

**GARRISON UNION FREE SCHOOL DISTRICT
1100 ROUTE 9D, P.O. BOX 193
GARRISON, NEW YORK 10524**

**STUDENT REGISTRATION REQUIREMENTS
for GARRISON SCHOOL STUDENTS**

NOTE: Please print all of the forms that are included below. These completed documents (with original signatures) must be submitted in person at the Garrison School. Please contact Principal's Office with any questions and to schedule your appointment: 845-424-3689 ext. 221.

REGISTRATION FORMS TO BE COMPLETED BY PARENT/GUARDIAN:

1. Registration Packet (pages 1-6)
2. Kindergarten Information Form (kindergarten parents only)
3. Student Health History Form
4. Parent/Guardian Release of Records Form (if applicable)

DOCUMENTS TO BE SUBMITTED IN PERSON:

1. **Original** Birth Certificate or Passport
2. Immunization Records
3. Current Physical including Body Mass Index and Weight Status Report to be completed by student's health practitioner (must be conducted no more than 12 months prior to and submitted no more than 30 days after student's entrance into school)
4. Proof of Residency
 - Homeowners
 - Deed or signed contract of sale, and
 - Telephone, utility, cable bill, etc. (2 required)
 - Renters
 - Notarized affidavit of landlord form, and
 - Rent receipt (within 30 days) indicating address, and
 - Telephone, utility, cable bill, etc. (2 required)
5. Divorce/Separation Custody Papers (if applicable)
6. Adoption or Foster Care Papers (if applicable)
7. Educational Records (as applicable)
 - Report Card
 - State Test Results
 - IEP - Special Education
 - Section 504 Plan

**Garrison Union Free School District
Garrison, NY 10524
Registration Form**

Student ID No. _____

Registration Date: _____ D.O.B.: _____ Gender: M _____ F _____

Name of Student: _____
(Last) (First) (MI)

Verification of birth date: Birth Certificate _____ Baptism _____ Other _____

Child's place of birth: _____

Parents' Marital Status (please circle one): Married Divorced Single Parent Separated Deceased

Parent/Guardian/Person in Parental Relations Information:

Name: _____
(Last) (First) (MI)

Name: _____
(Last) (First) (MI)

Physical Address: _____

Physical Address: _____

Mailing Address: _____

Mailing Address: _____

E-mail address: _____

E-mail address: _____

Home phone: _____

Home Phone: _____

Cell/Work phone: _____

Cell/Work phone: _____

Degree/Diploma: H.S. _____ Col. _____
Adv. _____ Other _____

Degree/Diploma: H.S. _____ Col. _____
Adv. _____ Other _____

Type of Work or Business: _____

Type of Work or Business: _____

Date & Place of Birth: _____

Date & Place of Birth: _____

Dominant language spoken in the home: _____

Do you rent or own your home? _____ Name of former tenant/owner: _____

If rent, from whom? _____

Is your child in a hospital or other institution for the care, custody and treatment of children?

_____ Yes _____ No _____ Name of eligible organization

Date when you began living at this address: _____

The student presently resides with (please circle one): 1. both Mother and Father 2. Mother or Father
3. Foster Parent 4. Legal Guardian 5. Person in Parental Relation*. (*Requires letter of designation)

If one parent home, custody is with (name) _____

Please attach a copy hereto of legal document stipulating custody arrangements:

Name of attached document: _____

If separated or divorced, the parent who is not the custodial parent will have the right to visit the student in school, have access to student's records, and be able to pick up student from school unless a legal document denying access is provided to the school.

The name(s) of such person(s).

How the student came to reside with such person and attach copies of all documentation relating thereto (i.e. judicial award of guardianship).

When (i.e., the date) the student came to reside with such person

Name of Agency: _____

Social Worker: _____ Phone: _____

Signature of Parent/Guardian: _____

Other children in family:

<u>NAME</u>	<u>D.O.B</u>	<u>ADDRESS</u>	<u>SCHOOL</u>	<u>GR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Physician Name: _____

Address: _____

Phone: _____

LOCAL persons to call in an emergency:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11432.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the two questions above, please complete the remainder of this form. If you answered NO, you may stop at this point.

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.

1. Presently, where is the student living? *Check One Below:*

SECTION A	SECTION B
<input type="checkbox"/> In a shelter <input type="checkbox"/> Sharing the housing of others due to a loss of housing, economic hardship, or similar reason <input type="checkbox"/> In a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations <input type="checkbox"/> In a public or private place not ordinarily used as a sleeping accommodation for human beings	<input type="checkbox"/> Other temporary living situation (Please describe)

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adults |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |
| <input type="checkbox"/> legal guardian(s) | |

(Signature of Party Responsible for Child's Enrollment)

(Date)



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?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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:



Garrison Union Free School District



Student Racial and Ethnicity Identification

Name of School	
School District Student Identification Number	Date of Birth (MM/DD/YYYY)
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.

Hispanic Indicator

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,

YES - Hispanic

NO - Not Hispanic

For question (2) Check (√) all the boxes that best describes your child.

Race

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:

WHITE: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East

BLACK: A person having origins in any of the black racial groups of Africa

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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 AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

Mother Father Guardian Other (Specify) _____

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

Message to Parents/Guardians

The State of New York has adopted a policy which requires the collection and recording of the racial identity of students in accordance with the federal categories and definitions.

The information will be used to:

- 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 describes your child.

The Garrison Union Free School District understands the sensitive nature of this information and wishes 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.

It is, of course, much more accurate if the child's parent or guardian completes this information, and we thank you in advance for your cooperation.

Thank you for your cooperation.

Garrison Union Free School District
Garrison, New York 10524

Kindergarten Information Form

1. By what name do you wish your child to be called?

2. Has your child had any previous group, school or pre-school experience?

When? _____

Where? _____

How long? _____

3. How did your child adjust to this program?

4. Does your child have an opportunity to play with children outside of the family on a regular basis?

5. What kinds of activities does your child like to do?

6. What does your child find hard to do?

7. Does your child require a nap?

8. Does your child have any difficulties with dressing, toileting, eating, socializing?

9. Briefly describe your child's personality to help us get to know him/her better.

10. Do you feel your child has any speech, language, or hearing difficulties?

11. Have there been any experiences or events in your child's history or at home which you would like the school to be aware of in order to better understand your child?

12. Has your child had any evaluations or professional services that the school should be aware of?

13. What are your expectations of a full-day kindergarten program?

Date

Parent/Guardian's Signature

Garrison Union Free School District
Garrison, New York 10524

STUDENT HEALTH HISTORY (cont'd)

Is this child on any medications? YES _____ NO _____

Please Describe:

Will medication be given at school? YES _____ NO _____

Any serious injuries? (include dates)

Any hospitalizations?

Any operations?

BIRTH HISTORY:

Please indicate if there were any:

Problems during pregnancy?

Problems with delivery?

Problems during first six months?

Signature of Parent/Guardian

Date

Garrison Union Free School
1100 Route 9D
Garrison, NEW YORK 10524

Date

RELEASE OF STUDENT RECORDS

I _____ give permission to _____ to release all
Name of School

Address

Phone Number

School/medical/special education transcripts for _____ to:

Garrison Union Free School
P.O. Box 193, 1100 Route 9D
Garrison, New York 10524
Phone: 845-424-3689 x221
Fax: 845-424-4733

Signature of Parent/Guardian



UNION FREE SCHOOL DISTRICT

Dear Parents/Guardians:

New York State law requires that all students entering a school district for the first time (including Kindergarten), and all 2nd, 4th, 7th and 10th graders must be examined by a duly licensed physician, physician assistant, or nurse practitioner and provide a health certificate for the current school year. The physical examination must have been conducted no more than 12 months prior to your child's enrollment, and the health certificate must be filed within 30 days of your child's enrollment. Please note that any students playing sports must submit the physical form to the office before they start practice.

Please ask your child's physician, physician assistant, or nurse practitioner to provide the information below. If you prefer to have your child examined by the school physician, please indicate that you agree to the examination by signing below.

Please call me with any questions or concerns.

Sincerely,

Judy Dunstan RN

Judy Dunstan, RN

My signature indicates that I request that my child be examined by the school physician.

Signature of Parent/Guardian

Date

PHYSICAL EXAMINATION

Name: _____
Height _____
Weight _____
BP _____ Pulse _____
Eyes _____
Ears _____
Lymph Nodes _____
Thyroid _____
Nose _____
Tonsils _____
Heart _____
Lungs _____
Spine _____
Allergies _____

Grade & Teacher: _____
Hernia _____
Genito-Urinary _____
Orthopedic:
a. Structure _____
b. Posture _____
c. Feet _____
Sickle Cell Anemia _____
(If test has been administered)
Skin _____
Nervous System _____
Speech _____
Nutrition _____
Other _____

Is this child in a fit condition to permit his/her attendance at the public schools? YES / NO

Please indicate special instructions in regard to the child's health, whether the child has a physical disability, including defective sight or hearing which may tend to prevent the student from receiving the full benefit of school work or from receiving the best educational results, or which may require a modification of school work to prevent injury to the student.

Immunizations given at this time

PLEASE INCLUDE A SIGNED COPY OF THE CHILD'S IMMUNIZATION RECORD

PHYSICIAN'S SIGNATURE & STAMP

DATE

**GARRISON UNION FREE SCHOOL DISTRICT
GARRISON, NEW YORK 10524**

AFFIDAVIT OF LANDLORD
*Pursuant to Section 3203 of the Education Law for
New York State and Putman County*

In the matter of the Investigation of the Residence Status of:

Name(s) of Lessee/Renter

_____ being duly sworn, deposes and says:
(Name of Landlord)

1. I am the owner or corporate officer of the owner of property within the Garrison Union Free School District, located at:

2. I have rented or leased occupancy of the premise described above to:

_____ and the person or persons as follows:

_____	_____
_____	_____
_____	_____

To the best of my knowledge and information, the persons named above are residents of the described premises.

3. The foregoing statements are made by me on the knowledge that information I have given will be used by the Garrison Union Free School District in making determinations upon the accuracy of my statements.

(Signature of Landlord)

Sworn to before me this

_____ day of _____, 20____

Notary Public