



**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 9th Grader: _____ First Time in NYS High School? YES NO

EMERGENCY CONTACTS OTHER THAN MOTHER/FATHER/LEGAL GUARDIANS/FOSTER PARENTS – PLEASE LIST ANY ADDITIONAL CONTACTS ON BACK OF PAGE

(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) 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: 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@camdenccd.org
55 Oswego St., Camden, NY 13316
- Camden Middle School** Phone: (315) 245-1249 Fax: (315) 245-5319
32 Union St., Camden, NY 13316
- 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** Phone: (315) 245-3410 Fax: (315) 245-4625
Pre-K – 12th Grade e-mail address cse@camdenccd.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



Camden Central School District
51 Third Street
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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. Nicholas Pulizzi, CSE Chairperson, Camden Central School District (315) 245-3410, npulizzi@camdencsd.org.



Camden Central School District
51 Third Street
Camden, NY 13316

HEALTH HISTORY

(For New Entrants)

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



Camden Central School District
51 Third Street
Camden, NY 13316

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 newspapers, on the school website and apps 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

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 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"/> 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.

DO NOT WRITE IN THIS SPACE – TRANSPORTATION USE ONLY

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.



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Camden, NY 13316

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.



Camden Central School District
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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



Camden Central School District
51 Third Street
Camden, NY 13316

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
Camden, NY 13316

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
51 Third Street
Camden, NY 13316

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.



Camden Central School District
51 Third Street
Camden, NY 13316

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) _____



Camden Central School District
 51 Third Street
 Camden, NY 13316

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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME: _____
First Middle Last

DATE OF BIRTH: _____ GENDER: Male
Month Day Year Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background

(Please check (✓) all that apply.)

- What language(s) is (are) spoken in the student's home or residence? English Other _____
specify
- What was the first language your child learned? English Other _____
specify
- What is the Home Language of each parent/guardian? Mother _____ Father _____
specify specify
 Guardian(s) _____
specify
- What language(s) does your child understand? English Other _____
specify
- What language(s) does your child speak? English Other _____ Does not speak
specify
- What language(s) does your child read? English Other _____ Does not read
specify
- What language(s) does your child write? English Other _____ Does not write
specify

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

School District Information:

Student ID Number in NYS Student Information System:

District Name

Phone Number

School Address



Camden Central School District
51 Third Street
Camden, NY 13316

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: NO YES

In the last 3 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?) NO YES

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: _____ Date of Birth: ___/___/___ Grade: _____

Child's Name: _____ Date of Birth: ___/___/___ Grade: _____

Child's Name: _____ Date of Birth: ___/___/___ Grade: _____

Child's Name: _____ Date of Birth: ___/___/___ Grade: _____

PARENTS/GUARDIANS

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Phone Number: _____
Cell, Work or Message Number: _____

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

FOR OFFICE USE ONLY

Home Building: CHS CMS CES MES

CAMDEN CENTRAL SCHOOL DISTRICT
District Office, 51 Third Street, Camden, NY 13316 (315) 245-2500

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.