

Sandy Creek Central School District

124 Salisbury Street, P.O. Box 248 Sandy Creek, New York 13145 315-387-3445

District Office: Ext. 1510, 315-387-2196 Fax Elementary School: Ext. 1110, 315-387-5888 Fax Middle/High School: Ext. 1910, 315-387-5531 Fax

Welcome to the Sandy Creek Central School District! You will find enclosed in this packet all the forms necessary to register your student. In addition to the required forms you will also find a packet to enroll in the School Based Health Center, this is optional.

Please be advised that documentation of age **must** be provided before your student can start school. If the birth certificate is **NOT** available, a record of baptism giving the date of birth or a passport (including a valid foreign passport) may be used to determine a child's age. The school district may consider other documentary or recorded evidence in existence two years or more to determine a child's age. Examples of other such evidence are as follows, including, but not limited to:

- · Official driver's license
- State or other government issued identification
- · School photo identification with date of birth
- · Consulate identification card
- · Hospital or health records
- · Military dependent identification card
- Documents issued by federal, state or local agencies
- · Court orders or other court issued documents
- Native American tribal document
- Records from non-profit international aid agencies and voluntary agencies.

In addition to proof of age, this school district requires documentation of residency* within our district. Such documentation establishing residency may include, but shall not be restricted to:

- A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement
- · A statement by a third-party landlord or owner
- · Pay stub, income tax form or utility bills with address
- · Driver's license, learners permit or non-driver identification
- · State or government issued identification

PLEASE MAKE US AWARE OF AND PROVIDE DOCUMENTATION OF ANY CUSTODY AND/OR ORDER OF PROTECTION ISSUES.

^{*} Residency means domicile. It requires both one's physical presence as an inhabitant and the intention to reside within the district. Physical presence alone as well as mere ownership of property within the district does not establish residency status. If there is a question as to residency the Board of Education and/or their designee determines whether a child is a resident entitled to attend the schools of its district.

2023-24 School Year – Sandy Creek Elementary School Requirements for <u>Pre-Kindergarten</u> Students

Dear Parent/Guardian: Please review the following as the school is required to have proof of the state mandated immunizations, up dated physical, lead screening, and a dental certificate before you child enters pre-K.

1) Immunization Requirements

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. <u>PLEASE SEE THE BACK SIDE OF THIS SHEET FOR DETAILS OF THE SPECIFIC IMMUNIZATIONS YOUR</u>
<u>CHILD MUST HAVE BEFORE THEY ENTER PRE-K</u>

2) Health Physical Requirements

New York State law requires a health examination for all students entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th and 11th grade.
YOU MUST SUBMIT A RECENT PHYSICAL (WELL-CHILD CHECK) DATED 9/2022 AND AFTER.

3) Lead Screening Requirements

NYS law requires written proof of lead screening for all pre-k students; this must be submitted within 3 months of the start of the school year. We can accept a copy of any lead screening since birth – your child should NOT need to get any new lead screening if they have had one since birth.

4) Dental Certificate Requirements

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time.

The school elementary office is open throughout the summer – you can submit any of this paperwork during this time. Any questions please feel free to contact the main office at 315-387-3445.

Sincerely Elementary School Nurse Elizabeth Cranker BSN, RN

2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. 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 should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Gra 1, 2, 3, 4 and 5	II	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	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 toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ²		Not applicable		1 d	ose
Polio vaccine (IPV/OPV)	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older			
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the closes at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine ⁷	1 dose		2 doses		
Meningococcal conjugate vaccine (MenACWY) ^a		Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses		Not applicat	ole	ing Marin
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses		Not applicat	ble	

