

# PROCEDURE FOR ADMISSION



- 1 Schedule a tour at Freeport Christian Academy.
- 2 Complete an application for Admission form and submit it to the FCA office with a non-refundable application of \$30.00. A separate form and fee must be submitted for each child.
- 3 Schedule a date for the entrance exam for your student. Every student is tested to ensure they are placed in the proper grade level. On the day of testing, parents should supply the Academy with all school records and standardized test results.
- 4 Upon completion of the testing process, both parents and the prospective student will be interviewed by the school Principal & possibly faculty members.
- 5 Upon acceptance, the family will receive an enrollment packet and the FCA Parent/Student Handbook. All parents and older students must read the Handbook and sign the form agreeing to uphold all the policies of FCA.
- 6 All the appropriate forms and documentation are to be returned to the Academy along with a registration fee per student.

# Early Withdrawal from FCA

When families enroll a child, they commit to paying the expenses of the student for the full year. At the same time, the school commits resources (teacher salaries, supplies, etc.) to teach that same child. The school plans and allocates funds based on enrollment. When parents withdraw a student early, it breaks their commitment and introduces a financial challenge to the school, which must still meet its obligations. Therefore, an Early Withdrawal (“EW”) Fee will apply to students who withdraw early. Past-due accounts must be made current to the time of withdrawal, and then the fee will be applied.

Time of Withdrawal	Fee
Before July 5th (July 5 is when the first book payment for the school year is due)	No extra fee is assessed but the Enrollment Fee is not refunded. (If pre-paid, Book Fees are not refunded.)
Between July 6th to July 31 <sup>st</sup>	Enrollment and Book Fees are not refunded. Excess tuition paid will be refunded.
Between August 1st to August 31 <sup>st</sup>	Enrollment and Book Fees are not refunded. EW Fee for a Pre-K-6 student: \$400. EW Fee for a 7-12 student: \$500. Tuition already paid will be applied to the fee. Excess tuition paid will be refunded.
On or after September 1 <sup>st</sup>	Enrollment and Book fees are not refunded. EW Fee for Pre-K-12: 50% of the remaining school year's tuition, assuming the account is current. Tuition already paid will be applied to the fee. Excess tuition paid will be refunded.

## ***Exceptions to the policy:***

In cases of financial hardship: If the Early Withdrawal Fee would exacerbate financial difficulties, a family may submit to the Board, with supporting documentation, a request for a fee waiver.



## APPLICATION FORM

### GRADE APPLYING FOR

K4	K5	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------	------	------

### PERSONAL INFORMATION

<b>Students Name</b>	Last			First				Female	Male
<b>Date of Birth</b>	Month	Day	Year	Country of birth			Citizenship	First Language	

### PERSONAL MAILING ADDRESS

<b>Home address</b>	Address								
	City		State			Zip code		County	

### FAMILY INFORMATION

<b>Mother/Guardian Name</b>													
<b>Home Phone #</b>					<b>Cell Phone #</b>								
<b>Job #</b>					<b>Other#</b>								
<b>e-mail</b>													
<b>Father/Guardian Name:</b>													
<b>Home phone #</b>					<b>Cell Phone #</b>								
<b>Job #</b>					<b>Other#</b>								
<b>e-mail</b>													

### ADDITIONAL INFORMATION

<b>Has your child ever had or do they currently have an IEP?</b> If yes, please explain and attach copies of any report				Y	N
<b>Has your child ever had or do they currently have a 504 Plan?</b> If yes, please explain and attach copies of any report				Y	N
<b>Has your child been diagnosed with ADD or ADHD?</b> Y N					
<b>How did you hear about us?</b>		<b>Internet</b>		<b>Advertisement</b>	
<b>Did someone refer you to FCA?</b>		Yes	No	<b>If yes, who?</b>	



## Enrollment Check List

Completed application Y  N

Interview conducted Y  N

✓	Documentation
	Parents/Guardian Picture ID (Original)
	Student Birth Certificate (Original)
	Enrollment Form
	Evaluation - K5-12th
	Report Card or Transcripts - K5-12th
	Proof of Legal guardianship (if applicable)
✓	Medical Information
	Medical History and Allergies Form
	Physical Form - Signed and stamped - must Include:
	<ul style="list-style-type: none"><li>• Eyes exam result</li><li>• Physical Lead level result (LEAD)</li><li>• Scoliosis test result</li><li>• Tuberculosis screening results (PPD)</li><li>• Immunization record - Signed and stamped</li></ul>
	Dental Form
✓	Optional
	After School Program 3 pm - 5:45 pm - Early Drop Off 7 am - 8 am

These documents **must** be presented at the time of registration or the registration will not be accepted -  
**NO EXCEPTIONS**

Accounting & Registrations Department  
Freeport Christian Academy



**Dear Parents and Guardians,**

It is our pleasure to welcome you to Freeport Christian Academy. We assure you that our dedicated staff works very hard to meet the individual needs of all students and maintain personal connections with their families.

We invite you to become an active participant in our school community through volunteering, joining our PTF, or attending and supporting school events. Research clearly supports that when parents/guardians participate and are involved in their child's education, there is a greater likelihood of academic success for the child.

We truly believe that communication is the key to a successful educational experience. Together, we will continue to improve the quality of our school community and provide the best for the children of Freeport Christian Academy. Education is a partnership between the school, students, parents/guardians, and the community. All children are more successful when we work as a team to achieve educational goals.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

*Denise Panucci*

**Denise Panucci**  
**Principal**



## Enrollment Form

Enrollment Form													
Students Name		Last				First				Female	Male		
Date of Birth		Month	Day	Year	Country of birth			Citizenship		First Language			
Home address		Address											
		City		State			Zip code			County			
Mother/Guardian Name													
Cell #				Home #				Job #					
e-mail													
Father/Guardian Name:													
Cell #				Home #				Job #					
e-mail													
Parent address if different than student				Address									
City			State			Zip code			County				
In case of an emergency notify						Second Person in case of emergency notify							
Name						Name							
Phone #						Phone #							
Physician's name						Phone #							
Has your child ever had or do they currently have an IEP? If yes, please explain and attach copies of any report											Y	N	
Has your child ever had or do they currently have a 504 Plan? If yes, please explain and attach copies of any report											Y	N	
Has your child been diagnosed with ADD or ADHD?												Y	N
How did you hear about us?			Internet			Advertisement			Other				
Did someone refer you to FCA?			Yes		No	If yes, who?							

**Grade entering in September - Financial Commitment & Policies**

	<b>K 4</b>	<b>K 5</b>	<b>1<sup>st</sup> - 6<sup>th</sup></b>	<b>7<sup>th</sup> - 8<sup>th</sup></b>	<b>9<sup>th</sup> - 12<sup>th</sup> (HS)</b>
<b><i>Application Fee</i></b>	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
<b><i>Registration Fee - Yearly</i></b>	\$ 100.00	\$ 120.00	\$ 130.00	\$ 140.00	\$ 150.00
<b><i>Miscellaneous</i></b>	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
<b><i>Books Fee - Yearly</i></b>	\$ 150.00	\$ 200.00	\$ 325.00	\$ 350.00	\$ 350.00
<b><i>Monthly Tuition</i></b>	\$ 800.00	\$ 775.00	\$ 800.00	\$ 850.00	\$ 875.00

## Signature

**Parent's Name**

Date



**Please initial each section to indicate that you have read and understood the information.**

1 The annual registration and books fee (non-refundable) is required at the time of registration. It is part of the academy policy.	Initials
2 The tuition is based on a monthly payment and there are no exceptions for holidays, vacations, inclement weather, etc., and there will be no alternative days.	Initials
3 The annual tuition is based on a ten-month school term, starting <b>August 5<sup>th</sup>, 2026</b> , for all students within the Academy. The monthly <u>Tuition and Books</u> are required to be paid by <b>July 5<sup>th</sup>, 2026</b> .	Initials
4 Re-registration for the upcoming year will be done automatically in January. All payments must be current prior to the beginning of an academic year.	Initials
5 Student tuition must be paid between the <b>1<sup>st</sup></b> and the <b>5<sup>th</sup></b> day of the month; if the payment is late, there will be a late charge. If the <b>5<sup>th</sup></b> of the month falls on a Saturday or Sunday the deadline is extended to Monday. A late fee of \$15.00 will be charged to any school account showing an outstanding balance after the close of office hours on the <b>5<sup>th</sup></b> of the month, and students will not be admitted to class if payments are one week in arrears.	Initials
6 Families are responsible for a <b>\$ 50-a-year</b> Facts fee that will be divided into 9 <b>\$ 5</b> payments added to your monthly tuition. This fee will be waived for parents who choose the one-time payment option.	Initials
7 For all new parents with agreements finalized before the deadline (July 1 <sup>st</sup> ), must pay what is agreed in the first invoice to the accounting department, the same day of the student's enrollment with a money order. All subsequent payments are made through FACTS.	Initials
8 If for any reason your bank returns your check, there will be a \$35 charge.	Initials
9 The raising of funds is part of the registration and provides the means for the school to function. If I cannot fulfill the requirements, I will be responsible for the adequate charge for the event. The amount of this charge will be determined by the event, which will be a minimum of <b>\$150</b> per event. I understand the charge is mandatory.	Initials
10 <u>Late Pick-Up</u> Freeport Christian Academy hours for students are from 8 am to 3 pm - before 8 am or after 3 p.m. \$25 (per student) will be charged to your account. Please be advised that no person other than the one listed on the authorization form for child pick-up will be allowed to pick up a child without your written consent.	Initials
11 It is necessary that your child has his hair cut properly before entering school on _____ Please keep in mind that it is the school's policy for boys to maintain proper hair cut which includes a neat trim on the sides and the back evenly tapered, without graphic designs, color, nor braids/twists/dreadlocks or ponytails	Initials
12 I understand Freeport Christian Academy discourages taking vacation during school days. In case of an emergency or overseas travel, I must notify the school and commit to my child completing all the required work.	Initials
13 If a parent or guardian removes a student from the school, a 30-day notice is required. Tuition is non-refundable.	Initials
14 I also permit my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the Academy from liability to me or my child because of any injury at school or any school activities.	Initials
15 I permit the Freeport Christian Academy to take pictures or video recordings of my child/children during regular school or camp activities. I understand that pictures or videos may be displayed and can be used for future publicity, only.	Initials
16 Freeport Christian Academy, does not discriminate against students of any race, color, nationality, or ethnic origin.	Initials
17 I agree to the above and certify that all information provided in this document is accurate and up to date. By signing this document, I acknowledge I have read and I understand the information on this form.	Initials
18 <u>Only</u> new parents with agreements finalized before the deadline (July 1 <sup>st</sup> ), must pay what is agreed in the first invoice to the accounting department, the same day of the student's enrollment with a money order. <u>All subsequent payments are made through FACTS.</u>	Initials
19 <b>Enrollment and Book fees are not refunded after September 1<sup>st</sup>. EW Fee for Pre-K-12: 50% of the remaining school year's tuition, assuming the account is current. Tuition already paid will be applied to the fee. Excess tuition paid will be refunded. Please refer to the manual for our early withdrawal policy.</b>	Initials

Signature

Parent's Name

Date



## Authorization for child pick up

**The following persons are authorized to pick up my child. If I am not available, please call and send authorization in written form (must present an ID at reception).**

Name	Telephone
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



## Medical History and Allergy

Student Name:	
Parents/guardians:	

It is important that the school is aware of any **FOOD ALLERGIES** your child may have. (Rash, itching, and possible difficulty in breathing.) Please list your child's food allergies and sign on the bottom.

**DO NOT INCLUDE FOOD YOUR CHILD DOESN'T LIKE OR DOESN'T EAT i.e. vegetarian, pork, etc.**

Medical Information	
Is your child allergic to any food or medication? If yes, please explain.	
Describe any operations or prolonged illnesses your child may have experienced. Please indicate the date and diagnosis.	
Describe any disabilities your child may have.	
Describe any play restrictions your child may have.	
Date your child last visited the physician.	

I hereby authorize emergency medical treatment to be given to my child In the event that I or the person designated cannot be reached.

\_\_\_\_\_  
**Parent/Guardian**

If your child has food allergies it is important that you notify the Health Office as well as your child's classroom teacher. While we work closely with the food services staff, it is important that you help us. Please review the monthly menus, work with your child about the food choices they make, and speak with the food services staff if you have any questions. If you have any concerns about the possibility of an allergic reaction we recommend sending your child with food from home.

I give my permission to share this information with the staff.

\_\_\_\_\_  
**Parent/Guardian**

Please feel free to contact the school nurse if you have any questions at (516) 546-2020. Ext. 31.

**To Administrator or Registrar**

<b>School Name</b>			
<b>Address</b>			
<b>Release of School Information</b>			
<b>Student's Name</b>			
<b>Current Grade</b>		<b>Grade Applying For</b>	

The student named has applied for admission to Freeport Christian Academy.

In order for the admissions application to be complete, the following materials are requested:

- Student transcripts, including the current and previous two years' grades.
- Standardized testing results and any evaluations.
- Health records, including immunization reports.
- All specialized program reports and/or records.
- Disciplinary records.

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.

No school records will be released for any student when there is an outstanding balance on the student's account. No certificates, diplomas, or awards will be provided to any student on graduation day when there is an outstanding balance.

I authorize the release of school records and information of the above-named student to Freeport Christian Academy. This release is valid for a period of one year from the date of my signature.

---

**Signature**

---

**Parent's Name**

---

**Date**



## FACTS Account - Payment System

It is with great expectation that we announce that Freeport Christian Academy has partnered with Facts Management Company to help us manage our tuition payment program. FACTS is used by many schools locally and over 6,500 schools nationally. We are excited to be working with them and are confident this program will offer greater convenience, security, and efficiency to all of our families.

One of our primary goals this year at Freeport Christian Academy is to concentrate our efforts on improving the business side of our school. By taking advantage of the convenience and security of payment processing and information technology offered by FACTS, we can achieve this goal.

### **You will realize these benefits by using FACTS for your tuition payment plan:**

**Payment Dates:** There will be three payment plans available to families:

- [Full Payment Plan \(One-time payment plan\)](#)
- [Monthly Plan \(10 months August, October - June - \\$50 charge\)](#)

Payments under the monthly plan will be due by the 5th of each month. Automatic payments can be made from a checking or savings account (no extra charge) or a variety of credit cards (extra charge).

**Enrolling in FACTS:** You may enroll in FACTS by going online or completing a FACTS paper agreement form.

**Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank-to-bank transaction.

**Consumer Account:** You may check your account or make payments online from the convenience of your home or office anytime.

All of these services will be available to you for a convenience fee of \$50 a year which will be included in your monthly statement (\$5). With FACTS, the school maintains decision-making control.

Thank you for your continued loyalty and support for Freeport Christian Academy. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation are appreciated, as we remain committed to our mission.

<b>Getting started - FACTS Account</b>	
<b>Online Access:</b>	<a href="https://online.factsmgt.com/signup/">https://online.factsmgt.com/signup/</a>
<b>Online Registration Code*</b>	Freeport Christian Academy is provided with a CODE with your payment agreement.
<b>Create a new FACTS account (Username)</b>	Freeport Christian Academy has already opened an account for you
<b>Create your online account profile</b>	Please take a few minutes to create a user account
	Username*
	Password*
	Re-Enter Password*
	3 Security Questions
<b>Press submit</b>	
<b>Make a Payment or View details</b>	

If you have any questions please contact us at 516-546-2020 ext. 10

***Accounting & Registrations Department***



## Uniforms

### Ideal Uniforms

175 Rockaway Avenue,  
Valley Stream, NY 11580

(516) 354-8255

#### Store Hours:

Sun 11 am - 6 pm

Mon-Sat 10 am - 7:00 pm

#### Girls Uniform

FRENCH TOAST Girls Short sleeve Peter Pan blouse (Light blue)

FRENCH TOAST Girls Long sleeve Peter Pan blouse (Light Blue)

FRENCH TOAST Girls Grey Pleated Skirt (Dark grey)

Girls Pleated Flannel Pants (Dark Grey)

FRENCH TOAST Girls Navy Cross Tie (Navy Blue)

School Uniform Unisex Cardigan (Light Grey) **K - 8<sup>th</sup> grade**

Navy Blue Blazer - **High School**

Girls' School Uniform Cotton Knee High Socks (Navy Blue) or  
Girls School Uniform Cotton Tights Cotton

#### Boys Uniform

FRENCH TOAST Boys short sleeve shirt (Light Blue)

FRENCH TOAST Boys Long sleeve shirt (Light Blue)

Boys Pleated Flannel Pants (Dark grey)

FRENCH TOAST Boys Solid Tie (Navy Blue)

School Uniform Unisex Cardigan (Light Grey) **K - 8<sup>th</sup> grade**

Navy Blue Blazer – **High School**

Boys School Uniform Cotton Socks (Navy Blue)

Reversible Belt (Black)

#### Gym Uniform

Gym T-Shirt with Freeport Christian Academy Logo

Track Jacket with Freeport Christian Academy Logo

Track Pants with Freeport Christian Academy Logo

#### Freeport Christian Academy - Ideal Uniform web links.

<https://www.idealuniform.com/FCAF>

[https://teamlocker.squadlocker.com/#/lockers/freeport-christian-academy?\\_k=if1h9x](https://teamlocker.squadlocker.com/#/lockers/freeport-christian-academy?_k=if1h9x)



## Optional - Food Program

# Ordering lunches has never been easier!

Freeport Christian Academy has partnered with **BOONLI** to provide a secure, fast, and easy-to-use online ordering system that allows parents and guardians to view our lunch menu, order, prepay, and manage student lunches from their smartphone, tablet, or computer.

**Registration and Ordering start on September 7<sup>th</sup>, 2026.**

## **GET STARTED**

**1. Go To:** <https://fca.boonli.com/login> - (please bookmark this page)

**2. Click on Register:**

    Password is: **FCA1**, add account, profile(s) information

**3. Sign In** with your username & password

**4. To begin ordering click on the calendar date First Lunch Date is Monday, September 7<sup>th</sup>, 2026.**

**5. Food orders must be made a month in advance, the deadline is every last Wednesday of every month**

**PROGRAM INFO – (also available online once you are logged in to your account)**

- FOOD or POLICY (Missed/Late Orders, Credits, and Changes/Cancellations):** call the office at **516-226-3185** and they'll get back to you right away.
- IN CASE OF AN ABSENCE:** Please keep in mind that all lunch orders are placed a week in advance, if your child does not come that day, his/her food will be sent to reception in case you wish to pick it up. Food that is not picked up by the end of the day will be donated. No refunds will be issued.
- TECHNICAL SUPPORT (help to navigate the site):** email [support@boonli.com](mailto:support@boonli.com)
- PAYMENT INFORMATION** The program accepts payment by Debit Card or Credit Card: Visa, MasterCard, or Discover.
- Be sure to proceed to checkout** and process your payment. Orders that are left in the shopping cart will NOT be processed and your student(s) will not be included in the lunch service.
- MINIMUM ORDER FEE:** A \$1.00 fee will be charged for orders under \$10.00 – for new and changed orders.

**Thank you for participating in our school lunch program!**



## DENTAL FORM

<b>Student's Name</b>		<b>Date</b>
<input checked="" type="checkbox"/>	A dental exam is required for newly registered students. Annual dental examinations are recommended. Please indicate in the spaces below the dental status of your child.	
	Under treatment: All necessary steps are being taken to correct dental defects.	
	All dental defects have been corrected.	
	Fluoride treatment is given.	

---

**Dentist Signature**

---

**Date**

Please feel free to contact the School Nurse if you have any questions at (516) 546-2020. Ext. 39

**Note:** Missing signature and or stamp will delay registration.

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

## TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

### STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input checked="" type="checkbox"/> X	
School:	Grade:	Exam Date:

### HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type:		
	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached		
<input type="checkbox"/> Seizures	Type:		Date of last seizure:
	<input type="checkbox"/> Medication/Treatment Order Attached		<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<input type="checkbox"/> Medication/Treatment Order Attached		<input type="checkbox"/> 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.

BMI \_\_\_\_\_ kg/m<sup>2</sup>

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

Hyperlipidemia:  Yes  Not Done

Hypertension:  Yes  Not Done

### PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Lead Level Required for PreK &amp; K</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated <math>\geq</math> 5 <math>\mu</math>g/dL         </td> <td colspan="2" style="text-align: center;">Date</td> </tr> </table>				Lead Level Required for PreK & K				<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq$ 5 $\mu$ g/dL		Date									
Lead Level Required for PreK & K																			
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq$ 5 $\mu$ g/dL		Date																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Laboratory Testing</td> <td style="text-align: center;">Positive</td> <td style="text-align: center;">Negative</td> <td style="text-align: center;">Date</td> </tr> <tr> <td colspan="2">TB-PRN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Sickle Cell Screen-PRN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>		Laboratory Testing		Positive	Negative	Date	TB-PRN		<input type="checkbox"/>	<input type="checkbox"/>		Sickle Cell Screen-PRN		<input type="checkbox"/>	<input type="checkbox"/>				
Laboratory Testing		Positive	Negative	Date															
TB-PRN		<input type="checkbox"/>	<input type="checkbox"/>																
Sickle Cell Screen-PRN		<input type="checkbox"/>	<input type="checkbox"/>																

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

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

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

Additional Information Attached

\*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:
-------	--------------------------------	------

### SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	With Correction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity				20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity				20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>

Notes

**Hearing Screening:** 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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes	<input type="checkbox"/>
---------------------	---	--	---------------------------------------	--------------------------

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	Referral <input type="checkbox"/> Yes	<b>Not Done</b>
---	-----------------------------------	-----------------------------------	---------------------------------------	-----------------

### FOR PARTICIPATION IN PHYSICAL EDUCATION\*/SPORTS\*/PLAYGROUND/WORK

\*Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act

Student may participate 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 Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY** required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage:**  I  II  III  IV  V

**Other Accommodations\*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

\*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

### MEDICATIONS

Order Form for medication(s) needed at school attached

<b>COMMUNICABLE DISEASE</b>	<b>IMMUNIZATIONS</b>
<input type="checkbox"/> Confirmed free of communicable disease during exam	<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS

### HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: (please print)

Provider Address:

Phone:

Fax:

**Please Return This Form to Your Child's School Health Office When Completed.**