

CAMDEN CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

Parent/Guardian or student over 18 should complete SECTIONS 1 & 2.

SECTION 3 is for Office Use ONLY

SECTION 1: STUDENT DATA

Student's Legal Name: _____
Last First Middle Name

Birth date: _____ Birth place (City/State): _____ Sex: Male Female
FORMAT AS mm/dd/yyyy

The NEW YORK STATE EDUCATION DEPARTMENT collects data on the number of "immigrant children and youth," as defined by Section 3301(6) of NCLB. The term "immigrant children and youth" refers to individuals who: (1) are ages 3 to 21, (2) have not attended school in any state for more than three academic years, (3) are not born in any state.

Does your child meet the term *immigrant child or youth*? YES NO

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

Physical Location of your residence/shelter: _____

Mailing address if different from above: _____

Please indicate if any numbers given are unlisted by annotating with a "U" Home Phone #: _____ Pager #: _____

Cell Phone # (Mother): _____ Cell Phone # (Other household member[s]): _____

Cell Phone # (Father): _____ E-mail address: _____

Last School Attended: _____

Address: _____

Phone #: _____ Fax #: _____ Grade Level at Last School Attended: _____

COHORT DATA: First Year as 9th Grader: _____ First Time in NYS High School? YES NO

EMERGENCY CONTACTS OTHER THAN MOTHER/FATHER/LEGAL GUARDIAN/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: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

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

SECTION 2: FAMILY DATA

[PLEASE USE THE LEGAL GUARDIAN/FOSTER PARENTS LINE FOR YOUR NAME IF YOU ARE NOT THE BIOLOGICAL PARENT]

Father's Data Name: _____
CHECK STATUS: LIVING DECEASED SEPARATED DIVORCED COLLEGE GRADUATE HIGH SCHOOL GRADUATE GED OTHER NO DIPLOMA (ATTENDED DID NOT GRADUATE),

Mother's Data 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

If parents are divorced, who has custody? _____

[SCHOOL REQUIRES A COPY OF CUSTODY DECREE] COPY PROVIDED AT TIME OF ENROLLMENT: YES NO Explain: _____

Legal Guardian/Foster Parent Names: (other than natural parents) _____

Student resides with: _____ both parents mother father legal guardian/ foster parents other

Employment of Adults in Household (If parents are divorced, list any significant other's employment) THIS INCLUDES FOSTER PARENTS other (please specify) _____

Employer - Father _____ Phone #: _____

Employer - Mother _____ Phone #: _____

Employer - Other _____ Phone #: _____

[List other sibling(s) living in the household including date(s) of birth (especially those under the age of 5). Use reverse side if more space is required]

DO or 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: _____

[Signature Line] Parent/Guardian/Foster Parent Signature: _____

SECTION 3: OFFICE USE ONLY **CHANGE OF ADDRESS USE ONLY** Date Received by Central Registration: _____

Student ID #: _____ Date Entered: _____

Building Where Student Will Attend (please check) AV CES MES NBES CMS CHS

Proof of Age: Birth Certificate Passport Baptismal Certificate 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 DISTRICT: AV CES MES NB CMS CHS

SPECIAL EDUCATION: YES NO ALL DAY BOCES: YES NO

(LOCATION IF OTHER THAN DISTRICT BUILDING) _____



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

School District Student Identification Number: _____

Date of Birth (Month/Day/Year) _____

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.

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 (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 one box) MOTHER FATHER GUARDIAN
 OTHER (SPECIFY) _____

☞ See Page 3 for important message to Parents/Guardians and Confidentiality Procedures and Regulations.



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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 back of this page. 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

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;
 - 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's/Foster Parent's Name

Legal Guardian's/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 as provided below.

TUITION: The amount of expense required from local funds (Non-resident tuition for regular education is \$6,393; for special education it is \$12,457).



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PROOF OF AGE AND IDENTITY

(Not applicable if birth certificate 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

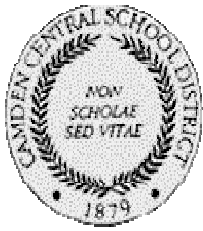
Today's Date

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
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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)

ss:

COUNTY OF ONEIDA)

and

or (*)

(1) If both parents are living together, list mother and father on above line; (2) if one parent lives with a significant other, list both names on the line above; OR (3) if you are a single parent living alone, use the line below to list your name.

_____ (single parent) being duly sworn, depose and state:

We are the parent(s) of _____
who is an applicant for admission to the Camden Central School District as a non-tuition paying resident student. We presently reside with our child at:

_____ within the boundaries of the Camden Central School District.

In order to induce the Camden Central School District to accept our child on a non-tuition paying resident student basis, we duly CERTIFY that the foregoing address is our legal domicile or place where we intend to permanently reside with our 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 agree, upon request of District officials, to furnish such officials with written verification that the listed address is our 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 domicile or permanent place of residence.



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

PARENT/LEGAL GUARDIAN/FOSTER
PARENT SIGNATURE

OFFICE STAFF ONLY:

Witnessed before me this _____ day of

_____, _____

Witness

PARENT/LEGAL GUARDIAN/FOSTER
PARENT SIGNATURE



Camden Central School District

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ENROLLMENT FORM [Page 2] - RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

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 (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**

Signature of Parent, Guardian, Foster Parent **OR**

Print name of Student (if unaccompanied homeless youth)

Signature of Student (if unaccompanied homeless youth)

Date: _____

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



Camden Central School District
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Camden, NY 13316

CONSENT FOR RELEASE OF RECORDS

- Camden High School Phone: (315) 245-3168 Fax: (315) 245-4173
55 Oswego St., Camden, NY 13316
- Camden Middle School Phone: (315) 245-0080 Fax: (315) 245-4094
32 Union St., Camden, NY 13316
- Camden Elementary Phone: (315) 245-2616 Fax: (315) 245-4194
1 Oswego St., Camden, NY 13316
- Annsville Elementary Phone: (315) 334-8030 Fax: (315) 334-8032
Main St., Taberg, NY 13471
- McConnellsville Elementary Phone: (315) 245-3412 Fax: (315) 245-4193
8564 State Route 13, Blossvale, NY 13308
- North Bay Elementary Phone: (315) 245-2640 Fax: (315) 245-4191
2050 State Route 49 P O Box 257
North Bay, NY 13123-0257

☞☞☞ VERIFY GRADE WITH CURRENT SCHOOL ☞☞☞

STUDENT: _____ DOB: _____

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

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

Phone: _____ Fax: _____

☞ Signature _____ Date _____ Relationship _____



Camden Central School District
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Camden, NY 13316

HEALTH HISTORY

Student Name _____ Male Female

Name of Family Doctor: _____ Telephone: _____

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

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

Does your child have **ALLERGIES**? YES NO

If so, to what? _____

- | | | |
|--|---|---|
| Has your child had his/her tonsils removed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has your child been screened for lead? [PRE-K only] | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your child wear either? | <input type="checkbox"/> GLASSES | <input type="checkbox"/> CONTACT LENSES |
| If YES , please indicate if they are worn full time or part time: | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| Does your child currently have a hearing problem? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does he/she have a hearing aid? | <input type="checkbox"/> YES | <input type="checkbox"/> 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	# 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 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

SCREENING REPORT - GRADES K-12

STUDENT DATA

Name: _____ DOB: _____ Grade: _____ Bldg: _____

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?

[] YES [] NO When _____ Describe _____

Has your child received any special education services/remediation services in previous schools? [] YES [] NO When _____ Describe _____

Does your child have any talents or abilities which you consider to be exceptional? [] YES [] NO Describe _____

Has your child received any special services for gifted and talented students in previous schools? [] YES [] NO When _____ Please describe _____

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: [] Ave. [] Above Ave. [] Below Ave.
[] 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 CSE 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? [] YES [] NO

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

Comment: _____

Language/Speech Development generally age appropriate? [] YES [] NO

Receptive Language? [] YES [] NO Expressive Language? [] YES [] NO Articulation? [] YES [] NO

Comment: _____

Motor Development is generally age appropriate? [] YES [] NO Fine Motor? [] YES [] NO Gross Motor? [] YES [] NO

Comment: _____

PHYSICAL EXAMINATION generally age appropriate? [] YES [] NO

General Physical Development age appropriate? Other _____

Hearing: [] Normal [] Suspect Vision: [] Normal [] Suspect Scoliosis: [] Present [] Not Present

Comment: _____

TEACHER OBSERVATION SHEETS [] Problem [] No Problem

Concerns: _____

REFERRAL RECOMMENDED [] No referral necessary [] CSE [] Superintendent [] Other

Comments: _____

Screening Report prepared by: _____ Date of report: _____



Camden Central School District
51 Third Street
Camden, NY 13316

Date: _____

STUDENT REGISTRATION /CHANGE FORM FOR TRANSPORTATION

Student ID # _____ Phone # _____

Cell Phone (mom) _____ Cell phone (dad): _____

Student's Last Name: _____ Student's First Name: _____

Birth Date: _____ Sex: [] M [] F

Parent's/Guardian's Name _____

(911) Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Student Home Description _____
Color _____ Type _____

Distance from nearest intersection

School (please check) [] CHS [] CMS [] AES [] CES [] MES [] NBES Grade: _____

Please indicate if student will attend a school out of attendance zone.

[] AES [] CES [] MES [] NBES Outside district (BOCES): [] AM [] PM [] FULL DAY

IF APPLICABLE: [] Letter has been submitted to Superintendent for approval [] Superintendent has approved out of zone attendance request

(If Other than above, please identify school) Name: _____

Address: _____

Is Student Special Education? [] YES [] NO

Emergency Contacts: 1. _____ Phone: _____

Emergency Contacts: 2. _____ Phone: _____

Pick up (if different than home address) _____ Name: _____ Phone: _____

Drop off (if different than home address) _____ Name: _____ Phone: _____

Sitter's home description: Color: _____ Type: _____

Distance from nearest intersection

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

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 guardian addressed to school student attends.

(PLEASE CHECK APPROPRIATE BOX(ES))

This form MUST be used for -> [] New Enrollments [] Address changes [] Phone number changes

AND/OR Changes in -> [] PICK UP [] DROP OFF

Date Received by Central Registration:

***** DO NOT WRITE BELOW THIS SPACE *****

TRANSPORTATION USE ONLY

STUDENT ASSIGNED TO ROUTE:

DATE TO START:



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 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

Camden Elementary

Annsville Elementary

McConnellsville Elementary

North Bay Elementary

Student: _____

Grade: _____

Signature of Parent/Guardian/Foster Parent: _____

Date: _____