

UNATEGO CENTRAL SCHOOL

2641 State Highway 7
P.O.Box 483
Otego, New York 13825-9795
www.unatego.org

David S. Richards, Ph.D
Superintendent of Schools
(607) 988-5038

District Registrar Request for Records

I hereby authorize _____
(Previous school)

(Address of previous school)

Please forward the following records:

Medical Social Psychological
 Special Education Academic

STUDENT NAME _____ DOB _____

PARENTS NAME _____

(Parent/Guardian Signature)

(Date)

Please forward his/her most recent documents as soon as possible to the following:

Sherry Maruszewski, District Registrar
Email: smaruszewski@unatego.stier.org
Phone: (607) 988-5097
Fax: (607) 988-1050

Unatego Central School - Student Information Sheet

Student name: _____ Date of birth: _____
911 Address: _____ County: _____
_____ Grade: _____

Mailing address: _____

Home phone: _____
Student e-mail: _____ Student cell phone: _____

Ethnicity: **Check one:** Yes, Hispanic No, not Hispanic

Check all groups that apply to your child (check at least one box)

- American Indian/Alaskan Native Asian
 Native Hawaiian or Pacific Islander Black White

Student gender: Male Female

Will the student ride the bus? _____ AM PM

Dropped off by: _____ Picked up by: _____

Custody: Parents Mother Father Joint Other
Lives with: Parents Mother Father Other- Specify _____

Guardian Information:

Guardian 1: _____	Guardian 2: _____
Relationship: _____	Relationship: _____
Home phone: _____	Home phone: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
E-mail: _____	E-mail: _____

Guardian 3: _____	Guardian 4: _____
Relationship: _____	Relationship: _____
Home phone: _____	Home phone: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
E-mail: _____	E-mail: _____

Who lives in the home with the student: (Include all children & adults)

<u>Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Grade/Occupation</u>	<u>Place Employed</u>	<u>Grade Completed</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list siblings:

<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous school information:

Has this student ever attended another school district? Yes No

If "yes" please list schools and grade attended: _____

Has this child ever been referred to the Committee of Special Education (CSE)? Yes No

Does this student currently receive special education services? Yes No

Does this student have an: IEP 504

Parental Rights Notification:

It is your right to have your child referred and evaluated for the purposes of special education services or programs. Should you have any questions regarding this process, please access *A Parent's Guide to Special Education* on the New York State Education website or contact Special Programs, at (607) 988-5034

Our school district uses a mass notification system to notify you of certain events, including attendance, school delays, closing or other emergencies. By signing this form you are approving the use of the numbers that you've provided to be contacted in this manner. If you do not approve of this please notify the district in writing.

Parent/ Guardians signature: _____ Date: _____

Unatego Central School District Emergency Contact Sheet

Student name: _____

Grade: _____

Emergency Contact #1: _____

This person has permission to sign out this student: Yes No Relationship: _____ (to student)

Phone: _____ Phone: _____
(circle one) Cell Home Work (circle one) Cell Home Work

Emergency Contact #2: _____

This person has permission to sign out this student: Yes No Relationship: _____ (to student)

Phone: _____ Phone: _____
(circle one) Cell Home Work (circle one) Cell Home Work

Emergency Contact #3: _____

This person has permission to sign out this student: Yes No Relationship: _____ (to student)

Phone: _____ Phone: _____
(circle one) Cell Home Work (circle one) Cell Home Work

In addition to those checked above, the following people have my permission to sign out and/ or pick up my child from school: Please list Name, Phone number and address:

1.) _____

2.) _____

3.) _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Special medical considerations: _____

Allergies: _____

Medications: (dose and time) _____

Parent/ Guardian (print): _____ Phone: _____

Parent/ Guardian Signature: _____ Date: _____

***Please note only people listed above under the sign out/ pick up list will be able to pick up your child.**

Unatego Central School
HEALTH RECORD - Please Print

Name _____ - Grade _____ Male Female

Physician _____ Physician's Phone _____

Health History (Please add age child had diagnoses):

Chicken Pox _____	Diabetes _____
Measles _____	Epilepsy _____
Mumps _____	Heart Disease _____
Pneumonia _____	Asthma _____
Rheumatic Fever _____	Allergies _____
Scarlet Fever _____	Ear Conditions _____
Serious Injury _____	Hearing Problems _____
Operations _____	Vision Problems _____

My child has the following allergies that may require special handling in an emergency:

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any Medical Conditions (type, treatment, and doctor) and any medication (type, reason):

⇒ Health Appraisal: Please submit a copy of child's latest Health Appraisal (physical). This must be received no later than 30 days following student's entrance to school. If not received, the student will be scheduled for a health appraisal by the school physician.

⇒ Immunizations: Please submit a copy of child's immunization record signed by your health care provider. This must be received no later than 14 days following student's entrance to school.

All students in New York State are required to be properly immunized against the following:

- Diphtheria/Tetanus/Pertussin
- Measles/Mumps/Rubella
- Varicella (or MD documentation)

- Polio
- Tdap
- Hepatitis B
- Meningococcal

If your child is lacking adequate shots, please call the County Health Department/Clinic at 753-5203 or speak with your health provider to schedule an appointment. The American Academy of Pediatrics recommendations exceeds the New York Guidelines for Public Education, and you are highly encouraged to follow the AAP's guidelines. You may check with your doctor, or the school nurse for this information.

Person(s) to Contact in Case of Emergency:

If my child needs to be sent home from school and I am not there or able to be reached, the school may contact one of the people whose names have been provided below who are authorized to pick up my child.

(Please indicate Relationship to Student, i.e. grandparent, aunt, uncle, sibling, etc. and note whether number is home, cell, or work.)

	Name	Relationship	Daytime Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

In the event of a medical emergency, if none of the above named can be reached, the personal/school physician will be contacted. If necessary, the student will be taken to the nearest emergency first aid station by ambulance.

If any of the above information changes, it is the responsibility of the parent/guardian to notify the Health Office.

Parents/ guardians are also advised that in the event of injury, the parent/guardian's personal accident/health insurance carrier, if any, shall provide primary insurance coverage with the school's Pupil Benefits Plan insurance providing secondary and limited coverage.

Date _____ Parent/Guardian Signature _____

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 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. 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.

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



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

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL		
DISTRICT	<i>Please print or type clearly</i>	
SCHOOL	GRADE	
STUDENT NAME		
DATE OF BIRTH		
	Month:	Day: Year:
STUDENT IDENTIFICATION NUMBER		
COUNTRY OF BIRTH / ANCESTRY		
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.		
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION		
DETERMINATION:		
	<input type="checkbox"/>	Possible LEP
	<input type="checkbox"/>	English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
- What language(s) does the student understand? English Other _____
specify
- What language(s) does the student speak? English Other _____
specify
- What language(s) does the student read? English Other _____ Does Not Read
specify
- What language(s) does the student write? English Other _____ Does Not Write
specify
- In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: Day: Year: