

Student Registration Packet

Welcome to

Ballston Spa Central School District

Home of the Scotties

The Scottie dog became the Ballston Spa mascot in the 1960's. It was in honor of William B. Scott, a longtime district teacher, coach and Athletic Director. His teams were referred to as "Scottie's Boys" so the Scottie dog became the logo that was utilized as the team mascot.



Registration Instructions

New Students are registered by appointment at the District Office, 70 Malta Avenue, Ballston Spa. Parents should obtain and complete a registration packet prior to scheduling an appointment with the Registration Office at 518-602-0256, or email to akavanaugh@bscsd.org. **A parent/legal guardian must be present at the time of registration.**

PARENTS MUST PROVIDE THE FOLLOWING TO COMPLETE REGISTRATION

- **Parent/Legal Guardian photo identification**

- **Proof of Residency**

As required by New York State Law, all new students must provide the proper documentation to establish residency. **It is necessary for you to provide TWO (2) acceptable forms of proof:**

Acceptable:

- A copy of a residential lease; deed; or mortgage statement;
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (either sworn or unsworn);
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.

The District will also accept:

- Pay stub; Income tax form; Utility or other bills;
- Membership documents based upon residency; Voter registration document(s);
- Official driver's license, learner's permit, or non-driver ID;
- State or other government issued identification;
- Documents issued by federal, state, or local agencies; Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

- **Birth Certificate**

An original birth certificate with a raised seal or a valid passport will be accepted.

If a Birth Certificate is not available, you may provide the following:

- Student's official driver's license; State or other government issued identification
- School photo identification with date of birth; Military dependent identification card;
- Consulate identification card; Documents issued by federal, state, or local agencies;
- Hospital or health records; Native American tribal documents;
- Court orders or other court-issued documents;
- Records from non-profit international aid agencies and voluntary agencies

- **Proof of Immunization**

Must be signed or stamped by a State licensed health care provider. Proof may be faxed to (518) 884-8180 directly from the physician's office.

- **School Records**

Most current Report Card, standardized testing results, and contact information, including phone and fax numbers, for the last school attended.

Most current Individualized Education Program (IEP) if applicable

- **Special Circumstances**

Please provide appropriate documents, if applicable, detailing legal guardianship situations, temporary living situations, name changes, and/or custody agreements.

New Student Registration Form

FOR OFFICE USE ONLY
Malta Avenue [] Gordon Creek [] Milton Terrace [] CPSE [] Student ID # []
Wood Road [] Middle School [] High School [] SPED [] Family ID # []

STUDENT INFORMATION

Last Name [] First Name [] Middle Name [] Gender []
Home Phone Number [] Grade [] Date of Birth [] Nick Name/Preferred Name [] Language Spoken at Home []

Home Address

Mailing Address (If different from Home Address)

Street [] Street/P.O. Box []
City [] Zip Code [] City [] Zip Code []

MCKINNEY-VENTO ASSISTANCE ACT

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 _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Relationship to Student

Last Name

First Name

Home Phone

Cell Phone

Email Address

Employer

Employer Phone

Parent/Guardian #2 (in same household)

Relationship to Student

Last Name

First Name

Home Phone

Cell Phone

Email Address

Employer

Employer Phone

Parent/Guardian Not Residing with Student - Relationship to Student

Last Name

First Name

Home Phone

Cell Phone

Email Address

Address

Employer Phone

Can this person receive mail for student? Yes No Can this person pick student up from school? Yes No

IMPORTANT: The District shall presume that either parent of the student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order, decree of divorce, separation or custody that indicates the non-custodial parent does not have the right to obtain such release.

Please check here if the student has a parent on Active Duty in the Armed Forces. Branch of service: _____

Please provide the name and contact information for a responsible party other than a parent or guardian who will transport your child should the need arise (e.g. sent home for illness, discipline reasons, etc.).

Emergency Contact #1

Relationship to Student

Last Name

First Name

Home Phone

Cell Phone

Employer

Employer Phone

Emergency Contact #2

Relationship to Student

Last Name

First Name

Home Phone

Cell Phone

Employer

Employer Phone

EDUCATIONAL HISTORY

Has your child previously attended BSCSD?

 Yes

 No

Are there siblings attending BSCSD?

 Yes

 No

Does your child have an IEP (Individual Education Plan)?

 Yes

 No

504 Plan?

 Yes

 No

Has your child participated in any of the following programs?

 Academic Intervention Services

 Reading

 Math

 Other _____

Please check any special programs that your child has been assigned in the past:

 Consultant Services

 Resource Room

 Bilingual Education

 Special Classes/Other

 Occupational Therapy

 Speech Therapy

 Physical Therapy

 Counseling

Please provide the last date your student attended school:

Other School Districts Attended

(List most recent first)

1

School Name

Year

Grade

Street Address

City

State

Zip Code

2

School Name

Year

Grade

Street Address

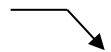
City

State

Zip Code

Brothers and Sisters

Please check the box to indicate if the sibling lives at home



Name

School of Attendance

Birth Date

Gender

Grade

Name

School of Attendance

Birth Date

Gender

Grade

Name

School of Attendance

Birth Date

Gender

Grade

Name

School of Attendance

Birth Date

Gender

Grade

HEALTH INFORMATION

Are there any health problems/matters the District should be aware of to transport your child safely? Yes No

If yes, please explain: _____

Is your child under the care of a physician for a current health problem? Yes No

If yes, please explain: _____

Child's Physician:

Phone:

Child's Dentist:

Phone:

Date of Last Physical Exam:

Please provide information on the following:

Allergies:

Physical Limitations:

Other Illnesses or Serious Injuries:

Please indicate if your child has had any of the following conditions by entering a date:

Date	Date	Date
_____ Arthritis	_____ Ear Tubes	_____ Rheumatic Fever
_____ Asthma	_____ Head Injuries/Concussion	_____ Scoliosis
_____ Blood Disorder	_____ Heart Disorder	_____ Seizure Disorder
_____ Blood Transfusion	_____ Hepatitis	_____ Skin Conditions
_____ Braces/Capped Teeth	_____ History of PKU	_____ Speech Problems
_____ Chicken Pox	_____ Kidney Problems	_____ Tonsillitis
_____ Diabetes	_____ Migraines	_____ Tuberculosis
_____ Ear Conditions	_____ Pneumonia	_____ Vision Problems

ADDITIONAL STUDENT INFORMATION

Is the student a foster child? Yes No If yes, attach form DSS-2999

Ethnicity Race checkboxes for Hispanic/Latino, Non-Hispanic, American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White

Digital Resource Survey

Please circle your response keeping in mind that your child WILL have a Chromebook issued by the school district for their use:

Question 1: Did the school district issue your child a dedicated school or district-owned device for their use during the school year? Responses: YES- Your child Will receive a Chromebook from the school district.

Question 2: What is the device your child uses most often to complete learning activities away from school? Responses: DESKTOP LAPTOP TABLET CHROMEBOOK SMARTPHONE NO DEVICE

Question 3: Who is the provider of the primary learning device identified in question 2? Responses: SCHOOL PERSONAL NO DEVICE

Question 4: Is the primary learning device (identified in question 2) shared with anyone else in the household? Responses: SHARED NOT SHARED NO DEVICE

Question 5: Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school? Responses: YES NO

Question 6: Is your child able to access the internet in their primary place of residence? Responses: YES NO

Question 7: What is the primary type of internet service used in your child's primary place of residence? Responses: RESIDENTIAL BROADBAND CELLULAR MOBILE HOTSPOT SATELLITE DIAL UP COMMUNITY WIFI DSL OTHER NONE

Question 8: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? Responses: YES NO

Question 9: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? Responses: AVAILABILITY COST NONE OTHER

IEP/504 Medicaid Consent

Committee on Special Education/ Department of Special Education

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

___ I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

___ I also give my consent for the school district/county to release the following records/information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared

- IEP Medication Administration Report
Written Order/Referral Special Transportation Log
Evaluation Reports Other Personally Identifiable Information
Session Notes Any Other Specific Records Pertaining to the Student's Services or Program

Student's CIN, if known: _____

___ I do not give consent to bill the Medicaid Insurance Program for special education and related services that are on my child's individualized education program (IEP). Regardless of my decision to deny consent, all required services in my child's IEP will be provided at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Home Language Questionnaire (HLQ)

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.

1. What language(s) is(are) spoken in the student’s home? English__ Other__ Specify: _____
2. What was the first language you child learned? English__ Other__ Specify: _____
3. What is the home language of each parent or guardian? Mother _____ Father _____
Guardian _____
4. What language does your child understand? English__ Other__ Specify: _____
5. What language does your child speak? English__ Other__ Specify: _____ Does not speak__
6. What language does your child read? English__ Other__ Specify: _____ Does not read__
7. What language does your child write? English__ Other__ Specify: _____ Does not write__
8. What are the total number of years your child has been in school? _____
9. In what language would you like to receive information from the school? English__ Other: _____

NYS Migrant Education Program/ Parent Survey

The Migrant Educational Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

____ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, ect.)

____ Work related to logging, harvesting, or initial processing of trees.

____ Work at a food processing plant, (such as meat or poultry processing, packing fruits/vegetables, ect.)

Instructional Technology

Student Acceptable Use of Electronic Information and Access

Agreement to Acceptable Use Policy

Student (Grades K - 12) Acknowledgement

I have read and understand the Ballston Spa School District’s Acceptable Use Policy (attached or on the website). I understand that if I violate the rules my Internet/device/network access privileges can be restricted and that I may face other disciplinary measures.

Name (printed): _____

School Building: _____ Grade: _____

Student’s Teacher (Elementary): _____

Student’s Signature: _____

Date: _____

Parent/Guardian Acknowledgement:

I have read and understand the Ballston Spa School District’s Acceptable Use Policy and have reviewed it with my child.

Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

PHOTO RELEASE

Yes No

I hereby grant the Ballston Spa Central School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

Furthermore, I waive the right to inspect or approve the finished product, or any text that accompanies it. I release the Ballston Spa Central School District from any claims and demands connected with the use of the materials.

I hereby warrant that I am of legal age and have the right to contract for myself and/or my minor child. I have read the above authorization and fully understand the contents.

STUDENT RECORD UPDATES

It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information.

PARENT CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge the responsibility of providing the district with accurate information. I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please be advised that my child, previously enrolled in your school, has transferred to the Ballston Spa Central School District. I hereby authorize the following information on my child to be sent to the school indicated below.

RECORDS REQUESTED	
Academic (including all high school level science labs) transcripts and report card	
Most recent Evaluations and Reports/ Any date for proper placement	
Individualized Educational Plan (IEP) Level I vocational assessment/504 plans	
Scripts for related services	Social Work
Health (including immunizations)	Record of Birth
Psychological	Teacher
Standardized Tests	Attendance

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STUDENT'S NAME (LAST/FIRST)

DATE OF BIRTH

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LAST SCHOOL ATTENDED (NAME/STATE)

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SCHOOL PHONE

SCHOOL FAX/EMAIL

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PARENT SIGNATURE

DATE SIGNED

Fax or Email **Records** to the checked school below, Thank you-

___ Malta Ave Elem, Fax 518-884-7258, email: bmurtlow@bcsd.org

___ Milton Terrace Elem, Fax 518-884-7219, email: kcassin@bcsd.org

___ Gordon Creek Elem, Fax 518-884-7268, email: jburns1@bcsd.org

___ Wood Road Elem, Fax 518-884-7286, email: tmichael@bcsd.org

___ Ballston Spa MS, Fax 518-885-2930, email: dmicare@bcsd.org

___ Ballston Spa HS, Fax 518-885-1585, email: eschreiber@bcsd.org

___ BSCSD CPSE, Fax 518-490-7410, email: civers@bcsd.org

___ BSCSD Spec Ed, Elem, email: nandrews@bcsd.org

___ BSCSD Spec Ed, MS/HS, email: ecallahansocola@bcsd.org