Menands Union Free School District
19 Wards Lane, Menands, NY 12204 | 518-465-4561 | www.menands.org

Welcome to the Menands School District! Please complete one packet for each child you are registering.

PROOF OF RESIDENCY: When you register by appointment, the parent (s) or person(s) in parental relation to the child will be required to submit (3) forms of documentation establishing residency in the school district, including but not limited to, the following:

- A copy of a residential lease; deed; or mortgage statement
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (notarized affidavit)
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.
- Pay stub
- Income tax form
- Utility or other bills
- Membership documents based upon residency (e.g. library cards)
- Voter registration document(s)
- Official driver's license, learner's permit, or non-driver ID
- State or other government-issued identification
- Documents issued by federal, state, or local agencies
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

The Menands School District will make a residency determination based upon the material provided by the parent(s)/guardian(s).

PROOF OF AGE: To determine a student's age, a certified transcript of a birth certificate or record of baptism, (including a certified transcript of a foreign birth certificate or record of baptism) is required. If such documents are not available a passport would be accepted.

HEALTH REQUIREMENTS: NY Public Health Law §2164(7) (a) states no child can be admitted to attend school, for more than fourteen days, without certification provided as evidence of the child's immunization against polio, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and where applicable Haemophilus influenza type b (Hib) and pneumococcal disease. If the parent is transferring from out-of-state or another country and can show a good faith effort to get the necessary certifications the 14 days can be extended to not more than 30 days. Each new entrant is also required by NY Public Health Law to submit proof of a health examination which shall not be more than (12) months before the commencement of the school year.
Once you have all the required documentation, you're ready to register your child. Please contact Trish

O'Connell at toconnell@menands.org or 518-465-4651 ext 101 to make an appointment.

When all paperwork has been submitted, reviewed, and determined complete, you will be notified with your child's start date, teacher assignment, and transportation information.

Sincerely,

Trish O'Connell
Menands UFSD Registrar

Department	Contact	Phone Number	Email
Registration & Transportation	Trish O'Connell	518-465-4561 ext 101	toconnell@menands.org
McKinney Vento Liaison & Special Education	Audrey Koslowski	518-465-4561 ext 115	akoslowski@menands.org
Guidance Counselor	Cheri VandenBerg	518-465-4561 ext 156	cvandenberg@menands.org
Health Office	Diane Roseberger	518-465-4561 ext 109	droseberger@menands.org
Cafeteria	Mike Tehan	518-465-4561 ext 120	mtehan@menands.org
After School Child Care	CYC	518-438-9596	info@colonieyouthcenter.org

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Registration Checklist

For Parent/Guardian To Provide:

- ❑ **Proof of Age: Student's Birth Certificate, Baptismal Certificate, or Passport**
- ❑ **Photo ID of parent/guardian registering student (driver's license or passport)**
- ❑ **Proof of Residency: mortgage statement/deed/lease agreement - + 2 additional**
  *An Affidavit of Residency must be filled out and notarized **ONLY IF** the parent/guardian resides in a dwelling that they do not lease or own.
- ❑ **Child's Most Recent Physical (must be within the last 12 months)**
- ❑ **Child's List of Immunizations**
- ❑ **IEP (if applicable)**
- ❑ **Custody Paperwork (if applicable)**

Inside This Packet

- ❑ **Residency Questionnaire**
- ❑ **Student Registration Packet**
- ❑ **Home Language Questionnaire**
- ❑ **Authorization for Release of Records**
- ❑ **Cafeteria Form**
- ❑ **Code of Conduct Agreement**
- ❑ **Dismissal & Technology (Digital Form - QR Code Provided)**

For School Use

- ❑ **Determine enrollment eligibility OR give 3 days to provide missing information**
- ❑ **McKinney-Vento determination -STAC202 Completed**
- ❑ **Application completed and accepted.**
- ❑ **Application incomplete. Information needed _____**

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PROOF OF RESIDENCE FORM

Student's Name:_____ DOB:_____

Parent/Guardian Name:_____

Physical Address:_____ City/State/Zip: _____

Own or Rent (Please Circle One)

To enroll you must reside in the Menands Union Free School District. Solely owning property or a home does not constitute residency. Proof of residency is required before a student may be registered. Post office boxes will not be accepted. You must provide at least three (3) proofs from the following list. Your name and address must be indicated on these documents and they must be current.

One From Below:

☐ Mortgage Statement

☐ Purchase Contract (must contain both the seller's and the purchaser's name and the address of the property to be Purchased)

☐ Lease Agreement (must be current, legal, and valid between owner and renter, must contain the landlord's name, signature, address, and phone number.

Two Additional From Below:

☐ Tax Bill

☐ Driver's License

☐ Utility Bill

☐ Car Registration or Insurance ID

☐ Telephone Bill

☐ Credit Card Bill

☐ Cable/TV Bill

This documentation will be retained in the student's file along with other required documents.
Your child(ren) **will not** be admitted to the district until these forms have been received and verified.

_____ _____ _____ _____

Parent/Guardian Signature Date Approved by: Signature Date

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19 Wards Lane, Menands, NY 12204 | 518-465-4561 | www.menands.org

Residency Questionnaire

Date: _____

Name of Student: _____

Last First Middle

Gender:

☐ **Male**

☐ **Female**

Date of Birth: ____/_____/_____

Month Day Year

Address: _____

Phone: _____

Email: _____

The answer you give below will help the Menands UFSD determine what services you or your child may be able to receive. Under the McKinney-Vento Act, students are entitled to immediate enrollment in school even if they do not have the documents normally required such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

****The McKinney-Vento Assistance Act of 1987 is a federal law that provides money for homeless shelter programs.***

Where is the student currently living? – Please check ONE box.

- ☐ **In permanent housing**
- ☐ **In an emergency or transitional shelter**
- ☐ **In a motel/hotel**
- ☐ **With another family or person because of loss of housing or economic hardship**
- ☐ **In a car, park, bus, train, campsite, or abandoned building**
- ☐ **Other temporary living situations _____.**

_____
Print name of Parent, Guardian, or student

X_____
Signature of Parent, Guardian, or Student

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AFFIDAVIT OF RESIDENCY – PROPERTY OWNER

(To be filled out if proof of residence cannot be established through other documentation)

I, _____ being duly sworn, depose and say: _____ and his/her
(Property Owner) (Name of Parent/Guardian)

child(ren), _____, reside at my property located at _____.
(Name of child/ren)

My property is the actual and only residence of the parties named, and they reside there daily, and have so resided there for ____ months.

The sole purpose of this affidavit is to confirm the residence of the parties named so that

_____
(Name of child/ren)
can attend the Menands Union Free School District tuition-free.

I understand that the Menands Union Free School District will conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my property.

I also understand that _____ is/are not residing at my property solely for the reason of attending school within this district.

Any false statement made in this affidavit may be a crime subject to appropriate penalty as contained within the Penal Law of the State of New York.

I can be contacted at the number(s) listed below should the Menands Union Free School District require further information.

Home Phone: _____ Cell Phone: _____ Work Phone:_____

Primary Property Owner Signature: _____

Sworn to before me this _____ day of _____, year _____

_____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		☐ Male ☐ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE ____

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	_____ *specify*
2. What was the first language your child learned?	☐ English	☐ Other	_____ *specify*
3. What is the Home Language of each parent/guardian?	☐ Parent 1 _____ *specify*	☐ Parent 2 _____ *specify*	☐ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	☐ English	☐ Other	_____ *specify*
5. What language(s) does your child speak?	☐ English	☐ Other _____ *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other _____ *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other _____ *specify*	☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School: *Address:*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* ☐ ***No*** ☐ ***Not sure*** ☐ ***If yes,** please explain:_____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ **No** ☐ **Yes*** **Please complete 10b below*

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
☐ **No** ☐ **Yes – Type of services received:**_____

Age at which services received *(Please check all that apply):*
☐ **Birth to 3 years (Early Intervention)** ☐ **3 to 5 years (Special Education)** ☐ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ☐ **No** ☐ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:

Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ☐ **Parent** ☐ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ **POSITION:** _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ **POSITION:** _____

ORAL INTERVIEW NECESSARY: ❑ **NO** ❑ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

New Student Registration Form

Menands Union Free School District

19 Wards Lane
Menands, NY 12204
Phone: 518-465-4561
Fax: 518-888-32800

Student Information

Last Name: _____ First Name: _____ MI: ____

Grade: ____ Gender: _____ Date of Birth: _____ Home Phone: _____

Resident Address:

_____ _____ _____ ____ _____

Street Address Apt/Room # City State Zip

Is this student a foster child? ☐ Yes If yes, what is the home district: _____
☐ No If yes, a DSS 2999 Form is required

Check box if for Transportation Only: ☐ School Registering for: _____

Previous Enrollment Information

Former Address (House #, Street, City, State, Zip, Apt #)
_____

Has this student ever been enrolled in Menands ☐ Yes ☐ No

Former School:

Name: _____

Address: _____

Phone: _____ Fax: _____

Has the child ever been expelled from school? ☐ Yes ☐ No

If yes, give reason: _____

Special Education Needs

Does the child receive special education services? ☐ Yes ☐ No

If so, please place a checkmark next to each service your child is receiving.

☐ 1:1 Aide	☐ Occupational Therapy	☐ Consultant Teacher	☐ Extended Test Taking Time
☐ BOCES	☐ Physical Therapy	☐ Self-Contained Classroom	☐ Classroom Aide
☐ 504 Plan	☐ Speech/Language Therapy	☐ Resource Room	☐ Declassified

Health Information

Family Doctor: _____ Hospital: _____

Health Care Facility: _____ Dentist: _____

Please list any treatments, illnesses, accidents, or allergies:_____

_____

_____

Student Race and Ethnicity

Please answer questions (1) and (2). Pease read them before you respond

[For question (1) Select the box that best describes your child.] Select only ONE box.

1. Is the student Hispanic, Latino, or f Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race: ☐ Yes, Hispanic ☐ No, not Hispanic

2. Select ONE or MORE races from the following racial groups.
   [For question (2) you may select all groups that apply to your child. Select at least ONE box.]

☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.
Asian:

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Black: A person having origins in any of the black racial groups of Africa.

☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Immigration Information

For Immigrants Only: (Must answer all 4)

Years in U.S. schools: _____

Country of origin: _____

City where born: _____

Home language: _____

Emergency Contacts

List 2 relatives and a neighbor who will be responsible for your child in case of illness/accident and you cannot be reached

- **Imperative in the event of an emergency – cannot be Parents**

Contact 1: _____ Home Phone: _____

Contact 1 Relationship: _____ Cell Phone: _____

Contact 2: _____ Home Phone: _____

Contact 2 Relationship: _____ Cell Phone: _____

Contact 3: _____ Home Phone: _____

Contact 3 Relationship: _____ Cell Phone: _____

Automated Notifications - Parent Square

Please list 2 each: phone numbers and email addresses that you would like connected with our notification system **Please Note: This system cannot dial extensions. Therefore, we recommend cellphones.**

Phone 1: _____ Phone 2: _____

Email 1: _____ Email 2: _____

Siblings in Same Household

Name:	Date of Birth	Gender	Grade
_____	_____	☐ M ☐ F	_____
_____	_____	☐ M ☐ F	_____
_____	_____	☐ M ☐ F	_____
_____	_____	☐ M ☐ F	_____

_____ _____ ☐ M ☐ F _____

_____ _____ ☐ M ☐ F _____

Other Information

Has family moved within past 3 years to obtain migratory employment? ☐ Yes ☐ No

- If yes, complete migrant worker form.
- Did your Child Receive Free and/or Reduced lunch in your prior school? ☐ Yes ☐ No

Custody

Is there a custody issue? ☐ Yes ☐ No

If Yes, who has custody? _____

(A copy of the custody papers must be given to the school district at the time of registration and any updates in the future must also be kept on file at the school)

Is there an order of protection? ☐ Yes ☐ No

Important: The District shall presume that either parent of the student has the authority to obtain the child's release from school unless provided with legal documentation stating otherwise

Adults Authorized to Pick up Children (Other than Parents)

The following individuals have my permission to pick up my children from school
(*Please list all individuals including emergency contacts if you so choose. **YOUR CHILD CANNOT BE RELEASED TO OTHER THAN THOSE LISTED.**)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Information

Parent 1

Can this person:	Yes	No
Receive mail about this student	☐	☐
Pick up this student from school	☐	☐
Is Active Military	☐	☐
Has custody	☐	☐

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian ☐ Yes ☐ No

Active Military ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Address: _____
(If Different from Student) City State Zip

Occupation: _____ Employer: _____

Phone Numbers:

Work: _____ Cell: _____

Home: _____

Spoken Language: _____ Written Language: _____

Personal Email: _____ Work Email: _____

Parent/Guardian Information

Parent 2

Can this person:	Yes	No
Receive mail about this student	☐	☐
Pick up this student from school	☐	☐
Is Active Military	☐	☐
Has custody	☐	☐

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian ☐ Yes ☐ No

Active Military ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Address: _____
(If Different from Student) City State Zip

Occupation: _____ Employer: _____

Phone Numbers:

Work: _____ Cell: _____

Home: _____

Spoken Language: _____ Written Language: _____

Personal Email: _____ Work Email: _____

Parent/Guardian Information

Can this person:	Yes	No
Receive mail about this student	☐	☐
Pick up this student from school	☐	☐
Is Active Military	☐	☐
Has custody	☐	☐

Parent 3

Name Prefix: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Name: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother ☐ Relative ☐ Non-Relative

Legal Guardian ☐ Yes ☐ No

Active Military ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Address: _____
(If Different from Student) City State Zip

Occupation: _____ Employer: _____

Phone Numbers:

Work: _____ Cell: _____

Home: _____

Spoken Language: _____ Written Language: _____

Personal Email: _____ Work Email: _____

Menands Union Free School District
19 Wards Lane, Menands, N.Y. 12204
Ph: 518-465-4561 x. 109 Fax: 518-888-3283

School Nurse: Diane Roseberger R.N.

Dear Parents/Guardians:

The Menands School would like to take this opportunity to explain the role of the School Health Office, and to ask your help in our work with your child.

Special Health Needs: So that we may provide the best care for your child, please inform us of the following:

1. Food Allergy
2. Bee Sting Allergy
3. Allergy to any other medication
4. Difficulty with vision, hearing, or speech
5. Need for medication during the school day
6. Any medical diagnosis for which your child may take medication at home
7. Any head injury or concussion that occurs.

Medication in School:

In order to have medication administered to your child while in school you MUST have the following:

1. A physician's order completed by their doctor
2. Parent permission completed on the physician's order form.
3. An adult **MUST** bring the medication into school
4. Medications must be in the original container

*The above refers to ALL medications including over the counter medications that are used on an "as needed basis."

Emergency Contact Information:

It is important for your emergency contact information to be up-to date. It is imperative to be able to reach an adult in the event of an emergency or early school closure. If you have any changes to your contact information please contact the school.

Accidents and Injuries in School:

If an accident occurs in school, the parent/ guardian will be notified as deemed appropriate by the school nurse. If necessary, the student will be treated with appropriate first aid measures.

Menands Union Free School District
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Ph: 518-465-4561 x. 109 Fax: 518-888-3283

School Nurse: Diane Roseberger R.N.

Immunizations:

All student must be in compliance with NYS immunization standards in order to attend school. A child will not be allowed to attend school without proper verification of the immunizations.

School Physician:

The New York Education Law requires a physical exam for all new students upon entrance to school and routinely in grades K, 2, 4, and 7. We encourage this to be done by your child's physician, as he /she can offer a more complete examination through his/her knowledge of your family. If a physical is done by our school physician you will be notified of any abnormal findings.

Dental Certificates:

Dental Health is important to your child's overall health. Please have your child's dentist fill out the Dental Health Form at your next visit. If you need assistance obtaining Dental care please contact the Health Office

Attendance:

Per Menands School Attendance Policy: An excuse written by a parent or guardian must be sent to school with the student on the next day they return to school. It is very important that parents and school staff cooperate in an effort to make sure all students are safe and accounted for each day of school. Without a written note your child will be marked "unexcused" If your child is absent due to a medical/dental appointment you may send in a note from their doctor to excuse their absence.

Screening Procedures:

Students in all grades are screened by the Health Office nurse for visual acuity and hearing. Students from ages 8-16 are also screened for scoliosis according to NYS law.

Menands Union Free School District
19 Wards Lane, Menands, N.Y. 12204 Ph:
518-465-4561 x 109 Fax: 518-888-3283
School Nurse: Diane Roseberger R.N.

STUDENT HEALTH HISTORY

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian:	Home Phone: Cell Phone:	Date:

Check all that applies:	**YES**	**NO**	**If Yes, please explain and include date:**
Ongoing medical condition	☐	☐	
Followed by medical specialist	☐	☐	
Allergies: *If medication is prescribed please indicate below.	☐	☐	☐ Food_____ ☐ Environmental ☐ Insect ☐ Medication ☐ Other (Explain)
Hospitalization	☐	☐	
Surgery	☐	☐	
Injury that required an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Bone/muscle injury	☐	☐	
Loss of consciousness, concussion or serious head injury.* Please indicate approximate date.	☐	☐	
Convulsion/seizure	☐	☐	
Vision impairment or condition	☐	☐	☐ Glasses ☐ Contacts ☐ Prosthesis
Hearing impairment or condition	☐	☐	☐ Hearing aid ☐ Cochlear implant
Dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Dental Injuries
☐ Diabetes
☐ Ear Infections
☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition (Depression, ODD, OCD, anxiety, etc.)
☐ Scoliosis
☐ Single Organ (☐ kidney, ☐ testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

Please list any additional concerns: (use back of sheet if necessary) _____

CURRENT MEDICATIONS (Include as needed medications for allergies)	**YES**	**NO**	**Please list medication name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐ Crutches ☐ Walker ☐ Wheelchair ☐ Other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐ Insulin/blood glucose monitoring ☐ Inhaler/nebulizer ☐ Special diet

Is there any condition that would prevent your child from participating in physical education or sports?
☐ No ☐ Yes: _____

Parent/Guardian Signature:_____Date:_____

MENANDS SCHOOL CAFETERIA 2025-2026 PreK

Student's Name _____ **Grade** _____

Circle one: **I do / do not** give permission for my child to purchase snacks using his or her cafeteria account.

Allergies to Foods

Please list below any food allergies your child has

- ☐ None
- ☐ Peanut or Nut Allergy
- ☐ Other_____

Special Food Considerations

Please check all boxes that apply to your child's dietary needs

- ☐ None
- ☐ Gluten Free
- ☐ No Pork Allowed
- ☐ Vegan
- ☐ Vegetarian
- ☐ Other: _____

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Printed Name Date