

Student Registration Packet

**Registration Instructions**

New Students are registered by appointment at the Transportation Department 1458 Saratoga Road (Rt. 50 - south of the village). Parents should obtain and complete a registration packet prior to scheduling an appointment with the registration office at (518) 602-0256. **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:*
  - Valid Driver’s License
  - Signed Lease or house closing documents
  - Current Utility Bill
  - Auto Insurance policy/ vehicle registration

If you live with a district resident, (ex. Parent or grandparent) and do not pay rent, a set of signed and notarized affidavits, that will be provided, must be completed.

- **Birth Certificate**  
An original birth certificate with a raised seal or a valid passport will be accepted.
- **Proof of Immunization**  
Must be signed or stamped by a State licensed health care provider. Proof may be faxed to (518) 884-7141 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.

**Once you have registered you will be contacted by the appropriate school:**

Milton Terrace North:	884-7210 x 3353	Malta Avenue:	884-7250 x 1351
Gordon Creek:	884-7270 x 3372	Middle School:	884-7200 x 4310
Wood Road School:	884-7290 x 3390	High School:	884-7150 x 2362

## New Student Registration Form

**F O R O F F I C E U S E O N L Y**

Malta Avenue <input type="checkbox"/>	Gordon Creek <input type="checkbox"/>	MT- North <input type="checkbox"/>	CPSE <input type="checkbox"/>	Student ID # <input type="text"/>
Wood Road <input type="checkbox"/>	Middle School <input type="checkbox"/>	High School <input type="checkbox"/>		Family ID # <input type="text"/>

### STUDENT INFORMATION

Nick Name/Preferred Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Grade	Date of Birth	City, State, Country of Birth
			Language Spoken at Home <input type="text"/>

#### Home Address

<input type="text"/>
Street
<input type="text"/>
City
<input type="text"/>
Zip Code

#### Mailing Address (If different from Home Address)

<input type="text"/>
Street/P.O. Box
<input type="text"/>
City
<input type="text"/>
Zip Code

Is the student currently living in a temporary situation?

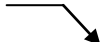
Shelter       Hotel/Motel       with parents in another location (due to lack of housing)

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

**Ethnicity**     Hispanic/Latino     Non-Hispanic

**Race**     American Indian or Alaskan Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White

### Brothers and Sisters

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Name	School of Attendance	Birth Date	Gender	Grade	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Name	School of Attendance	Birth Date	Gender	Grade	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Name	School of Attendance	Birth Date	Gender	Grade	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Name	School of Attendance	Birth Date	Gender	Grade	

If more space is needed for additional siblings, attach additional pages.

## PARENT / GUARDIAN INFORMATION

### Parent/Guardian #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>		<input type="text"/>
Email Address	Employer		Employer Phone

### Parent/Guardian #2 (in same household)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>		<input type="text"/>
Email Address	Employer		Employer Phone

### Parent/Guardian Not Residing with Student - Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>		<input type="text"/>
Email Address	Employer		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 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Last Name	First Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Cell Phone	Employer	Employer Phone

### Emergency Contact #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Last Name	First Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	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

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  
 Occupational Therapy  Speech Therapy  Physical Therapy  Counseling  
 Other \_\_\_\_\_

Please provide the last date your student attended school:

### Other School Districts Attended *(List most recent first)*

Please list all previous schools attended, including preschool:

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	School Name	Year	Grade	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address	City	State	Zip Code

2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	School Name	Year	Grade	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address	City	State	Zip Code

3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	School Name	Year	Grade	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address	City	State	Zip Code

**HOME LANGUAGE QUESTIONNAIRE**

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Student's Date of Arrival in the US: Born Here     
Date of Arrival Country of Birth

Number of years enrolled in school outside the US:

Has the student attended school in the United States for three or more years?  Yes  No

What languages are spoken in the student's home?  English  Other \_\_\_\_\_  
Specify

What languages are spoken most of the time in to the student in the home?  English  Other \_\_\_\_\_  
Specify

What languages does the student understand?  English  Other \_\_\_\_\_  
Specify

What languages does the student speak?  English  Other \_\_\_\_\_  
Specify

What languages does the student read?  English  Other \_\_\_\_\_  
Specify

What languages does the student write?  English  Other \_\_\_\_\_  
Specify

In your opinion, how well does the student understand, speak, read and write English?

	Very Well	Only A Little Bit	Not At All
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY								
School:	<input type="checkbox"/> MA	<input type="checkbox"/> MTN	<input type="checkbox"/> GC	<input type="checkbox"/> WR	<input type="checkbox"/> MS	<input type="checkbox"/> HS	Student ID#	<input type="text"/>
Determination:	<input type="checkbox"/> Possible LEP	<input type="checkbox"/> English Proficient					Date	<input type="text"/>
Name/Position of school personnel completing this section: _____								

## 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

MCKINNEY-VENTO ASSISTANCE ACT

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act (NCLB). The questions below are to assist in determining if the student meets the definition of homelessness.

CONFIDENTIAL INFORMATION

Complete this form only if:

- (1) It reflects your child's current living situation; OR
(2) It reflects your living situation if you are a youth not living with parents or a guardian. Your answers will assist staff with enrollment and may enable the student to receive additional services.

Place an X on the line if you are:

- Living in a motel/hotel, campground, or a similar situation due to lack of alternative, adequate housing
Living in an abandoned building
Living in a shelter
Living with a relative or others due to lack of housing
Living in a car
A youth not living with parent or guardian

Student Last Name

Student First Name

Date of Birth

I, \_\_\_\_\_ declare as follows:

- 1. I am the parent/legal guardian of \_\_\_\_\_ who is of school age and is seeking admission in the Ballston Spa Central School District.
2. Since \_\_\_\_\_ our family has not had a permanent home; however, we have been residing within the school boundaries and intend to remain here.

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 and that, if called upon to testify, I would be competent to testify.

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

I regularly receive my mail at:

Name

Emergency Phone #

Street Address/PO Box

City

State

Zip Code



**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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date