



**Camden Central School District Student Registration Packet  
for Parent/Legal Guardian/Foster Parent**

**SECTION 1: STUDENT DATA**

Student's Legal Name: \_\_\_\_\_

Last First Middle Name

Date of Birth: (FORMAT AS MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Do you currently have housing?  YES  NO If NO, what are your living arrangements? \_\_\_\_\_

Physical Address of your residence/shelter: \_\_\_\_\_

Mailing address if different from your above physical residence/shelter: \_\_\_\_\_

Please indicate if any numbers given are "unlisted" by annotating with a "U": Home Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Other household member(s): Name & Cell Phone Number: \_\_\_\_\_ Student's Cell Phone Number: \_\_\_\_\_

If this is a **NEW Registration** LAST SCHOOL ATTENDED: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number of previous school: \_\_\_\_\_ Fax Number of previous school: \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

COHORT DATA: First Year as a 9<sup>th</sup> Grader: \_\_\_\_\_ First Time in NYS High School?  YES  NO

**EMERGENCY CONTACTS OTHER THAN MOTHER/FATHER/LEGAL GUARDIANS/FOSTER PARENTS**

(The emergency contacts are also authorized to pick student up from school in the absence of a Parent/Guardian/Foster Parent):

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

MEDICAL EMERGENCIES (List any physical/emergency information bus drivers and others need to know about your child, please list below):

**SECTION 2: FAMILY DATA (PLEASE USE THE LEGAL GUARDIAN/FOSTER PARENTS LINE FOR YOUR NAME IF YOU ARE NOT THE BIOLOGICAL PARENT)**

Biological Father's Full Name: \_\_\_\_\_

CHECK STATUS:  LIVING  DECEASED  SEPARATED  DIVORCED  
 COLLEGE GRADUATE  HIGH SCHOOL GRADUATE  GED  OTHER  NO DIPLOMA (ATTENDED DID NOT GRADUATE)

Biological Mother's Full Name: \_\_\_\_\_

CHECK STATUS:  LIVING  DECEASED  SEPARATED  DIVORCED  
 COLLEGE GRADUATE  HIGH SCHOOL GRADUATE  GED  OTHER  NO DIPLOMA (ATTENDED DID NOT GRADUATE)

THE EDUCATION INFORMATION IS REQUESTED SO THAT THIS DISTRICT MAY PROVIDE ASSISTANCE TO ANY PARENT THAT HAS NOT RECEIVED A HIGH SCHOOL DIPLOMA OR EQUIVALENT

Student resides with:  BOTH PARENTS  MOTHER  FATHER  LEGAL GUARDIAN/FOSTER PARENT: Name: \_\_\_\_\_

If applicable, who has custody? \_\_\_\_\_ (OUR DISTRICT REQUIRES A COPY OF THE CUSTODY DECREE TO BE PROVIDED AT ENROLLMENT)

COPY PROVIDED:  YES  NO If NO, explain why NOT provided: \_\_\_\_\_

Employment of Adults in Household (if parents are divorced, list any significant other's employment) THIS INCLUDES GUARDIAN/FOSTER PARENTS

Employer – Biological Father: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer – Biological Mother: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer – Other (include other's name on this line next to employer): \_\_\_\_\_ Phone#: \_\_\_\_\_

List other sibling(s) living in the household including date(s) of birth (especially those under the age of 5): \_\_\_\_\_

I  DO or I  DO NOT give my permission for information regarding my child to be released for directory and/or recruitment purposes for the remainder of his/her school years.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Foster Parent Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE

**SECTION 3: OFFICE USE ONLY**

Date Received by Central Registration:

Student ID#: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Building where student will attend (please check)  AES  CES  MES  CMS  CHS

Proof of Age:  Birth Certificate  Passport  Baptismal Certificate  DS2999  Other \_\_\_\_\_

Anticipated grade level upon entry: \_\_\_\_\_ Is this enrollment a re-entry to the district?  YES  NO

Last grade attended in this District: \_\_\_\_\_ Last school attended in this District:  AES  CES  MES  CMS  CHS

SPECIAL EDUCATION:  YES  NO ALL DAY BOCES:  YES  NO



Camden Central School District  
51 Third Street  
Camden, NY 13316

## CONSENT FOR RELEASE OF RECORDS

Please check (✓) your home building:

- Camden High School** Phone: (315) 245-3168 Fax: (315) 245-4173 or [chsguidance@camdencsd.org](mailto:chsguidance@camdencsd.org)  
55 Oswego St., Camden, NY 13316
- Camden Middle School** Phone: (315) 245-1249 Fax: (315) 245-5319  
32 Union St., Camden, NY 13316
- Annsville Elementary School** Phone: (315) 334-8030 Fax: (315) 334-8032  
9374 Main St., Taberg, NY 13471
- Camden Elementary School** Phone: (315) 245-2616 Fax: (315) 245-4194  
1 Oswego St., Camden, NY 13316
- McConnellsville Elementary School** Phone: (315) 245-3412 Fax: (315) 245-4193  
8564 State Route 13, Blossvale, NY 13308

Please check (✓) if your student has an IEP or 504 Plan:

- Special Education Department**  
Pre-K – 4<sup>th</sup> Grade Phone: (315) 245-3410 (option 1) Fax: (315) 245-4625  
5<sup>th</sup> – 12<sup>th</sup> Grade Phone: (315) 245-3410 (option 2) Fax: (315) 245-4424  
e-mail address [cse@camdencsd.org](mailto:cse@camdencsd.org)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

**RECORDS TO BE RELEASED INCLUDE** (but are not limited to):

- Permanent Record Information: transcripts and credits received, copy of birth certificate (For H.S. – transcript to include all current/sign-out grades and credits)
- Education Records: report cards, standardized tests, projected schedules/records & transcripts from prior schools attended/remediation program information (For H.S. – completed labs for any regent’s science lab classes)
- Health Records: immunizations/wellness records/records of student physical/sports physical/doctor imposed restrictions/psychological
- CES File Information (if applicable): IEP, Evaluations, Reports and Consent Forms
- Results of New Entrant Screening as mandated by NYS Education Law
- Disciplinary/Attendance Records (especially serious/repetitive infractions) TO INCLUDE BEHAVIORAL REFERRALS
- Parent Contract Summary: custody paperwork/custody issues/orders of protection/etc.
- Other: ALL PERTINENT DATA RELATIVE TO THE ABOVE NAMED STUDENT

*I understand that information to be released will be maintained by the receiving agency/person in accordance with the provisions of the Family Education Rights and Privacy Act of 1974 (and successor Laws). Such information will be used only in the best interest of the child and for the purpose of planning an educational program for the child. This form is used pursuant to Board Policy 5051. Availability of Student Records, a copy of which may be obtained from any school office.*

RECORDS REQUESTED FROM LAST SCHOOL ATTENDED:

\_\_\_\_\_  
Previous schools name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student



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**SCREENING REPORT – GRADES K-12**

**STUDENT DATA**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT SURVEY**

Describe specific problems, if any, your son/daughter has encountered in school: \_\_\_\_\_

Has your child been referred to a Committee on Special Education or similar group for evaluation of a suspected handicapping condition? NO YES  
If YES, when/why? \_\_\_\_\_

Has your child received any special education services/remediation services in previous schools? NO YES If YES, when and type of service: \_\_\_\_\_

Does your child have any talents or abilities which you consider to be exceptional? NO YES If YES, please describe: \_\_\_\_\_

Has your child received any special services for gifted and talented students in previous schools? NO YES If YES, when and type of service: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**DO NOT WRITE BELOW THIS SPACE – FOR OFFICE USE ONLY**

**REVIEW OF RECORDS** (areas checked indicate screening has been conducted by a school in New York State or with the last year for those scoring below indicated levels on PEPs/PCTs)

Overall Achievement:  Average  Above Average  Below Average  
 General Cognitive Dev.  Receptive Language  Articulation  
 Physical Development  Motor Development

Third Grade PEP above level 2 in Math Reading Comparable PCT scores in Math Reading

*(If all areas above are checked no further assessment is necessary. Appropriate referrals to CES or Superintendent should be made in accord with established criteria and procedures. In areas NOT checked, further measures are necessary.)*

**ADDITIONAL SCREENING RESULTS** (Check appropriate responses)

Cognitive Development generally age appropriate? NO YES

Academic achievement commensurate with age and general cognitive ability? NO YES

Comment: \_\_\_\_\_

Language/Speech Development generally age appropriate? NO YES

**Receptive Language?** NO YES **Expressive Language?** NO YES **Articulation?** NO YES

Comment: \_\_\_\_\_

**Motor Development is generally age appropriate?** NO YES **Fine Motor?** NO YES **Gross Motor?** NO YES

Comment: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Generally age appropriate? NO YES

General Physical Development age appropriate? Other: \_\_\_\_\_

**Hearing:** Normal Suspect **Vision:** Normal Suspect **Scoliosis:** Present Not Present

Comment: \_\_\_\_\_

**TEACHER OBSERVATION SHEETS**

No Problem Problem

Concerns: \_\_\_\_\_

**REFERRAL RECOMMENDAEED**

No Referral Necessary CES Superintendent Other

Comments: \_\_\_\_\_

Screening Report Prepared By: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**For additional information please refer to A Parent’s Guide to Special Education on the New York State Education Department’s (NYSED’S) website. Tamalin Martin, CSE Chairperson, Camden Central School District (315) 245-3410, [tmartin@camdencsd.org](mailto:tmartin@camdencsd.org).**



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### HEALTH HISTORY

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Grade: \_\_\_\_\_  
Name of Family Doctor: \_\_\_\_\_ Doctor's Telephone#: \_\_\_\_\_

Check all of the following diseases or conditions which your child has had and give the approximate year of occurrence.

- ADD/ADHD                       Asthma                       Chicken Pox                       Concussion/Head Injury
- Depression                       Diabetes                       Ear Infections                       Eating Disorder
- Fracture of Bone                       Hearing Problem                       Heart Problem                       Low Blood Sugar
- Mononucleosis                       Pneumonia                       Scarlet Fever                       Seizure Disorder
- Sleeping Disorder                       Tuberculosis                       Vision Problem                       Whooping Cough
- Bee Sting/Reaction Requiring **NO** medication                       Bee Sting Allergy **REQUIRING MEDICATION**

Does your child have **ALLERGIES**?  NO  YES If YES, to what? \_\_\_\_\_

- Does this allergy require an **EPIPEN**?                       YES                       NO
- Has your child had his/her tonsils removed?                       YES                       NO
- Has your child been seen for lead? (Pre-K only)                       YES                       NO
- Does your child wear either?                       GLASSES  FULL TIME  PART TIME                       CONTACT LENSES  FULL TIME  PART TIME
- Does your child have a hearing problem?                       YES                       NO
- Does he/she have a hearing aid:                       YES                       NO

Please describe any operations, serious injuries or accidents your child has had: \_\_\_\_\_

Please describe any medication, treatment or special diet needed: \_\_\_\_\_

Has any physician placed restriction on his/her full participation in scheduled programs such as physical education or playground activity? (PLEASE EXPLAIN) \_\_\_\_\_

*(IT IS THE PARENT'S RESPONSIBILITY TO PROVIDE A WRITTEN DOCTOR'S STATEMENT EXPLAINING THE RESTRICTIONS)*

Is there anything else about your child that we should know to better help us to understanding him/her? \_\_\_\_\_

Does your child take medication on a regular basis:                       NO                       YES (If yes, complete the following:)

MEDICATION	NUMBER OF TIMES TAKEN	REASON FOR TAKING

(If medication is needed at school, a medication form **MUST** be completed by **BOTH** the **PARENT** and the **DOCTOR.**)

\_\_\_\_\_  
Parent/Guardian/Foster Parent's Signature

\_\_\_\_\_  
Date

**\*IMMUNIZATION RECORD IS REQUIRED AND MUST BE SUBMITTED TO THE SCHOOL NURSE\***  
**\*FOR PRE-K – PROOF OF IMMUNIZATION IS REQUIRED WITH REGISTRATION PACKET\***



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## PARENTAL PERMISSION FOR USE OF STUDENT PHOTOS/STUDENT WORK

During the course of the school year there are times when we take pictures of activities in the building and put them in the newspaper and/or on the school website for publicity purposes. In addition, we often exhibit student's work. We need your permission to include your child(ren) in a photo and/or to display their projects. Please check one of the lines below, sign and return to applicable building as soon as possible.

**Please check the appropriate box(es):**

I  **DO** OR  **DO NOT** give permission to the following school buildings (as checked) to use my child(ren)'s likeness in the newspaper and/or on the school district website.

Camden High School

Camden Middle School

Annsville Elementary School

Camden Elementary School

McConnellsville Elementary School

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Signature of Parent/Guardian/Foster Parent: \_\_\_\_\_

Date: \_\_\_\_\_



Camden Central School District  
 51 Third Street  
 Camden, NY 13316  
 (315) 245-4096

## STUDENT REGISTRATION/CHANGE FORM FOR TRANSPORTATION

(There is a 48 HOUR processing timeframe for establishing bus transportation, unless there is a special circumstance)

**New Enrollment** for  Pick up  Drop off  Temporary

Student's Name: \_\_\_\_\_  
Last Name First Name Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

### PICK UP LOCATION:

Address	Name	Phone #
Home Description		

### DROP OFF LOCATION:

Address	Name	Phone #
Home Description		

Home Phone #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Parent's/Guardian's Name Printed: \_\_\_\_\_

911 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address Phone Home#/Cell#

Emergency Contact: \_\_\_\_\_  
Name Address Phone Home#/Cell#

List any physical/emergency medical information bus drivers need to know about your child: \_\_\_\_\_

Home Building:  CHS  CMS  AES  CES  MES Current Grade: \_\_\_\_\_

Is Student Special Education?  YES  NO

FOR OFFICE USE ONLY	
Student ID# : _____	Date: _____
Please indicate if student will attend a building/school out of the attendance zone.	
<input type="checkbox"/> AES <input type="checkbox"/> CES <input type="checkbox"/> MES	Outside District (BOCES): <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FULL DAY
If other location than above, please identify school: Name: _____	

Only one regular pick up and drop off location is permitted. Any other location must be requested by a note 48 hours in advance stating the location, bus route, date, signed by parent/guardian and address to the school student attends.

<b>DO NOT WRITE IN THIS SPACE – TRANSPORTATION USE ONLY</b>	
STUDENT ASSIGNED TO ROUTE:	DATE TO START:



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## ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: **CAMDEN CENTRAL SCHOOL DISTRICT**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female                      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

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



**Are you the legal guardian of the child being enrolled?**

- YES       NO       FOSTER CARE

**Legal Guardianship**

If you wish to enroll a minor student, you must show proof of legal guardianship.

- ✓ Legal guardianship of such students shall be documented by a copy of:
  - a. legal documents showing that temporary or full legal guardianship has been applied for or awarded by a court of competent jurisdiction; or
  - b. legal documentation showing that custody has been legally awarded to an extended family member; or
  - c. documentation of placement under any court of competent jurisdiction or by any state agency having jurisdiction; or
  - d. DDS 2999 if in foster care

This authority must be granted or legal proceedings initiated prior to enrollment of the student in the Camden Central School District. In addition, the requirements of proof of residency shall be met.

- ✓ Proof of the continuation of this status shall be required for each year the student is enrolled in Camden Central Schools.
- ✓ Such student shall be assigned to a school based upon the guardian’s residence.
- ✓ Homeless children without a parent or legal guardian, or unaccompanied youth shall be granted an exemption from the requirements of this section on legal guardianship. If a child or unaccompanied youth attempts to register without a parent or legal guardian, school personnel shall attempt to determine whether the child is homeless in accordance with New York law.

I, the undersigned attest by my signature, that I am the legal guardian for the below named child.

\_\_\_\_\_

Print Child’s Name

\_\_\_\_\_

Date

\_\_\_\_\_

Print Legal Guardian/Foster Parent’s Name

\_\_\_\_\_

Legal Guardian/Foster Parent’s Signature

Falsifying Records is punishable by law.

Presenting false information or records is a criminal offense under Penal Code 37.10. Enrolling the child under false documents makes the person liable for tuition or the cost.

ADMISSIONS OF NON-RESIDENT STUDENTS: The Policy No. 5016 of the Board of Education is that non-resident students may attend the Camden Central School District ONLY where such attendance is required by law, rule or contract.





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51 Third Street  
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## PROOF OF AGE AND IDENTITY

(Not applicable if Birth Certificate is provided)

Entrance into public school requires proof of both age and identity. The following documents are acceptable as proof of age and identity: (1) certified birth certificate, (2) certified record of baptism, (3) passport with date of birth, or (4) other documentation or legal record in existence for two years or more that is satisfactory to certification officer. I acknowledge that I am aware of the current requirement to provide proof of age and identity in order to enroll in the Camden Central School District.

Additionally, I am aware that I have 5 days to produce said document or my child will not be allowed to attend school.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Today's Date

Further, I acknowledge that I have received a copy of this document and will provide the missing document within the five day timeframe.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Today's Date

For office use only

As Central Registrar my signature below indicates that I have provided a copy of this document to the person(s) registering a student in the Camden Central School District.

\_\_\_\_\_  
Signature of Central Registrar

\_\_\_\_\_  
Today's Date



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## Standard Residency Agreement

**INSTRUCTIONS:** Insert names and pertinent information where indicated. Although phrased in the plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. One form should be prepared for **each child**.

State of New York, County of Oneida:

\_\_\_\_\_ and \_\_\_\_\_

If both parents are living together, list mother and father on the above lines; OR If one parent lives with a significant other, list both names on the above lines;

\_\_\_\_\_ being duly sworn, deposes and state:

OR If you are a single parent living alone, use the above line to list your name.

We(I) are(am) the parent(s) of \_\_\_\_\_ who is an applicant for admission and is a resident of the Camden Central School District. We(I) presently reside with our(my) child at the below physical address which is also within the boundaries of the Camden Central School District.

\_\_\_\_\_  
Please list your physical address on the above line (not your mailing address).

In order to induce the Camden Central School to accept our(my) child, we(I) duly CERTIFY that the foregoing physical address is our(my) legal domicile or place where we(I) intend to permanently reside with our(my) child both at the date of this affidavit and for the duration of his/her enrollment as a student in the Camden Central School District.

**We(I) agree, upon request of District Officials, to furnish such Officials with written verification that the listed address is our(my) permanent place of residence. Such written evidence may include vehicle registration records or any other piece of evidence tending to verify that the foregoing address is our(my) domicile or permanent place of residence.**

**We(I) agree that in the event our(my) permanent residence changes during the period of our(my) child's enrollment in the Camden Central School District, we(I) shall immediately advise District Officials as to our(my) new place of residence.**

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

For Office Use Only

Witnessed before me this \_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

Witness



Camden Central School District  
51 Third Street  
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**STUDENT NAME:** \_\_\_\_\_

**FOR CURRENT SCHOOL YEAR**

**Verify Grade:** \_\_\_\_\_

**Does the student have an IEP?**       **YES**                       **NO**

**Or any special needs?**                       **YES**                       **NO**

**Does the student require AIS?**                       **YES**                       **NO**

**or Resource?**                                       **YES**                       **NO**

**Any additional help?**                       **YES**                       **NO**

**Please explain:**

**COMMENTS:**



Camden Central School District  
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# Requested Demographics for State Education Department



Camden Central School District  
51 Third Street  
Camden, NY 13316

To the Parent/Guardian: The CAMDEN CENTRAL SCHOOL DISTRICT has adopted a policy which requires the collection and recording of the ethnic identity of students in the CAMDEN CENTRAL SCHOOL DISTRICT 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.
- ✓ 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 next page (page 3). Put a check (✓) in the box for the category or categories which best describes your child. The CAMDEN CENTRAL 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. 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 which you have provided on this form is confidential. It is protected by the Confidentiality Regulations 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.*

**PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS PAGE.**



## 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 status.

Name of School: **CAMDEN CENTRAL SCHOOL DISTRICT** FOR OFFICE USE ONLY SID#: \_\_\_\_\_

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Month Day Year City/State/Country

### 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 Spanish Culture or origin, regardless of race.

- YES, Hispanic
- NO, not Hispanic

2. **Select one or more races from the following five (5) racial groups** (For questions (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 and South America (including Central America), and who maintains 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.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the 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.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to student (please Check (✓) only ONE box)  MOTHER  FATHER  GUARDIAN  
 OTHER (please specify) \_\_\_\_\_

