

Pre-K Parent Questionnaire

Rockwell Elementary



1. My Child's name/nickname: _____
2. Parent(s) name(s): _____

3. Best way to contact you (circle): **Email, Phone, Communication Notebook**
4. Email address: _____
5. Any list any allergies: _____
6. What are some of your child's special interests, hobbies and skills? _____

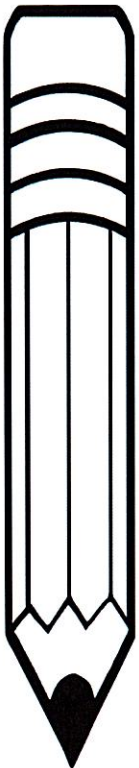
7. What does your child find motivating? (i.e. praise, stickers, high fives, a special treats/rewards)

8. Please list the goals you have for your child this year:

9. What are your child's strengths?

10. What are some things your child needs to work on?

11. How can we help your child succeed this year? _____



12. What holidays do you celebrate? _____
13. Siblings? _____
14. Pets? _____
15. Is there anything else you would like to share? _____

16. Can your child?

Dress him/herself	_____ Yes	_____ No
Tie Shoes	_____ Yes	_____ No
Button Clothes	_____ Yes	_____ No
Zip Coat	_____ Yes	_____ No
17. Is your child potty trained? _____ Yes _____ No

We look forward to working with you to help your child have the best year!

Onondaga Central Schools
TRANSPORTATION ENROLLMENT FORM

Matthew Dodge – Transportation Supervisor
4457 South Onondaga Rd.
Nedrow, New York 13120
Phone: (315) 552-5090 Fax: (315) 492-9624

Start Date: _____

Re-enter: Yes ___ No ___

***Please remember to notify the Registrar and transportation any time your address and/or phone number(s) change. **MUST BE FOUR (4) YEARS OLD TO RIDE THE BUS!**

ID# _____ Grade _____ Male _____ Female _____

School- Jr/Sr High _____ Wheeler _____ Rockwell _____ Other (Name) _____

Student's Name (please print): _____

Date of Birth: _____

Home Street Address: _____

City / Town: _____

State / Zip: _____

Pickup address if different: _____

Drop-off address if different: _____

Name of sitter (please print): _____ Phone # _____

Mother's name (please print): _____

Home # _____ Work# _____ Cell# _____

Father's name (please print): _____

Home # _____ Work# _____ Cell# _____

Guardian's name (please print): _____

Home # _____ Work# _____ Cell# _____

Emergency contact person: _____ Phone # _____

Emergency days/half-days drop off location: _____

(Parent / Guardian Signature)

(Date)

NEW ENTERERS HEALTH HISTORY

TO BE COMPLETED BY PARENT

This form must be completed, signed by parent or guardian, and returned to the school nurse prior to entering school.

Date entering school _____

Name _____

Date of Birth ____/____/____

Grade _____ Age _____ Weight _____

Date of last Tetanus Shot ____/____/____

Medication/food allergies (and reaction) _____

Allergy to bee stings? () yes () no If Yes (reaction) _____ *Epi-Pen? () yes () no

Is there a history of: (Indicate **YES** or **NO** and write comments or explanations in the section indicated below for **ALL YES** answers. Use back if needed.)

	YES	NO		YES	NO
Allergies/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problem/Murmur- Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleeds/Frequent or Severe	<input type="checkbox"/>	<input type="checkbox"/>
Bladder / Kidney Problem or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Injury	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Fracture-Dislocation Bones/Joints	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Knee Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems/Vision Loss	<input type="checkbox"/>	<input type="checkbox"/>	Nose Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Injury to the Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Joint Sprain / Ligament Tear /	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Pull	<input type="checkbox"/>	<input type="checkbox"/>			

Comments on all YES answers above or any other health problems/concerns: _____

Does your child wear glasses? () yes () no Contacts? () yes () no

Date of last eye exam: _____

Has your child ever been hospitalized? () yes () no If yes, what was the reason? _____

Is your child on any medications? () yes () no If yes list all medications: _____

Will your child need to take any medication(s) while at school? () yes () no If yes, please list: _____

***Reminder:** Medication Administration Form must be completed and on file in health office before your child will be allowed to take any medications while at school (Self-Medication & Attestation forms are also required for student to carry and self-administer their medications; such as their inhaler or Epi-Pen)

Date of last physical examination (will need to have copy on file in health office) _____

Has your child had screening or evaluation by any other health professionals (such as speech therapist, neurologist, psychiatrist, etc) () yes () no If yes please explain: _____

Does this student require any special attention due to physical limitations? () yes () no

Comments: _____

Student's physician/primary care provider: _____ Phone: _____

Date _____ Parent/Guardian Signature _____ Sept. 2023

ONONDAGA CENTRAL SCHOOL DISTRICT

ROCKWELL ELEMENTARY/WHEELER ELEMENTARY SCHOOL

PHOTO RELEASE FORM

Dear Parent/Guardian:

At different times throughout the year, pictures are taken for informative or educational purposes. Please fill out the form below and return it to your child's classroom teacher.

CHECK ONE:

_____ **Yes**, my child may be included in pictures.

_____ **No**, my child **may not be** included in pictures.

If NO, can your child have their picture taken for yearbook and be placed in the yearbook?

(circle one)

YES

NO

Child's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Dear Parent/Guardian:

Throughout the school year, school sponsored activities will take place which will require transportation to a location away from the school building. Such field trips will take place under the guidance and supervision of employees of the Onondaga County School District. Notification of field trip plans and a description of the trip will be sent home prior to the trip.

In order for your child to participate in field trips, we need your permission on file in school. Please complete the following form and return it to your child's classroom teacher.

FIELD TRIP PERMISSION FORM

I, hereby give permission for my child, _____ to participate in field trips for their years at Rockwell or Wheeler. I understand that all regular school regulations will apply and I will be notified of dates, times, places and mode of transportation.

(Print parent/guardian name)

(Signature of parent/guardian)

(Date)

Onondaga Central School District

Parental/Guardian consent for student use of district computerized information resources

I am the parent/guardian of: _____,

The minor student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the District's policy and regulations concerning use of the DCS.

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the DCS will potentially allow my son/daughter student access to external computer networks not controlled by the Onondaga Central School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the DCS or any other electronic media or communications.

I agree to release the Onondaga Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter may have access to the DCS and I agree that this may include remote access from our home.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

Onondaga Central School District

Website Release form

Dear Parent/Guardian:

The goal of our School District Website is to publish information celebrating our schools, our students, and our accomplishments. Your child's first name, photograph, and original school work* will not appear on our Website until and unless we receive this signed form from you.

Please check your preference in each category;

Photography (check one)

- I give permission for my child's first name and photograph to be used on the School Web Pages during the current school year
- I do NOT give permission for my child's first name and photograph to be used on the School Web Pages during the current school year.
- I give one time only permission for my child's first name and photograph to be used on the School Web Pages in the circumstances described here: _____

Original Work (check one)

- I give permission for my child's first name and photograph to be used on the School Web Pages during the current school year
- I do NOT give permission for my child's first name and photograph to be used on the School Web Pages during the current school year.
- I give one time only permission for my child's first name and photograph to be used on the School Web Pages in the circumstances described here: _____

Student Name: _____ Date: _____

Teacher Name: _____ School: _____

Grade/Subject: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature (if applicable): _____ Date: _____

***District may wish to prohibit use of a child's name (whether full name or first name only); or, in the alternative, limit identification to use of initials. Original student work will appear with a copyright notice prohibiting the copying of such work without express written permission. Requests for such permission received by the District will be forwarded to the parents/guardians.**

Onondaga Central School District Additional Contacts

Please list two additional contacts allowed to pick up your student in the event parent/guardian is not available:

Contact #1

Name: _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Call order for phones (circle)

Home phone: _____ 1 2 3

Cell phone: _____ 1 2 3

Work phone: _____ 1 2 3

Contact #2

Name: _____ Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Call order for phones (circle)

Home phone: _____ 1 2 3

Cell phone: _____ 1 2 3

Work phone: _____ 1 2 3