

**CHAZY CENTRAL RURAL SCHOOL**

CHAZY, NEW YORK 12921

PHONE (518) 846-7135



Please fill out all forms to the best of your ability.  
Please return original signed paper work to:

Chazy Central Rural School  
Attn: Mrs. Breton  
609 Miner Farm Rd.  
Chazy, NY 12921

If you have any questions please contact Mrs. Breton in the  
Main office at 518-846-7135 x505

Thank you!

Chazy Central School — Central Registration — Required Information

Please Note: All of the following required information MUST BE provided before any registration is processed.

If you have a question regarding the above note, please call 518 846-7135.

Grade	Student Name	
Proof Provided	Description of Proof Received	Registration Requirements
<input type="checkbox"/>		<b>Parent/Guardian Photo Identification:</b> Driver's License, State Issued ID card, Passport, etc.
<input type="checkbox"/>		<b>Completed District Registration Packet:</b> including District Registration form, Emergency form. <i>All forms must be signed by the parent or legal guardian only</i>
<input type="checkbox"/>		<b>Proof of Age:</b> Original Birth Certificate Only (official seal must be present), passport, or record of baptism.
<input type="checkbox"/>		<p>Proof of Residency: Depending on living situation &amp; original documents must be seen. <i>Name(s) on closing papers, utility bill, lease, notarized affidavits &amp; letters must match parent/guardian.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Own a home: signed closing papers&amp;/or utility bill. Must show exact address</li> <li><input type="checkbox"/> Rent with a lease, signed lease &amp; utility bill</li> <li><input type="checkbox"/> Rent without a lease notarized Landlord Affidavit &amp; utility bill</li> <li><input type="checkbox"/> Living with a district resident: Set of 1 notarized letter, utility bill for resident, parent's driver's license &amp; another- piece of mail at the district address. <i>*Notarized letters must state all parties names (including children) &amp; physical district address.</i></li> </ul>
<input type="checkbox"/>		<b>Immunization Records</b>
<input type="checkbox"/>		<b>Custody/Guardianship Papers:</b> Custody/Guardianship papers are required of all registrants if not living with one or both parents & or legal guardians. Must be issued by court of appropriate jurisdiction or forms approved by District Superintendent.
<input type="checkbox"/>		<b>Records Request:</b> All parent / guardians must sign a records request/release form to be sent by the buildings to the previous school.
<input type="checkbox"/>		<p><b>Building Packets:</b> The individual buildings may have a secondary registration packet to be completed by the parent / guardian at central registration before continuing to school.</p> <p><b>Elementary (K-6):</b> Student Information Sheet, Health History &amp; Physical Form*, Census Form and any other forms required for registration.</p> <p><b>Jr. High/High School:</b> Student Information Sheet, Health History &amp; Physical Form*, and any other forms required for registration.</p> <p align="center">*Physical Form to be completed by physician/doctor.</p>

# CHAZY CENTRAL RURAL SCHOOL DISTRICT

## Student Enrollment Form

School Entered:  ES  JH  HS      **SCHOOL USE ONLY**      AM Bus: \_\_\_\_\_ 2:30 Bus: \_\_\_\_\_ 3:15 Bus: \_\_\_\_\_

**Please check:**

- |   |  |                           |
|---|--|---------------------------|
| <input type="checkbox"/> New Student        | <input type="checkbox"/> Guardianship Papers | Student School ID # _____ |
| <input type="checkbox"/> Returning Student  | <input type="checkbox"/> McKinney-Vento      | Enrollment Date _____     |
| <input type="checkbox"/> Proof of Age       | <input type="checkbox"/> Migrant Student     | Teacher/Homeroom _____    |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Restraining Order   |                           |
| <input type="checkbox"/> Custody Papers     | <input type="checkbox"/> Title III Eligible  |                           |
| <input type="checkbox"/> Foster Child*      |  |                           |

\*if yes, provide district of origin \_\_\_\_\_

### STUDENT INFORMATION

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Student's Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_ Birth Place: City/State/Country \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ Student Citizenship: U.S. Citizen  Yes  No  
 If no, Country of Origin: \_\_\_\_\_

**Ethnicity:**

- |   |   |
|---|---|
| <input type="checkbox"/> A=Asian                          | <input type="checkbox"/> M=Multiracial                  |
| <input type="checkbox"/> B=Black or African American      | <input type="checkbox"/> P=Native Hawaiian/Pacific Isle |
| <input type="checkbox"/> H=Hispanic or Latino             | <input type="checkbox"/> W=White                        |
| <input type="checkbox"/> I=American Indian/Alaskan Native |   |

**Living With:**

- |  |   |
|--|---|
| <input type="checkbox"/> Both Parents                                | <input type="checkbox"/> Mother/Stepfather* |
| <input type="checkbox"/> Mother Only                                 | <input type="checkbox"/> Father/Stepmother* |
| <input type="checkbox"/> Father Only                                 | <input type="checkbox"/> Foster Parents     |
| <input type="checkbox"/> Self (proof of emancipated status required) |   |
| <input type="checkbox"/> Other _____                                 |   |

**Where is the student currently living?** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

### STUDENT'S SPECIAL PROGRAMS

Has your child been retained (repeated a grade)? Yes      No      If yes, what grade? \_\_\_\_\_

Circle the services/programs your child receives:      IEP      Section 504 Plan      AIS      Counseling  
 ESL      Remedial Math      Remedial Reading      Speech Improvement      Special Services

Has your child been declassified from Committee on Special Education or Section 504? \_\_\_\_\_ If yes, date of declassification \_\_\_\_\_

Please indicate if your student has/had any of the following concerns: if yes, please explain:

Behavior Issues \_\_\_\_\_ Attendance Issues \_\_\_\_\_ Medical Concerns \_\_\_\_\_

Previous School Name \_\_\_\_\_ Previous School Address \_\_\_\_\_ Grades Attended \_\_\_\_\_

cc: Theda Wilfore, Director of Special Education  
*Tiffany Supinski*

# CHAZY CENTRAL RURAL SCHOOL

PHONE (518) 846-7135



SUPERINTENDENT OF SCHOOLS  
SCOTT J. OSBORNE

ELEMENTARY PRINCIPAL  
ROBERT E. MCAULIFFE

Dear Parents:

All school districts are obligated to provide the following letter of information to all parents of school aged students in their district. This letter provides information for you to be aware of, if you are a resident of this school district and you have placed, or are considering placing, your child who has a disability or is suspected of having a disability in a nonpublic school for which you would be paying tuition. The federal Individuals with Disabilities Education Act (IDEA) and State law require the school district where the nonpublic school is located to assume responsibility to provide special education services for your child. The following information is important for you to know:

- If you place your child in a nonpublic school and wish your child to receive special education services while enrolled in that school, you must request those services in writing no later than June 1 before the school year in which services are to be provided. If your child is first identified as a student with a disability after June 1 and before April 1 of the current school year, you may submit your request within 30 days after your child is first identified.
- Transportation requests to and from your child's home to the nonpublic school should continue to be submitted to us (i.e., the school district where you legally reside) by April 1 of the school year before transportation is to be provided in accordance with district policy.
- If you placed your child in a nonpublic school and, while the child is enrolled in that school, you suspect that your child has a disability and you wish to have your child evaluated to determine if special education services are needed, you must contact the school district where the nonpublic school is located to request an evaluation to determine your child's eligibility for special education services.
- In order for us to share special education information about your child with the school district where the nonpublic school is located, we must have your written consent.
- If the nonpublic school where you place your child is located within the geographic boundaries of another public school district, the public school district in which the nonpublic school is located will arrange for and provide the recommended services for your child, including conducting special education individual evaluations, Committee on Special Education (CSE) meetings and developing an individualized education services program (IESP). An IESP must be developed in the same manner and with the same contents as an individualized education program (IEP). It is called and IESP to

distinguish it from the IEP that would be developed if you child were reenrolled in our public school district.

- If the nonpublic school where you place your child is located within the geographic boundaries of our public school district, we will continue to provide special education services to your child, pursuant to an IESP.
- If you are a resident of New York State and the nonpublic school where you place your child is located in another state, your child may not be entitled to any or all of the special education services he/she might have received if enrolled in a public school. In this case you must contact the school district in the other State where the school is located and they must determine your child's eligibility for services and develop a Services Plan, which will indicate the services to which you are entitled.
- If you have a dispute regarding special education evaluations or services provided for your child by the school district where the non public school is located, you should pursue resolution of these disputes with that school district.

If you have any questions regarding these new requirements, please contact Mrs. Kerry Adams at 846-8885.

Sincerely,



Scott Osborne  
Superintendent of Schools

cc: Mrs. Adams, Director of Special Education

# CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846-7135



SUPERINTENDENT OF SCHOOLS  
SCOTT OSBORNE

ELEMENTARY PRINCIPAL  
ROBERT E. MCAULIFFE

Dear Parent or Eligible Student:

Pursuant to the No Child Left Behind Act, the school district must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of **high school students**. The district must also notify parents of their right and the right of their child to request that the district not release such information without prior written parental consent.

Parents (or students 18 years of age or older) wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and/or institutions of higher learning must sign and return the attached form to the Guidance Office by September 6, 2023.

Sincerely,

Amy Racine

Guidance Counselor

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Reservation of Consent for the Release of Certain Student Information under the No Child Left Behind Act

\_\_\_\_\_ Please do not release the name, address and telephone number of

\_\_\_\_\_ to

(name of student)

\_\_\_\_\_ Armed Forces and Military Recruiters, or Military Schools.

\_\_\_\_\_ colleges, universities, or companies seeking employees.

---

(Parent/Guardian or Eligible Student Signature)

(Date)

# CHAZY CENTRAL RURAL SCHOOL



SUPERINTENDENT OF SCHOOLS  
SCOTT J. OSBORNE

ELEMENTARY PRINCIPAL  
ROBERT E. MCAULIFFE

Dear Parent, Guardian and School Staff:

The Chazy School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48 hours prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- Anti-microbial products
- Nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children
- Nonvolatile insecticide baits in tamper resistant bait stations in areas inaccessible to children
- Silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children
- Boric acid and disodium octaborate tetrahydrate
- The application of EPA designated biopesticides
- The application of EPA designated exempt materials under 40CFR152.25
- The use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

In addition, there will be no written notice of such application when a school remains unoccupied for a continuous 72 hours following an application.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school, please complete the form below and return it to the Chazy Central Rural School, Pesticide Notification Program, 609 Miner Farm Road, Chazy N.Y. 12921.

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**Chazy Central Rural School District - Request for Pesticide Application Notification**  
(Please Print)

Name: \_\_\_\_\_

Address:

Day Phone: \_\_\_\_\_

Evening Phone:

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# CHAZY CENTRAL RURAL SCHOOL 2023- 2024

PLEASE COMPLETE THIS FORM FOR VEHICLE INFORMATION.

Circle One:            Faculty/Staff            OR            \*Student

Name:

Address:

City, State, Zip:

Phone #:

Vehicle #1

License Plate #:

Make:

Color:

Vehicle #2

License Plate #:

Make:

Color:

Vehicle #3

License Plate #:

Make:

COIOF:

Vehicle #4

License Plate #:

Make:

Color:

Date:

Signed:

**\*The last two rows in the back parking lot marked with yellow squares are designated for student parking.**

Please return to the main office by SEPTEMBER 6. Thank you.



CHAZY CENTRAL RURAL SCHOOL  
Student Emergency Contact Information  
2023 - 2024 School Year

(PLEASE PRINT)

(PLEASE PRINT)

STUDENT INFORMATION

1st Run Bus #: \_\_\_\_\_ 2nd Run Bus #: \_\_\_\_\_ OR Walk

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(last name) (first name) (middle name)

Mailing Address: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_ Locker #: \_\_\_\_\_

Name of Brothers or Sisters: \_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_ grade: \_\_\_\_\_  
(0-19 years of age)

\_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_ grade: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_ grade: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_ grade: \_\_\_\_\_

PARENT INFORMATION

Who does the student live with?: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

If child not living with both parents should other parent receive school correspondence? yes \_\_\_\_\_ no \_\_\_\_\_

Mother's email address: \_\_\_\_\_ Father's email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home #: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

PERSON(S) TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

1. Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ Phone #: \_\_\_\_\_

# CHAZY CENTRAL RURAL SCHOOL



SUPERINTENDENT OF SCHOOLS  
SCOTT J. OSBORNE

ELEMENTARY PRINCIPAL  
ROBERT E. MCAULIFFE

## INTERNET SAFETY POLICY

Please complete and sign a form for each child and return to your child's home room teacher.

\_\_\_\_\_ \*and \_\_\_\_\_  
Parent/Guardian name Student name- please print

have read the Acceptable Use Policy for the Chazy Central Rural School network and the internet, understand it and agree to abide by the principles and procedures as detailed within. We understand and accept the conditions stated, and agree to hold blameless, and release from any liability, the Chazy Central Rural School District and its employees.

I understand that if my child does not follow the suggested guidelines, loss of network/and or internet privileges as well as other penalties as stated in the document may result.

I also understand that I am granting this permission for the remainder of my child's education at Chazy Central Rural School. I will only be required to sign a new form if the policy is updated at a later date.

I also understand that I may rescind this permission by contacting the building principal in writing.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Parent/Guardian signature)

\*Parent signature required only if applicant is under 18 years of age.

# CHAZY CENTRAL RURAL SCHOOL

## **Electronic Network Use Rules (Acceptable Use Policy)**

Chazy Central Rural School students and staff have an exciting opportunity to become members of the information superhighway. Access to the Internet provides vast, diverse, and unique resources. An individual can locate information anywhere in the world. Connection to universities, national libraries, businesses, and museums is easily within the realm of possibility. With this opportunity comes the responsibility for appropriate use. It is for this reason that an acceptable use policy has been drawn up concerning use of both the network and the Internet.

All of the computers are Chazy Central Rural School District property and, as such, none of the data or information stored on them is private. District officials and the system administrator have the right to access all computerized files for any reason whatsoever.

The employees of the Chazy Central Rural School District have been apprised of the material in this Acceptable Use Policy and are in agreement with its provisions, both in terms of student use and employee use. Employees must be careful not to engage in careless use of passwords. They are aware that both students and employees may be disciplined for violating school policies relating to their use of school computers and the Internet.

Our Internet filtering system logs all users and their activities while on the Internet. Any unsuitable sites that are blocked, due to pornography, gambling, etc., are logged.

Should additional questions arise, system and school administrators will decide what constitutes appropriate use.

### **Please be sure to carefully read this document before signing.**

The use of the Internet and network must be in support of education and research and in accordance with the educational objectives of the Chazy Central Rural School. It is expected that users will employ network etiquette and common sense. This Acceptable Use Policy is an extension of school policies already in place whose purpose is to govern student expectations and behavior. Because of the difference in the type of media employed, a more detailed list is necessary. Unacceptable use includes, but is not limited to, the following behavior by an individual(s):

- Intentionally disrupts information network traffic or crashes the network and connected systems.
- Degrades or disrupts equipment or system performance.
- Uses computer resources for commercial or financial gain or fraud.
- Steals data, equipment, or intellectual property.
- Gains unauthorized access to files of others or vandalizes the data or files of another or the network.
- Invades the privacy of individuals.
- Uses the Internet to post anonymous messages, insults, threats, attacks, or harasses others, including sexual harassment.
- Transmits or receives any material that is obscene, immoral, violent, illegal or in violation of any District policy or regulation.

- Uses network for illegal activities.
- Vandalizes--any malicious attempts to harm or destroy data of another user.
- Wastefully uses finite resources (ribbon, paper, etc.).
- Uses inappropriate language.
- Violates the rules of common sense or etiquette.
- Reads and posts messages to personal e-mail accounts and/or social networking accounts (students and non-employees).
- Uses computer resources for political activity.
- Uses computer resources for private use.

In addition, users should not transmit any personal addresses or addresses of others. Credit card numbers, bank account numbers, or any other financial information should not be disclosed. Users must also notify system administrators immediately if they detect a security problem.

Downloading, installing, or using unauthorized software is prohibited.

The District reserves the right to amend the policy at any time without notice.

Issues of methods of use of information procured from the Internet may arise. These issues include, but are not limited to, the following. \*

## **Plagiarism**

Plagiarism is “taking ideas or writings from another person and offering them as your own.” Credit should always be given to the person who created the article or is responsible for the idea. Take extra caution when using the information networks. Cutting and pasting ideas into your own document, without giving credit to the author, is plagiarism.

## **Copyright**

According to the Copyright Act of 1976, “Fair Use” means that you may freely use any information that you legally find for scholarly purposes. You may not plagiarize or sell it.

For example, if you find copies of ClarisWorks or any other copyrighted or licensed software, you cannot legally copy it. However, if you find an article about ClarisWorks, you may copy it as long as you give credit to the author and do not sell it.

## **Citing Sources**

Be sure to include all necessary information when citing sources.

\*More information may be found in the attached addendum.

Violation of the acceptable use policy may result in any or all of the following penalties:

- Suspension of Internet access.

- Revocation of Internet access.
- Suspension of network privileges.
- Revocation of network privileges.
- Suspension of all computer access.
- Revocation of all computer access.
- School suspension.
- School expulsion.
- Legal action and prosecution by the authorities.

Due process will be used in handling violations. In addition, the District has the right to restrict or terminate network/Internet access at any time for any reason. The District, further, has the right to monitor network activity (e-mail included) in any form that it sees fit to maintain the integrity of the network/Internet system.

The Internet contains sites which make it possible for students to access information that is intended for adults. Student access to and use of the Internet will be under teacher/staff direction and will be monitored as any other classroom activity. Although the Chazy Central Rural School District has taken all responsible actions to insure that **Internet use is only for purposes consistent with the school curriculum**, the District cannot prevent access to, nor identify, all areas of inappropriate material elsewhere on the Internet. No security is ever perfect and computer security certainly falls in this category. It is very possible that a determined student could make use of computer resources for inappropriate purposes.

The Chazy Central Rural School District believes that the benefits to both students and educators from Internet access far outweigh the possible disadvantages. As is the case for all school behavior, ultimately, the parent(s) and guardian(s) of minors are responsible for setting and conveying standards for their children. Therefore, it is the opinion of the District that it is each family's right to decide whether or not to apply for Internet access.

**References:**

Kings County Internet Use Policy  
 Lexington Internet Acceptable Use Policy  
 NuevaNet Acceptable Use Policy  
 Saddleback Valley Unified School District Electronic Network Use Rules  
 Los Angeles Unified School District - Information Technology Division  
 Jefferson County Public Schools Net Use Procedure  
 Newport-Mesa Unified School District Information Network Access  
 Terms and Conditions for Use of Internet in Leon County Schools  
 The Library Bill of Rights of the American Library Association  
 Bellingham School District 501 Board Policy  
 Snoqualmic Valley School District Internet Use Policy

**PLEASE COMPLETE AND SIGN A FORM FOR EACH CHILD AND RETURN TO YOUR CHILD'S HOMEROOM TEACHER.**

**CHAZY CENTRAL RURAL SCHOOL**

CHAZY, NEW YORK 12921

PHONE (518) 846 - 7135



Grades 7 - 12

**Parent/Guardian Permission for School Year 2023-2024**

Print Student Name: \_\_\_\_\_

**OFF-CAMP US RELEASE (please circle one)**

Yes / No - Permission given so that my child may go on off-campus CCRS field trips, clinical and hospital visitations, youth organization activities, and other field experiences. Notification will be sent home with your student prior to any off- campus activity.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY TREATMENT PERMISSION**

If an accident should happen in school or on a field trip and you cannot be reached, permission is given to authorize emergency treatment and/or transportation to a medical facility.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH OFFICE/EMERGENCY FORM (HIPAA LAW)**

Due to recent changes in confidentiality laws, it is difficult to exchange needed information with Health Care Providers. For this reason, we ask that you complete and sign this release. Information requested may include, but not limited to, immunization records, physical forms and updates, medication authorization, and restriction or release or activity information. Your physician may also request that you sign a similar release.

I authorize the exchange of pertinent medical and/or psychological information between the physician and the school for my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE PERMISSION (please circle one)**

Yes / No Permission given for my child's picture to be used for the purpose of media releases (school newsletters, school web pages, newspapers, television, promotional literature, slides, etc.)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the main office by September 12, 2023**

# CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846 - 7135



SUPERINTENDENT OF SCHOOLS  
SCOTT J. OSBORNE

ELEMENTARY PRINCIPAL  
ROBERT E. MCAULIFFE

Date: \_\_\_\_\_

From: Chazy Central Rural School  
609 Miner Farm Rd.  
Chazy, NY 12921

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has enrolled in grade \_\_\_\_\_. Please send us a complete transcript of the student's record including the following information:

- Grades for each marking period to date of withdrawal
- Birth Certificate
- Social Security Number
- Standardize test scores
- Attendance record
- Health records
- Discipline records
- Gifted records

Special Education Records are to be sent to:

Director of Special Programs  
609 Miner Farm Road  
Chazy, NY 12921

\_\_\_\_\_  
Parent Signature

CENSUS DATA FORM — the following information is needed for our school district census.

Head of Household: \_\_\_\_\_  
last name first name m.i. home phone

Other parent/  
Adult in household: \_\_\_\_\_  
last name first name m.i. home phone

Mailing address: \_\_\_\_\_, NY \_\_\_\_\_  
Town Zip code

Your physical 911 address: \_\_\_\_\_

Please provide the following data for all children under age 21 who reside in your household:

1. Name: \_\_\_\_\_  
last name first name m.i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

B. If yes, name of school if different than Chazy Central:  
\_\_\_\_\_

C. As far as you know, does this child have any difficulties which would hamper him in school? Yes No (circle)

(If you mark yes, we will contact you for further information.)

Please provide the following data for all children under age 21 who reside in your household:

2. Name: \_\_\_\_\_  
last name first name m.i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

B. If yes, name of school if different than Chazy Central:  
\_\_\_\_\_

C. As far as you know, does this child have any difficulties which would hamper him in school? Yes to (circle)

(If you mark yes, we will contact you for further information.)

Please provide the following data for all children under age 21 who reside in your household:

3. Name: \_\_\_\_\_  
last name first name m.i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

B. If yens, name of school if different than Chazy Central:  
\_\_\_\_\_

C. As far as you know, does this child have any difficulties which would hamper his in school? Yes No (circle)

(If you mark yes, we will contact you for further information.)



**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF  
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ DOB \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy\*.

**PLEASE. CHECK ONE:**

- I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips to my self directed child
- I understand that administration of oral, topical or inhalant medications to my non self- directed child and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

Signature (Parent or Guardian): \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	Frequency/Time TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address. \_\_\_\_\_ Phone: \_\_\_\_\_

\*Medication must be in original pharmacy labeled container with specific orders and name of medication.

\*Medication and refills must be brought to school by parent, guardian or responsible adult.

Plan reviewed with parent(s)/guardian(s):

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHAZY CENTRAL RURAL SCHOOL**

CHAZY, NEW YORK 12921

PHONE (518) 846-7135



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I hereby grant permission to:

---

(name of school student is coming from)

to release any / all records of:

---

(student's name)

to:           Guidance Department  
              Chazy Central Rural School  
              609 Miner Farm Road  
              Chazy, NY 12921

phone:       518-846-7224

fax:          518-846-8322

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student (if over 18)

\_\_\_\_\_  
Signature of Parent or Guardian



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:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATIONSHIP:		
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	_____
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father _____
	<input type="checkbox"/> Guardian(s)	_____	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write

### 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 <u>referred for an evaluation</u> 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., <i>special talents, health concerns, etc.</i> ) _____ _____
12. In what language(s) would you like to receive information from the school _____

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of ~~Parent~~ Parent or Person in Parental Relation \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	

Name/Position of Qualified Personnel Reviewing HLQ And Conducting Individual Interview

ORAL INTERVIEW NECESSARY:  NO  YES

\*\*DAY OF INDIVIDUAL INTERVIEW \_\_\_\_\_

OUTCOME OF INDIVIDUAL INTERVIEW:

- ADMINISTER NYSITELL
- ENGLISH PROFICIENT
- REFER TO LANGUAGE PROFICIENCY Team

Name / Position of Qualified Personnel administering NYSITELL

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of NYSITELL Administration \_\_\_\_\_

Proficiency Level Achieved On NYSITELL:

- Entering
- Emerging
- Transitioning
- Expanding
- Commanding

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSER RECOMMENDATION:

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this Form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID# : \_\_\_\_  
Female Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardships (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
  
- In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth.)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If the- student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school met contact the previous district/school attend d to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.