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 paperwork to:

Chazy Central Rural School

Attention: District Clerk

609 Miner Farm Road

Chazy, NY 12921

If you have any questions, please contact Mrs. Breton in the Main Office at 518-846-7135 EXT 505.

Thank you!

Chazy Central Rural School District
Student Enrollment Form

School Use Only

School Entered: _____ ES _____ JH _____ HS
AM Bus:_____ 2:30 Bus:_____ 3:15 Bus_____
Please check:

_____ New Student
_____ Returning Student
_____ Proof of Age
_____ Proof of Residency
_____ Custody Papers
_____ Foster Child*

_____Guardianship Papers
_____McKinney-Vento
_____ Migrant Student
_____ Restraining Order
_____ Title III Eligible

Student School ID#_____
Enrollment Date_____
Teacher/Homeroom_____

* 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:____Yes____No

Ethnicity:

___Asian ___Multiracial
___Black or African American
___Hispanic or Latino ___ White
___ American Indian/Alaskan Native
___ Native Hawaiian/Pacific Isle

Living with:

___Both Parents ___Mother/Stepfather
___ Mother Only ___Father/Stepmother
___ Father Only ___Foster Parents
___Self (Proof of emancipation status required)
___ Other:_____

Where is the student currently living: (Please check one)

___ 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 the 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:_____

CHAZY CENTRAL RURAL SCHOOL

(PLEASE PRINT) **Student Emergency Contact Information** (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 #: _____

What country was the student born in? _____ If not in the US, what was their date of entry? _____

Grade: _____ Home Room Teacher: _____ Locker #: _____

Name of Brothers or Sisters: _____ age: ____ grade: _____
(0-19 years of age)

_____ age: ____ grade: _____

_____ age: ____ grade: _____

_____ age: ____ grade: _____

PARENT INFORMATION

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

If a child is not living with both parents, should the 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 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 #: _____

Parent/Guardian Signature:_____

Student Health History

Name:_____Age:_____Birthdate:_____
Address:_____Phone Number:_____
Date of Interview:_____Individual providing health history:_____

History

Were there any issues during pregnancy, labor and/or delivery for this child? ____Yes ____No
If yes, please describe:_____
Does this child have any on-going health concerns (asthma, diabetes, etc.)? ___Yes ___No
If yes, please describe:_____
Does this child have any allergies? ___Yes ___ No
If yes, please list:_____
Has the allergy required emergency treatment? ___Yes ___No
If yes, please explain:_____
Are the child's immunizations up to date? ___Yes ___No
Additional immunizations required:_____Given?_____
Is there a history of any hospitalizations, significant injuries or surgery? ___Yes ___No
If yes, please describe:_____
Are there any current medical concerns/injuries? ___Yes ___No
Head:_____Eyes_____ Nose_____
Ears:_____Throat_____ Neck_____
Chest:_____Respitory:_____
Cardiovascular:_____Gastrointestional:_____
Genitourinary:_____Neurological:_____
Musculoskeletal(include any past fractures, ETC):_____
Does this child take any medication regularly at home? ___Yes ___No
Require medication at school? ___Yes___No
If yes, please describe:_____
Please list any additional information or concerns: _____
_____
Describe child's nutritional pattern and dietary intake:_____
_____
List any significant medical concerns in family:
Mother_____Father_____
Siblings_____ Grandfather_____
Other_____
Who lives with the child in his/her primary household?_____
Does a child spend a significant amount of time in another house? ___Yes ___No
If yes, please describe:_____
Who has legal custody of this child?_____
Describe any custody arrangements:_____

Any additional concerns or pertinent information(use back if needed):_____
_____
_____

Parent/guardian signature:_____Date:_____

Chazy Central Rural School District
609 Miner Farm Road
Chazy, NY12921
(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/Guardian

Chazy Central Rural School District

609 Miner Farm Road
Chazy, NY12921
(518)846-7135

Date:_____

From: Chazy Central Rural School
609 Miner Farm Road
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 Records
- 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:_____
Town State 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

   A. Is this child currently attending school? Please circle one: Yes No
   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 them in school? Please circle one: Yes No (If 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

   A. Is this child currently attending school? Please circle one: Yes No
   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 them in school? Please circle one: Yes No (If 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

   A. Is this child currently attending school? Please circle one: Yes No
   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 them in school? Please circle one: Yes No (If yes, we will contact you for further information.)

Note to Schools/LEAS: Please assist students and families filing 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: Chazy Central Rural School

Name of School:_____

Name of Student:_____

Last Name First Name M.I.

Gender: Male Female Date of Birth:_____/_____/_____ Grade:_____

(Month) (Day)(Year) (preschool-12)

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 <u>one</u> 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 <u>NOT</u> 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. <u>After</u> the student has been enrolled, the district/school may contact the previous district/school attended 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.

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

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		GENDER:
Month	*Day*	*Year*
		❑ Male ❑ Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other	*specify*	
2. What was the first language your child learned?	❑ English	❑ Other	*specify*	
3. What is the Home Language of each parent/guardian?	❑ Parent 1 *specify*	❑ Parent 2 *specify*		
	❑ Guardian(s) *specify*			
4. What language(s) does your child understand?	❑ English	❑ Other	*specify*	
5. What language(s) does your child speak?	❑ English	❑ Other *specify*		❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other *specify*		❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other *specify*		❑ 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**	*No*	*Not sure*	
❑	❑	❑	***If yes**, please explain:* _____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ **No** ❑ **Yes*** **Please complete 10b below*

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
❑ **No** ❑ **Yes – Type of services received:** _____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ❑ **No** ❑ **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: ❑ **Parent** ❑ **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: ❑ **NO** ❑ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

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: _____ (MO. DAY YR.)

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 CSE RECOMMENDATION:

CHAZY CENTRAL RURAL SCHOOL

PLEASE COMPLETE THIS FORM FOR VEHICLE INFORMATION.
Circle One: Faculty/Staff OR ***Student**

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

Name:

Address:

City, State, Zip:

Phone #:

Vehicle #1
License Plate #: Make: Color:

Vehicle #2
License Plate #: Make: Color:

Vehicle #3
License Plate #: Make: Color:

Vehicle #4
License Plate #: Make: Color:

Date:

Signed:

Please return to the main office. Thank you.

CHAZY CENTRAL RURAL SCHOOL
Special Education Department

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 an IESP to distinguish it from the IEP that would be developed if your child were re-enrolled 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,
Robert McAuliffe
Superintendent of Schools

SO: KB
cc:Mrs. Adams, Director of Special Education