
|  |  | ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached           |  |                                      |  |   |                   |                          |  |  |  |
| □ Diahataa   | Type: 🔲  | Type: □ 1 □ 2  |  |                                      |  |   |                   |                          |  |  |  |
| ☐ Diabetes   | ☐ Medica   | ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached |  |                                      |  |   |                   |                          |  |  |  |
| 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. |  |  |  |                                      |  |   |                   |                          |  |  |  |
| <b>BMI</b> kg/m2   |  |  |  |                                      |  |   |                   |                          |  |  |  |
| Percentile (Weight St  | atus Category  | ): □<  | 5 <sup>th</sup> □ 5 <sup>t</sup>                         | <sup>th</sup> - 49 <sup>th</sup>     | n- 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: ☐ Yes ☐ Not Done Hypertension: ☐ Yes ☐ Not Done  |  |  |  |                                      |  |   |                   |                          |  |  |  |
|  |  | P  | HYSICAL E  | XAMINATION/                          | ASSESSMENT                               |   |                   |                          |  |  |  |
| Height:  | Weight:  | Weight:  |  | :                                    | Pulse:                                   | Respirations:                           |                   |                          |  |  |  |
| LaboratoryTesting  | Positive   | Negative   | Date   |                                      | <b>Lead Level</b> Required for PreK & K  |   | Date              |                          |  |  |  |
| TB-PRN   |  |  |  | ☐ Test Done ☐ Lead Elevated >5 µg/dL |  |   |                   |                          |  |  |  |
| Sickle Cell Screen-PRN   |  |  |  | L Test Do                            |  |   |                   |                          |  |  |  |
| System Review W  |  |  |  |                                      |  |   |                   |                          |  |  |  |
|  |  |  | (e.g., concussion, mental health, one functioning organ) |                                      |  |   |                   |                          |  |  |  |
| ' '  |  | ☐ Abdom  |  |                                      |  | Speech                                  |                   |                          |  |  |  |
|  |  |  | pine/Neck  | Skin                                 |  | ☐ Social Emotional                      |                   |                          |  |  |  |
| ☐ Mental Health ☐ Lungs ☐ Genit☐ Assessment/Abnormalities Noted/Recommendations  |  |  |  | urinary                              |  | al                                      | ☐ Musculoskeletal |                          |  |  |  |
| ☐ Assessment/Abno  | Diagnoses/Problems (list) ICD-10 Co                                    |  |  | ICD-10 Code*                         |  |   |                   |                          |  |  |  |
|  |  |  |  |                                      |  |   |                   |                          |  |  |  |
|  |  |  |  |                                      |  |   |                   |                          |  |  |  |
| ☐ Additional Inform  | *Required only for students with an IEP receiving Medicaid             |  |  |                                      |  |   |                   |                          |  |  |  |

| Name:   | Affirmed Nan   | Affirmed Name (if applicable):                        |                   |               |                    |                       |             |  |  |  |  |
|---|--|---|-------------------|---------------|--------------------|-----------------------|-------------|--|--|--|--|
|   |  |   | SCREENING         | iS            |                    |                       |             |  |  |  |  |
| Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11  |  |   |                   |               |                    |                       |             |  |  |  |  |
| Vision  | With   | Correction TYes No                                    | Right             |               | Left               | Referral              | Not Done    |  |  |  |  |
| Distance Acuity   |  |   | 20/               | 20            | )/                 | ☐ Yes                 |             |  |  |  |  |
| Near Vision Acuity  | 20/  | 20  | )/                |               |                    |                       |             |  |  |  |  |
| Color Perception Screening Pass Fail Notes  |  |   |                   |               |                    |                       |             |  |  |  |  |
| Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.  Not Done      |  |   |                   |               |                    |                       |             |  |  |  |  |
|   | Pure Tone Screening Right Pass Fail                          |   |                   | Fail          | Refe               |                       |             |  |  |  |  |
| Notes   |  |   |                   |               |                    |                       |             |  |  |  |  |
|   |  |   | Negative          |               | Positive           | Referral              | Not Done    |  |  |  |  |
| Scoliosis Screenin  | <b>Scoliosis</b> Screening: Boys grade 9, Girls grades 5 & 7 |   |                   |               | П                  | ☐ Yes                 | П           |  |  |  |  |
| FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK   |  |   |                   |               |                    |                       |             |  |  |  |  |
| □ *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act  |  |   |                   |               |                    |                       |             |  |  |  |  |
| Student may p   | participat   | e in all activities without                           | restrictions.     |               |                    |                       |             |  |  |  |  |
| If Restrictions Apply – Complete the information below  |  |   |                   |               |                    |                       |             |  |  |  |  |
| ☐ Student is restricted from participation in:  |  |   |                   |               |                    |                       |             |  |  |  |  |
| ☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. |  |   |                   |               |                    |                       |             |  |  |  |  |
| ☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.  |  |   |                   |               |                    |                       |             |  |  |  |  |
| □ Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.   |  |   |                   |               |                    |                       |             |  |  |  |  |
| ☐ Other Restr   | ictions:   |   | <u>.</u>          |               | ,                  |                       |             |  |  |  |  |
|   |  |   |                   |               |                    |                       |             |  |  |  |  |
| I -   | _  | Athletic Placement Proce<br>sports level OR Grades 9- |                   |               |                    |                       | • •         |  |  |  |  |
| Tanner Stage:   |  | •   | ·                 | ,             |                    | •                     |             |  |  |  |  |
|   |  |   | :!:               |               |                    | +- \                  | ional anna  |  |  |  |  |
| below to explain.   |  | <b>is*:</b> (e.g., brace, orthotics,                  | insulin pump, p   | rostneti      | c, sports goggi    | es, etc.) Use addit   | ionai space |  |  |  |  |
| <br> *Check with the athl   | etic gover   | ning body if prior approval/f                         | orm completion is | required      | d for use of the o | levice at athletic co | mpetitions. |  |  |  |  |
|   |  |   | MEDICATIO         | NS            |                    |                       |             |  |  |  |  |
|   |  | $\square$ Order Form fo                               | r medication(s) n | eeded at      | school attache     | d                     |             |  |  |  |  |
|   | CON  | IMUNICABLE DISEASE                                    |                   | IMMUNIZATIONS |                    |                       |             |  |  |  |  |
| ☐ Confi   | irmed free   | e of communicable diseas                              |                   | ☐ Record A    | Attached $\Box$ Re | eported in NYSIIS     |             |  |  |  |  |
|   |  | H   | IEALTHCARE PR     | OVIDER        |                    |                       |             |  |  |  |  |
| Healthcare Provider   | Signature  | :   |                   |               |                    |                       |             |  |  |  |  |
| Provider Name: (ple   | ase print)   |   |                   |               |                    |                       |             |  |  |  |  |
| Provider Address:   |  |   |                   |               |                    |                       |             |  |  |  |  |
| Phone: Fax:   |  |   |                   |               |                    |                       |             |  |  |  |  |
|   | Please   | Return This Form to Yo                                | ur Child's Schoo  | l Health      | Office When        | Completed.            |             |  |  |  |  |

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