

STUDENT POLICIES

STUDENT ATTENDANCE

ENTRANCE AGE

Early Admission to Kindergarten Policy

The general policy of admission to kindergarten of the West Genesee Central Schools is based upon the recommended New York State Education Department minimum age of 5 years and 0 months on or before December 1st of the entering year. Provision is made to allow for the admission of younger children (children whose birthday will fall between December 1 and March 1), on presentation of evidence and after an evaluation which indicates that earlier entrance may be of material benefit to the child. All such admissions are on a trial basis with the determination for continuance resting with school authorities. Children entering as exceptions must start at the beginning of the school year.

The following criteria are among those included in determining eligibility for early admission:

1. A minimum mental age of 6 years and 2 months or 120 I.Q. on or before September 1st of the entering year, as determined by testing.
2. A minimum chronological age of 4 years and 6 months on or before September 1st of the entering year.
3. Evidence must be provided of satisfactory health and physical development necessary for success in the kindergarten program.
4. Evidence must be provided of highly developed emotional and social maturity.

Update
Presentation: 6/7/95

First
Vote: 6/21/95

Second
Vote: 7/5/95

STUDENT POLICIES

STUDENT ATTENDANCE

ENTRANCE AGE

Early Admission to Kindergarten Policy

Parents interested will proceed as follows:

STEP 1

An appointment will be set up with the building principal in order that procedures for consideration for early entrance may be explained to the parents.

STEP 2

Parents will arrange, at their expense, for a physical examination and arrange for an independent psychological study by a certified psychologist. Forms for these examinations are provided by the school district. These examinations should be completed and the results returned to the school by August 15.

STEP 3

The building principal and school psychologist will review the reports submitted by the psychologist and the physician and determine whether early placement should be recommended. If such entrance is recommended, it is on a trial basis.

To: Psychological Examiner
Re: Evaluation for Early Admission to Kindergarten

The West Genesee Central School District has adopted a policy of early admission to Kindergarten for children who may benefit from entering school at an age younger than normal. To help in evaluating such children, we are requesting a psychological study.

It is suggested that the psychologist investigate, as a minimum, three areas: mental ability, emotional development, and perceptual motor development. It is recognized that children in the age range being considered will vary widely in experience and skill with graphic materials and thus no rigid requirements are established. Because of the potential importance of the long range effects of early admission, it is felt that the examination should be very comprehensive.

As a starting place, to standardize the criteria for estimating intellectual and social maturity, the Stanford-Binet test of intelligence and the Vineland Social Maturity Scale would be expected. Other measures of skill development and general observations by the clinician would be helpful.

No recommendation as to admission is required from the examiner. This decision will be made by the school authorities after considering all the evidence presented. It is requested that a report be submitted which is reasonably detailed and takes into account clinical aspects involving the examiner's judgment in addition to numerical scores.

WEST GENESEE CENTRAL SCHOOL DISTRICT
300 Sanderson Drive, Camillus, NY 13031
Physical Examination Form



Student _____ Age: _____

Please complete all sections

To the Examining Physician: Please indicate below by a check (x) in the column any positive findings on physical examination or any handicapping disability and describe fully in the reserved space.

<input type="checkbox"/> Ears	
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Eyes	
<input type="checkbox"/> Genito-Urinary	
<input type="checkbox"/> Heart	
<input type="checkbox"/> Hernia	
<input type="checkbox"/> Lungs	
<input type="checkbox"/> Lymph Nodes	
<input type="checkbox"/> Nervous System	
<input type="checkbox"/> Nose	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Orthopedic Posture	
<input type="checkbox"/> Orthopedic Structure	
<input type="checkbox"/> Feet	
<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Skin (non-communicable)	
<input type="checkbox"/> Speech	
<input type="checkbox"/> Teeth	
<input type="checkbox"/> Thyroid	
<input type="checkbox"/> Tonsils	
<input type="checkbox"/> Urinalysis	
<input type="checkbox"/> Other	

Description:

Height _____
Weight _____
B.M.I. _____

Weight Status Category
(BMI Percentile):

less than 5th
 5th through 49th
 50th through 84th
 85th through 94th
 95th through 98th
 99th and higher

B.P. _____
Urine _____

For Sports Physicals:

Before Exercise:
H.R. _____
Extrosystoles _____
Murmur _____

After Exercise:
Extrasystoles _____
Murmur _____
Rest H.R. _____

Recommendation for Physical Activity in School (use)

- a. Full physical activity
- b. Modified physical activity because of:

DPT DT DTap	
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tdap Booster	
PCV <input type="checkbox"/>	

Hib DTP/Hib	
1 <input type="checkbox"/> <input type="checkbox"/>	
2 <input type="checkbox"/> <input type="checkbox"/>	
3 <input type="checkbox"/> <input type="checkbox"/>	
4 <input type="checkbox"/> <input type="checkbox"/>	
MMR 1	
MMR 2	
Varivax 1	
Varivax 2	
TB Test	
PB Test	

OPV IPV	
1 <input type="checkbox"/> <input type="checkbox"/>	
2 <input type="checkbox"/> <input type="checkbox"/>	
3 <input type="checkbox"/> <input type="checkbox"/>	
4 <input type="checkbox"/> <input type="checkbox"/>	
HBV 1	
HBV 2	
HBV 3	
Menactra	
Other	
Other	

Referral ↓

Date of Physical:	Vision-without glasses/contact lenses	R	L	
	Vision-with glasses/contact lenses	R	L	
Physician's Signature:	Vision-Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

Dear Parents:

The New York State Department of Education requires health examinations and requests dental examinations be given to pupils upon entry into school and upon entering grades 2, 4, 7, and 10. It suggests that these be done by the family physician/dentist, as they are the ones who best know the family. They are better able to judge any change in the child's state of health, and they can discuss any recommendations directly with the parents at this time. These exams should be done up to one year prior to the first day of school.

We encourage continuance of the annual examinations by your family physician and dentist.

Please return this form to the school health office by October 1. After this date, we will proceed with the health appraisal by the school doctor of all pupils not returning a completed form.

Please submit your child's annual dental appraisal to the school health office by October 1.

Note: If you have an appointment scheduled for later in the year, please let us know.

Thank you,
School Nurse

School: _____ Phone: _____

Address: _____