

ELDRED CENTRAL SCHOOL DISTRICT



NEW STUDENT REGISTRATION

Dear Parent/Guardian:

Welcome to the Eldred Central School District! All students who have a legal residency within the Eldred Central School District are eligible for enrollment in the District.

Please fill in all the attached forms as soon as possible. For grades K through 6, please call Kezia Labuda at 845-456-1100 x 5143. For grades 7 through 12, please call Heather Bonnell at 845-456-1100 ext. 5176 to make an appointment to finalize your child's registration. You will need the following:

- Completed registration packet attached
- Original birth certificate of the child
- Proof of residency – acceptable proofs being deed or rental agreement, utility bill, etc. If you do not have a deed or rental agreement for your residency, a signed and notarized affidavit of residency by the property owner can be submitted.
- Immunization record and current physical
- Last report card from previous district of attendance
- Custody agreement if applicable
- Parent/Guardian photo ID

After you have submitted the above information and all required forms, your child's information will be reviewed by the Building Principal. A request for records will be submitted to your child's previous school.

If your child is in grades 7 through 12, a guidance counselor will contact you to finalize your child's schedule. If your child is in K through 6, you will be notified of your child's classroom teacher. Transportation will also contact you regarding bus routes.

If you have any questions prior to calling for a registration finalization appointment, please do not hesitate to ask. Welcome to the Eldred Central School District.

Sincerely,

Kezia Labuda & Heather Bonnell
Eldred Central School District Registrars

ELDRED CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION INFORMATION

Student's Full Name: _____ Date: _____

Student's Gender: _____ Birth Date: _____ Place of Birth: _____

Physical Address: _____

Mailing Address (If different): _____

City: _____ State: New York Zip Code: _____

Home Telephone: (_____) _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Employer: _____

Employer: _____

Work Phone: (_____) _____

Work Phone: (_____) _____

Work Hours: _____

Work Hours: _____

Email Address: _____

Email Address: _____

Language Spoken at Home: _____

Child Lives With (Check (✓) one): Both Parents One Parent

Other (Explain): _____

If Legal Custody Has Been Established (*Please provide a copy of court documents to support this):

Person with legal custody or guardianship: _____ Date Established: _____

List All Other Persons Living in Child's Household:

	Other	Other	Other	Other
Name				
Age				
Grade (If applicable)				
Gender				
Relationship				

PREVIOUS SCHOOL INFORMATION

Previous School: _____

Telephone: _____ Fax: _____

Dates Attended: _____ Grades Attended: _____

Did your child receive any Special Programs/Interventions? (Please Check (✓) all that apply)

IEP/504 ESL/LEP AIS Title I Reading/Math Early Intervention

Explain: _____

ELDRED CENTRAL SCHOOL DISTRICT
STUDENT CONTACT INFORMATION

Student's Full Name: _____

Student's Grade: _____ Teacher: _____

Physical Address: _____

Mailing Address (If different): _____

City: _____ State: New York Zip Code: _____

Home Telephone: (_____) _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Employer: _____ Employer: _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Work Hours: _____ Work Hours: _____

Email Address: _____ Email Address: _____

Child Lives With (Check (✓) one): Both Parents One Parent
Other (Explain): _____

If Legal Custody Has Been Established (*Please provide a copy of court documents to support this):

Person with legal custody or guardianship: _____ Date Established: _____

EMERGENCY CONTACTS

When listing emergency names please use someone who has agreed to be responsible for your child if you are unavailable.

1. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

2. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

3. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

4. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

Parent/Guardian Signature

Date

Notify the office immediately of any changes that may occur during the school year.

ELDRED CENTRAL SCHOOL DISTRICT

REQUEST FOR RECORDS

Date: _____

Previous School: _____

Address: _____

Previous School Phone Number: (_____) _____

Previous School Fax Number: (_____) _____

Re: _____
Student Name - Last First Middle Initial

To Whom It May Concern:

The above named student enrolled in our district on _____ and will be entering grade _____.
Please forward, as soon as possible, the following information:

- ___ Academic records, including report cards
- ___ Standardized test results, including aptitude and achievement tests
- ___ All NYS Assessments: Math, ELA, Social Studies, Science, Regents Exams, NYSAA and NYSESLAT
- ___ Health/Dental Records
- ___ Discipline referrals
- ___ Birth Certificate
- ___ Immunization Record
- ___ Custodial document
- ___ Attendance Records

___ Special Education Records:

- *Individualized Education Program (IEP)
- *Psychological
- *Evaluations - Speech, OT, PT, etc.
- * 504 Accommodation Plan
- * Social History
- * Classroom Observations

PARENT AUTHORIZATION TO SEND RECORDS

I authorize you to send all school records regarding my child (named above) to the following school. (Please check appropriate box)

George Ross Mackenzie Elementary
 Kezia Labuda, Registrar
 PO Box 249/1049 Proctor Rd.
 Glen Spey, NY 12737
 Phone: 845-456-1100x 5143 Fax: 845-856-8579

Eldred Central Jr/Sr. High School
 Heather Bonnell, Registrar
 PO Box 249/600 Rt 55
 Eldred, NY 12737
 Phone: 845-456-1100x 5176 Fax: 845-557-0690

Parent/Guardian Signature

Date

Dear Parent, Guardian, or Eligible Student:

This is to advise you of your rights with respect to student records pursuant to the Family Education Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of student records. The law gives parents and students over 18 years of age (referred to in the law as "eligible students") the following rights:

1. The right to inspect and review the student's education records within 45 days of the day the district receives a request for access. Parents or eligible students should submit to the Building Principal a written request that identifies the records they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the district to amend a record that they believe is inaccurate or misleading by writing the Principal, clearly identifying the part of the record they want changed, and specifying why it is inaccurate or misleading. If the district decides not to amend the record as requested by the parent of eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue SW
Washington, DC 20202-4605

NOTIFICATION OF DIRECTORY INFORMATION DESIGNATIONS

In addition to the rights outlined above, FERPA also gives the school district the option of designating certain categories of student information as "directory information". Directory information includes a student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended, class schedule, digital image, e-mail address, and class roster.

You may object to the release of any or all of this "directory information"; however, you must do so in writing within 10 business days of receiving this notice. If we do not receive a written objection, we will be authorized to release this information without your consent. For your convenience, you may note your objections to the release of directory information on the enclosed form and return it to the Building Principal.

Sincerely,

Robert Dufour, Superintendent of Schools

ELDRED CENTRAL SCHOOL DISTRICT

*Disclaimer: BY SIGNING THIS FORM, YOU ARE OPTING OUT OF YOUR CHILD'S PARTICIPATION IN ACTIVITIES INCLUDING BUT NOT LIMITED TO: THE SCHOOL YEARBOOK, SCHOOL AWARD CEREMONIES (IN WHICH THE PUBLIC IS INVITED), AND NEWSPAPER ARTICLES ABOUT THE SCHOOL

5500-E2 OBJECTION TO RELEASE OF DIRECTORY INFORMATION DESIGNATION

The school district has designated certain categories of student information as "directory information". Directory information includes a student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended, class schedule, digital image, email address and class roster.

If you object to the release of any or all of the directory information listed above, you must do so in writing within 10 business days of receiving this notice. For your convenience, you may note your objections to the release of directory information on this form and return it to the Building Principal.

Please do not release directory information without my prior consent.

(Student Name)

(Student Grade)

(Parent, Guardian, or Eligible Student Signature)

(Date)

Adoption: December 9, 1999

ELDRED CENTRAL SCHOOL DISTRICT

For Office Use Only:
Objection to release of directory information returned unsigned ____ Signed ____
Objection to release of directory information not returned _____

Initial: _____ Date: _____

ELDRED CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY
MCKINNEY-VENTO QUESTIONNAIRE

Name of School : _____

Name of Student: _____
Last First Middle

Sex: Male
 Female

Birth Date: _____ Age: _____ Social Security #: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the rest of this form.
If you answered NO, you may stop here and sign below.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Awaiting foster care

Name of Parent(s)/Legal Guardians(s): _____

Address: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

I agree to the release of the above information to the Academic Support for Kids Program (ASK). I understand as a result of this referral a representative from ASK will be contacting me.

Parent/Guardian Signature

Date

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date



Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled *Language Background and Educational History*. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Father _____ <small>specify</small> <small>specify</small> <input type="checkbox"/> Guardian(s) _____ <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <small>specify</small>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <small>specify</small>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <small>specify</small>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	
Address	

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Not sure <input type="checkbox"/>	*If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>Mo DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

ELDRED CENTRAL SCHOOL DISTRICT

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

DIRECTIONS:

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For question (1) Check (✓) the box that best describes your child. Check (✓) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other culture or origin, regardless of race.

- YES, Hispanic
- NO, not Hispanic

2. Select one or more races from the following five racial groups. For question (2) Check (✓) all groups that apply to your child; Check (✓) at least ONE box:

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.
- WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

TRANSPORTATION FORM

Please fill out the following information to help us locate your residence for the bus transportation department:

Student's Name: _____

Age: _____ Grade: _____

Physical Address: _____

Street/ driveway intersects with: _____

House Color and/or Landmarks: _____

Parent/Guardian Name _____ Daytime Phone: _____

ELEMENTARY EARLY DISMISSAL

Only fill out this part of the form if you have a child in Kindergarten through 6th grade

In the event of an early dismissal at the ELEMENTARY school, please fill out the following information so that your child and your particular family situation can be accommodated:

In the event of an early dismissal, my child _____

_____ will go home on the bus he/she always travels on.

_____ should go home with _____ on Bus # _____

_____ will be picked up by _____

Parent/Guardian Signature

Date

ELDRED CENTRAL SCHOOL DISTRICT

EMERGENCY MEDICAL INFORMATION



Student Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Address: _____ Phone #: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Employer: _____ Employer: _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Work Hours: _____ Work Hours: _____

Email Address: _____ Email Address: _____

Who lives with the child in his/her primary household? _____

Does the child spend a significant amount of time in another household? Yes No

If yes, describe _____

Who has legal custody of the child? _____

Describe any custody arrangements _____

HISTORY:

Were there any issues during pregnancy, labor and/or delivery for this child? Yes No

If yes, describe _____

Does this child have an ongoing health concern? (Asthma, Diabetes, etc.) Yes No

If yes, describe _____

Does this child have any allergies? Yes No

If yes, list allergies _____

Has the allergy required emergency treatment? Yes No

If yes, explain _____

Does this child require an epi pen? Yes No

Is there a history of any hospitalizations, significant injuries or surgery? Yes No

If yes, explain _____

Are there any current medical concerns/injuries? Yes No

Head _____ Eyes _____ Nose _____

Ears _____ Throat _____ Neck _____

Chest _____ Respiratory _____

Cardiovascular _____ Gastrointestinal _____

Genitourinary _____ Neurological _____

Musculoskeletal (include any past fractures, etc.) _____

Other _____

Name of Physician: _____ Telephone # _____

Does this child take any medication regularly at home? Yes No

Does this child require medication at school? Yes No

If yes, describe _____

IF YES, your child needs a medication dispensing form completed by their doctor for each medication needed. Written orders from your physician must be presented to the school health office. Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication.

List any significant medical concerns in your family:

Mother _____ Father _____
Siblings _____ Grandparents _____
Other _____

Please complete Emergency Contacts for Health Office:

When listing emergency names please use someone who has agreed to be responsible for your child if you are unavailable.

1. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

2. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

3. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

4. Name: _____ Phone: (_____) _____
Address: _____ Alternate Phone: (_____) _____
Relationship to Student: _____

Parent Authorization:

I authorize the officials of the Eldred School District to contact the persons named on this form in the event a parent cannot be reached. If parents, or other persons named on this form cannot be reached, the school nurse / or school officials may take reasonable action they deem necessary for the health of my child.

In the event of an emergency, and I cannot be reached, I hereby give my permission to the Eldred Central School District to transport my child to _____ Hospital and allow the physician in the emergency room to treat my child in an emergency situation. In the event the emergency is life threatening your child will be transported to the nearest facility. I will not hold the School District financially responsible for the emergency care and / or transportation of my child.

Student's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____