



New Student Registration

The following information must be completed and submitted:

1. Student Data Form
2. Proof of identity (birth certificate, baptism certificate, or passport)
3. Student Racial and Ethnic Identification Form
4. Residency Questionnaire
5. Two proofs of residency
6. Custody papers, protection orders or legal guardian documents regarding the supervision of your child (if applicable)
7. Transportation Form
8. Free & Reduced Lunch Application (if applicable)
9. Copy of immunizations and physical health appraisal (dated within last twelve months)

Fort Ann Central School District
1 Catherine Street
Fort Ann, NY 12827
Phone: (518) 639-5594 ext. 52101
Fax: (518) 639-4311
www.fortannschool.org

Parents/Guardians listed above will be contacted **FIRST** in event of emergency. Please list **additional emergency contacts below** in the order you would like them contacted:

Emergency Contact #1

Name: _____

Daytime Location: _____

Relationship: _____ Daytime Phone: _____

Cell: _____

Emergency Contact #2

Name: _____

Daytime Location: _____

Relationship: _____ Daytime Phone: _____

Cell: _____

Emergency Contact #3

Name: _____

Daytime Location: _____

Relationship: _____ Daytime Phone: _____

Cell: _____

Does your child have any medical conditions, illnesses or allergies? (answer **Yes** or **No**; if you answer **Yes**, our School Nurse will contact you for details) _____

Does your child have an IEP or 504 Plan, or has he/she been referred for evaluation (Speech, OT, PT, etc)? If yes, please provide a copy of the IEP/504 Plan or provide name of tests, dates and location of any testing:

Other siblings (both in household/out of household and all ages):

What school district is your child transferring from? _____

Signature of Parent/Guardian: _____

Date: _____

Fort Ann Central School District

Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration.

Name of School: English Only

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name;
Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

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 Spanish 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 America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.

ASIAN: A person having origins in any of the original peoples 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: 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.

3. Is there a language other than English which is spoken in your home? YES NO
Is yes, what language? _____

Signature of Parent/Guardian _____

Relationship to Student _____

Date _____

See reverse for important messages to Parents/Guardians
and Confidentiality Procedures and Regulations.

**FORT ANN CENTRAL SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

To the Parent/Guardian: **THE FORT ANN CENTRAL SCHOOL DISTRICT** has adopted a policy that requires the collection and recording of the ethnic identity of students within the district in accordance with the federal categories and definitions. The information will be used:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. We understand the sensitive nature of this information and wish to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

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

To the Parent/Guardian: The information that you have provided on this form is confidential. It is protected by the confidentiality regulation cited as follows:

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.

Please complete the form on the other side of this page.

Acceptable Proof of Residency for Enrollment Purposes
(2 are required)

Preferred:

- ◆ Lease agreement or notarized statement from landlord – must include tenants' names and physical address
- ◆ Copy of deed
- ◆ Copy of purchase contract with a letter from an attorney listing the expected closing date/time
- ◆ Driver's License or NYS Identification card issued by DMV
- ◆ State or Government issued Identification card with name and address
- ◆ Voter Registration Card
- ◆ Auto Insurance Card/Policy –policy must be currently active
- ◆ Homeowner's Insurance Policy with name and full physical address, – policy must be active
- ◆ Income Tax Form – most recent year
- ◆ School Tax Bill – most recent
- ◆ Mortgage Statement *
- ◆ Utility Bill *- National Grid, Local Water/Sewer, Cable
- ◆ Notices/Award Letters from DSS, OTDA, SSA *

Accepted only if none of the above are available and with approval of District:

- ◆ Notarized statement from a third party which much include all tenants' names and the full physical address as well as the date tenancy began
- ◆ Copy of purchase contract with a letter from an attorney listing the expected closing date/time with additional documentation

***Proof of Residency with an * must be within 30 days of receipt by the District

***All Proof of Residency must include parent/guardian or child's name AND the full physical address

RESIDENCY QUESTIONNAIRE

Name of LEA: Fort Ann CSD

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____ / ____ / ____ Grade: ____ ID#: ____
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 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

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. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

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

Eligibility Screen for Migrant Education Services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the Herkimer BOCES at (315) 867-2087 or mail to the address above. For more information please call the Migrant Program at (315) 867-2079.
Thank you for your assistance.

Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empaquetar de comida, corta de árboles o cultivo de árboles? Sí _____ NO _____

Si UD dijo que si, ¿en que granja? _____ ¿Donde? _____ ¿Cuándo? _____



Si Usted contestó que Si a AMBOS preguntas de arriba, su familia PUEDE calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

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Nombre del niño(a) _____ Fecha de Nacimiento _____ Grado _____

Padres/ Guardianes

Nombre de la Mamá _____ Nombre del Papá _____

Dirección de la Casa _____ Numero de teléfono en casa _____
(Dirección de la Calle)

_____ # de teléfono del trabajo o de Mensaje _____
(Ciudad o Pueblo) (Código Postal)

Distrito escolar _____ edificio escolar _____

Persona para contactar _____ numero para contactar _____

Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) _____

Para someter este referido, favor de mandarlo por fax al Herkimer BOCES a
(315) 867-2087 o mandar por correo al dirección de arriba.

Para más información, favor de llamar al Programa Migrante a (315) 867-2079. Gracias.

**19/20 FORT ANN CENTRAL SCHOOL
TRANSPORTATION INFORMATION FORM**

FORT ANN SCHOOL DISTRICT TRANSPORTATION POLICY

1. Students who are in Kindergarten **MUST** be met by their parent/guardian, if a parent/guardian is not there to meet their child(ren), they will be taken back to school.
2. Transportation information forms must be completed every school year, even if the information is the same as the previous year.
3. Transportation information forms should be completed any time there is a change in your child(ren) bus route.
4. If this form is not returned, we will schedule our child(ren) bus route from our most current **HOME** address.

NOTE: REQUEST FORMS MUST BE FILLED OUT PRIOR TO CHANGE. PLEASE ALLOW FOR 3 TO 5 DAYS FOR PROCESSING.

Today's Date _____ Effective Date _____

Student's Name _____ Grade _____

Parent/Guardian Name _____

Primary Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

AM Alternate Child Care Provider: _____

Address _____

Sitter Home Phone _____ Sitter Cell Phone _____

Please circle which days your child(ren) will be **PIKED UP** at daycare:

MON TUES WED THURS FRI

PM Alternate Child Provider: _____

Address _____

Sitter Home Phone _____ Sitter Cell Phone _____

Please circle which days your child(ren) will be **DROPPED OFF** at daycare:

MON TUES WED THURS FRI

Parent/Guardian Signature _____

