

# Niagara Falls High School Extended School

## Academic Support

- ELA
- Math
- Social Studies
- Science
- SAT/ACT Prep

## School Engagement Activities

- Physical Education Activities
- Media Activities
- Fine Arts
- Technology Activities

## Social Support

- Mentoring
- Counseling (group and individual)
- Guest Presenters

Niagara Falls High School  
4455 Porter Road

2:15 pm to 5:15 pm

**An Extended School Day program for students at Niagara Falls High School**

**After School Snack and Transportation Provided**



**Niagara Falls City School District**  
**Niagara Falls High School**  
**2017-18 Extended School Day Application**

Child's Full Name (please print) \_\_\_\_\_ Student I.D. \_\_\_\_\_ Male or Female (please circle)

Address \_\_\_\_\_ Zip Code (required) \_\_\_\_\_

School - \_\_\_\_\_ Grade entering \_\_\_\_\_

Mother/Guardian – (name) \_\_\_\_\_ Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father/Guardian – (name) \_\_\_\_\_ Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

**Emergency Contacts**

**Others Who May Pick Up My Child**

Name	Phone	Name	Phone

**Emergency Medical Information**

In the event of a medical emergency, the Site Coordinator should call:

Physician Name:

Phone:

In the event that I, or my child's physician cannot be reached in an emergency, I hereby give my permission to the physician's /hospital selected by the program to secure proper medical treatment for my child.

**Parent/Guardian Signature:**

**Date:**

**Allergies and/or Special Needs**

*Please list any allergies to foods, bees, etc. and/or any special needs- i.e., asthma, seizures, etc.*

Allergy or Special Need	Reaction	Action to be Taken

**Parent/Guardian Memo of Understanding:**

- I give consent for my child to be photographed for education material, promotional articles or any other lawful purpose.  
**YES                      NO**
- I give consent for my child to attend all field trips using district transportation or 'walking field trips'.  
**YES                      NO**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*PLEASE RETURN TO: Main Office at Niagara Falls High School, 4455 Porter Road, Niagara Falls, NY 14305**

**Questions? Call Stan Wojton, Program Director at (716) 286-4249 <<NO DEADLINE FOR ENROLLMENT>>**  
**See Reverse Side**

**Niagara Falls City School District  
2017-2018 Extended School Day  
Health History**

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**ALL "YES" ANSWERS MUST BE EXPLAINED – Unexplained answers will delay clearance for your child.  
HAS/DOES the PARTICIPANT:**

	YES	NO
1. Had any recent injury, illness or infectious disease?		
2. Have a chronic or recurring illness/condition?		
3. Have a bleeding disorder?		
4. Ever had surgery?		
5. Have frequent headaches?		
6. Ever had a head injury?		
7. Ever had frequent ear infections?		
8. Ever had seizures?		
9. Ever had chest pain during or after exercise?		
10. Ever passed out during or after exercise?		
11. Ever had high blood pressure?		
12. Ever been diagnosed with a heart murmur?		
13. Ever had back problems?		
14. Ever had problems with joints (i.e., knees, ankles)?		
15. Have learning disabilities?		
16. Have behavior concerns such as ADD or ADHD?		
17. Have mobility concerns?		
18. Have an orthodontic appliance?		
19. Wear glasses, contacts, protective eye wear?		
20. Have any skin problems? (i.e., rash, acne)		
21. Have asthma?		
22. Have diabetes?		
23. Had mononucleosis in the 12 months?		
26. Ever had an eating disorder?		
27. Ever had emotional difficulties for which professional help was needed?		
28. Been taken out of GYM class this school year by his/her doctor?		
If yes, was he/she returned to GYM by the doctor?		
29. Have medications he/she takes at school?		
If yes, have your health care provider complete the attached medication form		

Please explain any "yes" answers, noting the corresponding number (use additional paper, if necessary)