

SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT

Student Registration Form

For office use only

Student must be a resident of SCCS

I. STUDENT INFORMATION (For Student Being Enrolled)

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

Sex: Male Female Date of Birth: _____ Proof of Birth submitted with application: _____

Address (must be street address): _____ Apt, Bldg, Other: _____

City, State, Zip Code: _____ Telephone No: _____

Grade Student will be entering: _____

II. STUDENT RACIAL AND ETHNIC IDENTIFICATION

Directions for 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.

(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 Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

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 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.

Parent/Guardian Signature _____

Relationship (to registering child) _____

Date _____

II. FAMILY INFORMATION

PARENT/LEGAL GUARDIAN

Name: _____

First Middle Last

Relationship (to child): _____

Address (must be street address): _____

Apt, Bldg, Other: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Cell:() _____

Employer: _____

Work Phone: () _____

Email Address: _____

Authorized to Pick Up: Yes No

PARENT/LEGAL GUARDIAN

Name: _____

First Middle Last

Relationship (to child): _____

Address (must be street address): _____

Apt, Bldg, Other: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Cell:() _____

Employer: _____

Work Phone: () _____

Email Address: _____

Authorized to Pick Up: Yes No

Is there custody paperwork on file: Yes No

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
(List a person who will assume temporary care if parent/legal guardian is not reachable)	(List a person who will assume temporary care if parent/legal guardian is not reachable)
Name: _____ First Middle Last	Name: _____ First Middle Last
Relationship (to child): _____	Relationship (to child): _____
Address (must be street address): _____	Address (must be street address): _____
Apt, Bldg, Other: _____	Apt, Bldg, Other: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone:() _____ Cell:() _____	Home Phone:() _____ Cell:() _____
Employer: _____	Employer: _____
Work Phone: () _____	Work Phone: () _____
Email Address: _____	Email Address: _____
Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care (Secure DSS 2999 Form)	
_____	_____
Case Worker	County
_____	_____
Date of Placement	School District of Residence at Time of Foster Care Placement

HOUSING; check applicable choice

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. Student 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.

PLEASE NOTE: If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, 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 must 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.

	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 shelter
	In a motel/hotel
	Temporary living situation (please describe)
	In a car, park, bus, train or campsite
	In permanent housing

_____	OR	_____
Print name of Parent/Guardian		Student (for unaccompanied homeless youth)
_____	OR	_____
Signature of Parent/Guardian		Student (for unaccompanied homeless youth)

V. ADDITIONAL ENROLLMENT INFORMATION	
Do you suspect your child has an educational disability or learning problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____ <i>or</i>	
Has a Committee of Special Education (CSE) identified the student with an educational disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	
Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

VI. ACADEMIC HISTORY

The questions below also refer to preschool experience. Please include preschool and childcare programs.

Has the child ever attended a Southern Cayuga school? Yes No

If yes, which school(s) and in what grade(s)? School: _____ Grade: _____

Date(s) attended: _____

Name of last school child attended: _____ Name of School District: _____

School Address and Telephone: _____

Date(s) last attended: _____ Present Grade: _____

Note: It is no longer necessary to obtain written consent from parents/guardians to request records from other schools.

PLEASE NOTIFY THE SCHOOL DISTRICT OF ANY CHANGES AS SOON AS THEY OCCUR. THANK YOU!

III. OTHER FAMILY INFORMATION

List all family members living in the child's home, including any children not yet old enough to attend school.

<u>Name</u>	<u>M/F</u>	<u>DOB</u>	<u>AGE</u>	<u>Relationship to Child</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD TYPE: (Please check the choice that best describes the household situation)

- Single Parent/Female (F) Single Parent/Male (M) Two Parent Household (T)
 Foster Parent (E) Teen Parent (17 years old or younger) (TP)
 Other, please specify: _____

IV. GENERAL PERMISSIONS

- Yes No My son/daughter is permitted to attend all field trips, provided I am informed about them in advance.
 Yes No My son/daughter may be pictured in the school newsletter, school brochures, newspaper articles, videos, web, etc.

V. HOME LANGUAGE QUESTIONNAIRE

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 English. Your assistance in answering these questions is greatly appreciated.

- What language(s) is spoken in the student's home or residence? _____
- What language(s) are spoken most of the time to the student in the home? _____
- What language(s) does the student understand? _____
- What language(s) does the student speak? _____
- What language(s) does the student read? _____
- What language(s) does the student write? _____
- In your opinion, how well does the student: understand, speak, read and write English? (including preschool students)
Understands English: Very well _____ Only a little _____ Not at all _____
Speaks English: Very well _____ Only a little _____ Not at all _____
Reads English: Very well _____ Only a little _____ Not at all _____ UPK Student _____
Writes English: Very well _____ Only a little _____ Not at all _____ UPK Student _____

CONFIDENTIALITY PROCEDURES AND REGULATIONS

This form will be filed in the student's permanent record as confidential information. The information which has been provided on this form is protected by the Confidentiality Regulation cited below.

"The Family Education 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."

For Registrar's Use Only

Student ID	_____	Proof of Residency Secured	_____
Start Date	_____	Proof of Birth	_____
School	_____	Custody Papers	_____
Grade	_____	Sole Custody w/Visitation	_____
Homeroom	_____	Homeowner/Renter Affidavit	_____
		Custodial Affidavit	_____
		Parent Affidavit	_____

Processed by _____ Date _____

HEALTH INFORMATION	Student Name _____	Grade _____
<p>In case I cannot be reached, I authorize the Southern Cayuga Central School District to render such treatment as may be necessary in an emergency for the health of my child. I give permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record or other physician if my own is not available, to provide immediate and necessary care. This form will be shared with appropriate instructional staff, the transportation department and health services. It will also be available on field trips and in the event of an emergency will be given to emergency personnel.</p>		

Physician _____ Dentist _____
 Phone _____ Phone _____

Does child have	Yes	No		Yes	No
Allergies	_____	_____	Skin Rash/Eczema	_____	_____
Bee Sting Allergy	_____	_____	Headaches/Injury	_____	_____
Attention Deficit (ADD, ADHD)	_____	_____	Ear Infections	_____	_____
Medication *	_____	_____	Tubes in Ears	_____	_____
Stomachaches	_____	_____	Asthma	_____	_____
Broken Bones	_____	_____	Hearing Disorder	_____	_____
Seizure Disorder	_____	_____	Vision Disorder	_____	_____
Diabetes	_____	_____	Glasses/Contacts	_____	_____
Bladder/Bowel Problem	_____	_____	Heart Murmur	_____	_____

If you answered yes to any of the above, please explain _____

Surgery _____
 Accident/Injury _____
 * Medication (name/dose/frequency/physician/reason for medication) _____

Has child had (give dates) . . .
 _____ Chicken Pox _____ Mononucleosis _____ Pneumonia
 _____ Hepatitis _____ Rheumatic Fever _____ Scarlet Fever

Has child contracted frequent (more than 4 or 5 times per year) . . .
 _____ Sore Throat/Strep Infections _____ Headaches/Stomachaches
 _____ Ear aches/Ear Infections _____ Skin Rashes/Eczema

Are there any NEW medical problems? _____

Has your child experienced any significant emotional upheaval about which the school personnel should be informed (for example, recent divorce, death, etc.)? _____ Yes _____ No

If yes, please explain _____

NYS Education Law requires school districts to have on file signed instructions for emergencies from parents/guardians.

I attest that the information completed by me on this form is current, true and accurate

 Signature Relationship Date

IF AT ANY TIME THE INFORMATION ABOVE CHANGES, PLEASE NOTIFY THE HEALTH OFFICE AS SOON AS POSSIBLE.