

August 18, 2020

Dear Parents & Guardians,

Welcome to the start of what will be another innovative, productive, adventurous, and creative year here at the middle school. We hope to create new memories, reflect on old memories and learn to our full capacity.

Parent Forms, Medical Information Forms and Supply Lists are provided on the website for your convenience. Please note that if you need a physical packet you can call (845) 691-1080 or email Jvalentino@highland-k12.org to request they be mailed to you.

If you choose to print and complete the forms from the website, please complete all 6 Parent Forms.

Additionally, please review the section below that reference's medical information. There have been changes to vaccination requirements and all 7th grade students must have a physical on file. These requirements are detailed in that section.

Required Parent Forms Include:


- Cover Letter
- #1 - Telecommunication User Agreement and Waiver Form
- #2 - Annual Medical Update
- #3 - Confidential Student Data Sheet
- #4 - Photo/Video Permission Form (Opt Out Only)
- #5 - Bicycle Program Permission Form to ride off campus
- #6 - Dental Health Permission Form
- #7 - PTA Membership Form

Required Medical Information Forms Include:

- Cover Letter
- #1 - NYS School Health Examination Form
- #2 - Immunization Requirements for Students

We look forward to building relationships with you and your children that will shape and enhance our middle school culture, #ThePack. If you have any questions, please call the school at 691-1080.

Sincerely,


Ryan M. Judge
Principal


Meghan Coburn
Assistant Principal

HIGHLAND CENTRAL SCHOOL DISTRICT

TELECOMMUNICATION USER AGREEMENT AND WAIVER FORM 2020-2021

I have read and understand the Highland Central School District's Telecommunications Use Administrative Regulation, as found on the districts website at <http://www.highland-k12.org/files/filesystem/parentstudentaup.pdf>, regarding student use of the data/voice/video network and the Internet. By signing this consent and waiver form, I give my permission for my child to be permitted access to the District's data/voice/video network system and the Internet. I understand that my child's in-school access to the Internet is designed solely for educational purposes. I also understand that a variety of inappropriate and offensive materials are available over the Internet and it may be possible for my child to access these materials inadvertently or if he/she chooses to behave irresponsibly. I further understand that it is possible for undesirable or ill-tended individuals to communicate with my child over the Internet, that there is no practical way for the Highland Central School District to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the Highland Central School District faculty/staff to monitor any communications to and from my child on the District's data/voice/video network and Internet, I recognize that it is not possible for the District to monitor all such communications. I have determined that the benefits of my child having in-school access to the Internet outweigh the potential risks, and I will not hold the Highland Central School District or the Internet Access Provider, the Mid-Hudson Regional Information Center, responsible for material acquired or contacts made on the Highland Central School District's data/voice/video network or the Internet. I and my son/daughter further understand that any violation of the provisions in the telecommunications Use Policy/Administrative Regulation by my child may result in suspension or revocation of his/her system access and related privileges, other disciplinary action, and possible legal action.

Name of Student (Print)

Student Signature

Parent/Guardian Signature

Student Grade

Date

HIGHLAND CENTRAL SCHOOL DISTRICT

Form 2

Annual Medical Update 2020 - 2021

Name:	DOB:	Age:	Gender:
Parent/Guardian: (person completing this form)	Grade:		<input type="checkbox"/> M <input type="checkbox"/> F
	Home Phone:	Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, anxiety,
OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|---|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

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

I give permission to release medical information to the appropriate staff members of Highland Central School District so that they can be informed of my student's condition.

Parent/Guardian Signature: _____ Date: _____

HIGHLAND CENTRAL SCHOOL DISTRICT

CONFIDENTIAL STUDENT DATA SHEET

2020-2021

Student Information:

Last Name	First Name	Middle Name
Student DOB	Grade Level	Students Native Language

Custodial Information:

With whom does the child reside: Mother Father Guardian (Name/Relationship: _____)

Type of custody: N/A Sole Joint

*****(Please provide court documentation, which must be on file with the school to be enforceable)*****

Contact Information:

Mother / Guardian Name: _____ **E-Mail Address:** _____

Street Address: _____

Mailing Address: _____

Home Phone#: _____ Is Number Listed: YES NO Cell Phone #: _____

Employer Name: _____ Work Phone #: _____

Father / Guardian Name: _____ **E-Mail Address:** _____

Street Address: _____

Mailing Address: _____

Home Phone#: _____ Is Number Listed: YES NO Cell Phone #: _____

Employer Name: _____ Work Phone #: _____

Emergency Information:

Please give the name and phone number of two individuals ***other than yourself*** that has permission from you to be contacted and requested to pick up your child in case of an emergency:

1. Name: _____ Home Phone#: _____

Cell Phone#: _____ Relationship to student: _____

2. Name: _____ Home Phone#: _____

Cell Phone#: _____ Relationship to student: _____

Primary Doctor Name: _____ Phone #: _____

Allergies / Medical Condition: _____

Parent/Guardian Signature

Date

Ryan M. Judge
Principal

Meghan Coburn
Assistant Principal

August 18, 2020

Dear Parents & Guardians,

Our district likes to celebrate our students' achievements, activities, and opportunities by sharing them with the community. We currently do this in many ways, such as newsletters, the district's website, the district's official social media sites, and by working with the media.

Stories published may include photographs/video with your child, or his/her name for the purpose of specifically recognizing an achievement or participation in an activity. Names may also be used to "quote" a student in an article. The district also publishes documents where photos may be used as graphic elements. Such as (but not limited to) school calendars, posters, and flyers.

If any parent **OBJECTS** to the use of their child's name and/or photograph being used for these purposes, written notification must be sent to your child's principal. Notification should be received by October 1st. Unless otherwise directed, prior year's permission forms will be in effect until this date.

No action is necessary if you grant permission for your child's Name/photograph to be used as described above.

Please complete the following **ONLY** if you **DENY** permission for your child to be included:

- OBJECT** to the use of my child's name only, but a photograph/video alone is fine.
- OBJECT** to both my child's photograph/video and his/her name being used for any of the above uses.

If you return this form with neither of the above boxes checked, it will be understood that permission has been granted.

Child's Name: _____ Grade: _____

Parent Signature: _____

Parent Name (Print): _____ Date: _____

HIGHLAND CENTRAL SCHOOL DISTRICT



Highland Middle School Bicycle Program 2020-2021

Mission: Our mission is to develop healthy individuals who understand and value the benefits of leading an active and healthy lifestyle. Students will develop a greater understanding of healthy fitness concepts and techniques that lead to the improvement and maintenance of overall health, fitness and motivation to exercise.

NYS PE Standards

1. Personal health and Fitness
2. A Safe and Healthy Environment
3. Resource Management

Throughout the year in Physical Education class, we will be teaching a Bicycle Health and Safety Unit. The program will include helmet fitting, bicycle fitting, bicycle safety, and road safety including traffic signals. The program will start within our middle school campus. We will use the gym, parking area and athletic fields culminating with a ride to, on and from the Hudson Valley rail trail and Walkway Over the Hudson.

I hereby give my approval for my child to participate in the culminating activity of riding to, on and from the Hudson Valley rail trail/Walkway Over the Hudson.

Print students name: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

If you have any questions or concerns we can be contacted via email: mmilliman@highland-k12.org or cbowman@highland-k12.org or call 845-691-1080.

Coach Bowman & Coach Milliman

HIGHLAND CENTRAL SCHOOL DISTRICT

2020-2021

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry K, 2, 4, 7 & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:

Birth Date: _____ Sex: Male Female Will this be your child's first visit to a dentist? Yes No
Month / day / year

School: _____ Grade: _____
Name

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary, to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent Signature: _____ Date: _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam)

The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check One:

- Yes, the student listed above is in fit condition of dental health to permit him/her attendance at the public schools.
 No, the student listed above is not in fit condition of health to permit him/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)

Dentist's Signature

--	--

Optional Sections - If you agree to release this information to school, parent please initial here.

II. Oral Health Status (check all that apply)

Yes NO Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling (temporary / permanent) OR a tooth that is missing because it was extracted as a result of Caries OR an open cavity]

Yes NO Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and tissue cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by Caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes NO Dental Sealants Present

Other problems (specify) _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
 May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
 Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

2020 - 2021 HIGHLAND MIDDLE SCHOOL PTA MEMBERSHIP FORM

please print clearly

\$10.00 per member

Member Information	Member 1	Member 2
Name of Person Joining PTA		
Relationship to Child (please check one box)	<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other _____
Street Address		
City, State, Zip		
Phone Number		
Email		

Child's Name	Grade
1.	
2.	
3.	
4.	

Your dues at work - \$2.00 to NYSPTA and \$2.00 to National PTA with remaining \$6.00 staying right here at Highland Middle School. To see your dues in action on the state and national level, please log into www.nyspta.org

Make checks payable to "HMS PTA"

"Be a Team Player" by joining HIGHLAND MIDDLE SCHOOL PTA!

Visit the school website at www.highland-k12.org and check the calendar and events pages for HMS PTA announcements. You can also email us at cyanv23@yahoo.com. Please feel free to join us. The PTA strives to support and fund programs for all its students.

Your ideas and contributions are valued tools in helping us meet our goals!

Claire Van Valkenburgh, President	Christina Markey, Treasurer
Vesselina Papazova, Secretary	Sheryl Gonzalez, Membership Chair

For PTA Use Only: Date _____ Cash Check # _____ Membership No(s) (1) _____ (2) _____

Membership Card Issued



You can support Highland Middle School PTA by choosing **PTA New York Congress 17 315 Highland Middle PTA** as your Amazon Smile Charity.

HMS PTA unique charity link: <https://smile.amazon.com/ch/90-0293970>

AmazonSmile is a simple and automatic way for you to support your favorite charitable organization every time you shop, **at no cost to you**. When you shop at smile.amazon.com, you'll find the exact same low prices, vast selection and convenient shopping experience as Amazon.com, with the added bonus that Amazon will donate a portion of the purchase price to your favorite charitable organization.

About AmazonSmile

How do I shop at AmazonSmile?

To shop at AmazonSmile simply go to smile.amazon.com from the web browser on your computer or mobile device. You may also want to add a bookmark to smile.amazon.com to make it even easier to return and start your shopping at AmazonSmile.

Can I use my existing Amazon.com account on AmazonSmile?

Yes, you use the same account on Amazon.com and AmazonSmile. Your shopping cart, Wish List, wedding or baby registry, and other account settings are also the same.

How do I select a charitable organization to support when shopping on AmazonSmile?

On your first visit to AmazonSmile smile.amazon.com, you need to select a charitable organization to receive donations from eligible purchases before you begin shopping.

*AmazonSmile customers can now support **PTA New York Congress 17 315 Highland Middle PTA** in the Amazon shopping app on iOS and Android mobile phones! Simply follow these instructions to turn on AmazonSmile and start generating donations.*

1. Open the Amazon Shopping app on your device
2. Go into the main menu of the Amazon Shopping app and tap into 'Settings'
3. Tap 'AmazonSmile' and follow the on-screen instructions to complete the process

Can I change my charity?

Yes, you can change your charity any time. To change your charity, sign in to smile.amazon.com on your desktop or mobile phone browser and simply select "Change your Charity" in "Your Account."