Dear Parent and Guardians:

Welcome to Carthage Central School District!

In order to ensure that the District has the most accurate and up to date information about your child, we have included the following information regarding the registration process.

Instructions to Register a Student in the Carthage Central School District:

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be obtained from the school website at www.carthagecsd.org or any school building in the District.

It is important that Numbers 2. and 3. below be completed BEFORE attending registration appointment!

2. Parent/Guardian must bring the following **Documentation of Age** for the child to the registration appointment:

✓ Documentation of Age should be produced as follows:

- (a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
- (b) If (a) is not available, either a foreign or domestic passport; or
- (c) If (a) or (b) are not available, any other documentary or recorded evidence in existance two or more years, including but not limited to the following:
  (1) official driver's license;
  (2) state or other government issued identification;
  (3) school photo identification with date of birth;
  (4) consulate identification card;
  (5) hospital or health records;
  (6) military dependent identification card;
  (7) documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement);
  (8) court orders or other court-issued documents;
  (9) Native American tribal document; or
  (10) records from non-profit international aid agencies and voluntary agencies.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: ____

Name of School: ____

Name of Student: ____
Last First Middle

Gender: ☐ Male ☐ Female

Date of Birth: ____________________ *Month Day Year*

Grade: ____________ *(preschool- 12)*

ID #: ____________ *(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

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

Rev. 5/21/09

3. Parent/Guardian must bring the following **Proof of Residency** to the registration appointment:

- ✓ Proof of residency: (one of the following is required)

HOMEOWNERS

Proof of Ownership, Original Tax Bill, Title, Mortgage Statement,
or Other Forms of Documentation below

OR

RENTERS

Original Lease (Parent/Guardian's name must appear on this lease)
or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT

Resident of the District provided statement that parent/guardian and children reside in the District,
along with proof of residency listed above.

OR

OTHER FORMS OF DOCUMENTATION

(a) Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;

(b) Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
(1) pay stub;
(2) income tax form;
(3) utility or other bills;
(4) membership documents (e.g., library cards) based upon residency;
(5) voter registration document(s);
(6) official driver's license, learner's permit or non-driver identification;
(7) state or other government issued identification;
(8) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
(9) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

****Please note: The above Documentation of Age and Proof of Residency documentation is all that is required to complete the basic registration process. Your child may not be able to continue to attend school as a resident of the District without this information.****

If possible, the requested information below and on the following pages should also be provided during your initial appointment and registration of your child. Additional time and arrangments can be made at registration to produce the requested information and documentation and will not prevent your child from attending.

- ✓ Immunization records (up to date immunizations must be presented);
- ✓ Army Military ID (if applicable);
- ✓ Current physical no later than 12 months old signed by licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in NY State; and
- ✓ Any other documentation to complete the following forms relevant to your child's education & enrollment.

CARTHAGE CENTRAL SCHOOL DISTRICT

36500 NY State Route 26, Carthage, NY 13619
Phone: (315) 493-5000

www.carthagecsd.org

Student Registration Form

District Personnel ONLY – DO NOT write in this area **Enrollment Date:** _____/_____/_____

Student ID#:________________ **School:**____________________________
Grade: ____________ **Teacher:** ____________________________
Bus Route To: ______________ **Bus Route From:** ________________
Army Military ID ☐ **Army Civilian ID** ☐

Student Demographics *(Please print clearly)*

Student's Legal Name: ____
Last First Middle

Grade: ______ Gender: ☐M ☐F DOB: ____________ Birth City/State: ________________
Month /Day/Year

Resident Street Address: ____

____ Apt./Bldg.: ______

City: __________________ State: ______ Zip: __________ Phone #: ________________

Resident Mailing Address: ____

____ Apt./Bldg.: ______

City: __________________ State: ______ Zip: __________
(If different than street address)

Sibling(s) (in household)	DOB	Gender	Grade	School

Additional Services

Does your child have an Individualized Education Plan (IEP) or a 504 Accommodation Plan? ☐Yes ☐No

Has your child been diagnosed with ADD or ADHD? ☐ Yes ☐ No If yes, when? ________________

Has your child ever been home schooled? ☐ Yes ☐ No If yes, when/how long? ________________

What language(s) is spoken in the student's home or residence?
☐English ☐Other If other, specify ______________________________

STUDENT REGISTRATION CONTINUED

Parent/Guardian 1 Information

Legal Guardian ☐Yes ☐No *Receive Mail* ☐Yes ☐No

Parent/Guardian 1: ______________________

Relationship to Student: ______________________

Lives in Household: ☐Yes ☐No If no, Resident Address: ______________________

Army Civilian ☐Yes ☐No *Army Military* ☐Yes ☐No

Employer Name: ______________________

If Military, Name of Brigade/Unit: ______________________ Rank ________

Parent/Guardian 1 Contact Information

Email:	
Second Email:	
Cell Phone:	
Work Phone:	
Home Phone:	

Parent/Guardian 2 Information

Legal Guardian ☐Yes ☐No *Receive Mail* ☐Yes ☐No

Parent/Guardian 2: ______________________

Relationship to Student: ______________________

Lives in Household: ☐Yes ☐No If no, Resident Address: ______________________

Army Civilian ☐Yes ☐No *Army Military* ☐Yes ☐No

Employer Name: ______________________

If Military, Name of Brigade/Unit: ______________________ Rank ________

Parent/Guardian 2 Contact Information

Email:	
Second Email:	
Cell Phone:	
Work Phone:	
Home Phone:	

Additional Parent/Guardian Contact Information

CUSTODY INFORMATION

☐ **Two Parents in Home** ☐ **Custody Transfer** ☐ **Single Parent**
☐ **Joint Custody** ☐ **Separated** ☐ **Emancipated**
☐ **Sole Custody** ☐ **Foster Placement (DSS-2999/3424 must be provided)**

RESTRICTIONS OF CONTACT AND INFORMATION (PAPERWORK MUST BE PROVIDED)

☐ **Order of Protection**

☐ **Papers Provided**

Person Restricted____

Exp. Date___________________________________

☐ **Custody Papers Specify Restriction**

☐ **Papers Provided**

Person Restricted____

Exp. Date___________________________________

☐ **Other Documentation Provided**

Specify____

☐ **No Restrictions for Parents/Guardians**

Additional LOCAL Emergency Contacts

For emergencies when parent/guardian cannot be reached and allows for pickup

*****In case of illness or injury, the school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated. Frequently, parents cannot be reached. Please list additional local emergency contacts in area provided below. Please DO NOT list a contact that is not local.*****

Emergency Contact 1: ________________________________

Relationship to Student: ________________________________

Lives in Household: ☐ Yes ☐ No

Home Phone: ____________ Work Phone: ____________ Cell Phone: ____________

Emergency Contact 2: ________________________________

Relationship to Student: ________________________________

Lives in Household: ☐ Yes ☐ No

Home Phone: ____________ Work Phone: ____________ Cell Phone: ____________

Transportation *If pick up/drop off is different than home address*

Transportation arrangements are made on the assumption that students are picked up and taken to the same address every day. If different arrangements need to be made, the school office MUST be contacted. IF student will be picked up or dropped off at a different address than home address, please specify below:

Pick up address: ________________________________

____

If pick up is childcare provider, please list name/number: ________________

____

Drop off address: ________________________________

____

If drop off is childcare provider, please list name/number: ________________

____

Middle/High School Based Health Center: I give consent for the School Based Health Center to have access to my child's records, including demographic and scheduling information, maintained by their school.
(Pertains to middle/high school students ONLY)

☐Yes ☐No

Ethnicity (Optional)

If not completed, determination will be made by school for State compliance

Is the child Hispanic, Latino, or of Spanish origin? (Hispanic, Latino or 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

Select one or more races from the following five racial groups. ***(Check all groups that apply to your child; check at least one box.)***

☐ **American Indian or Alaskan Native:** *A person having origins in any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.*

☐ **Asian:** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.*

☐ **Black or African American:** *A person having origins in any of the Black racial groups of Africa.*

☐ **Native Hawaiian/Other Pacific Islander:** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ **White:** *A person having origins in any of the original peoples of Europe, North Africa or the Middle East.*

Previous School Information

✓ Is your child presently under a suspension order from any other school district? ☐ Yes ☐ No

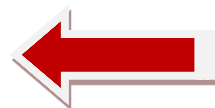
School last attended: ______________________________

Grade: ______________ School Year: ______________ City/State: ______________

✓ Has the student ever attended a Carthage School? ☐ Yes ☐ No

Carthage School: ______________________ Grade: __________ School Year: __________

Certification Statement



I hereby certify that the above information is true and accurate to the best of my knowledge.

Parent/Guardian Signature: ______________________________

Date: ______________________

Carthage Central School District

Central Registration
36500 New York State Route 26
Carthage, New York 13619
Phone: (315)493-5000
www.carthagecsd.org

RECORDS TRANSFER REQUEST FORM

Must be filled out even if previous school records are hand carried.

Student Name: ______________________________________ **Date of Birth:** ______ **Grade:** __________

Parent/Legal Guardian ____ hereby authorizes

____
Previous School

____
Address

____
City *State* *Zip*

Phone: __________________________ *Fax:* __________________________

To release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following (√) school: (Please include: Birth Certificate, Social Security Card, Health Records, Academic Records including Standardized Testing, Last Report Card and Sign-Out Grades, Confidential/Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers.)

☐ PRINCIPAL
Black River Elementary School
160 Leray Street
Black River, NY 13612
Fax: (315) 773-3747 Ph: (315) 773-5911
Email: pclark@carthagecsd.org
kbell@carthagecsd.org

☐ GUIDANCE
Carthage Middle School
21986 Cole Road
Carthage, NY 13619
Fax: (315) 493-6031 Ph: (315) 493-5020
Email: dhayden@carthagecsd.org

☐ PRINCIPAL
Carthage Elementary School
900 Beaver Lane
Carthage, NY 13619
Fax: (315) 493-6028 Ph: (315) 493-1570
Email: lnevills@carthagecsd.org

☐ GUIDANCE
Carthage High School
36500 State Route 26
Carthage, NY 13619
Fax: (315) 493-1401 Ph: (315) 493-5035
Email: klyndaker@carthagecsd.org

☐ PRINCIPAL
West Carthage Elementary School
21568 Cole Road
Carthage, NY 13619
Fax: (315) 493-6536 Ph: (315) 493-2400
Email: mlynn@carthagecsd.org

☐ SPECIAL EDUCATION OFFICE
Carthage Central School District
25059 Woolworth Street
Carthage, NY 13619
Fax: (315) 493-1771 Ph: (315) 493-5067
Email: icarey@carthagecsd.org

______________________________________ ______________________
Signature of Parent/Guardian **Date**

Carthage Central School District

Central Registration
36500 New York State Route 26
Carthage, New York 13619
Phone: (315)493-5000
www.carthagecsd.org

Date: ____________

Dear Parents/Guardians,

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York. Health appraisals are required for all students newly entering the district, students in Pre-Kindergarten **or** Kindergarten, Grades 2, 4, 7 and 10. Health appraisals are also required to participate in interscholastic sports.

The school will complete the required health appraisal with parental permission. If parental permission is not given you are required to submit a health certificate/appraisal form from your private provider **within 30 days** of the start of the school year (Education Law §903, 8 NYCRR §136.3 [c][1]). If your child has an appointment for an exam during this school year that is after the first 30(thirty) days of school, please notify the School Nurse with the date the exam is expected to be complete. For your convenience, a health certificate/health appraisal form for your health care provider is enclosed.

A health appraisal conducted by the School Physician is a screening. This screening includes a check of the eyes, ears, nose, throat, heart, lungs, lymph nodes, and back (scoliosis). Vision, hearing, height, weight, BMI and weight status category are completed per NYS mandates. This screening **does not** include checks for hernias or inspection of genitals. If you would like a hernia/genital screen on your child parental permission/request must be completed. A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office if you have any questions or concerns.

☐ I **WANT** my child to have a health appraisal completed by the School Physician. I will complete and return the Health History Update to the school nurse for the physician to review.

- ☐ I want my child to have a genital/hernia exam.

☐ I **DO NOT WANT** my child to have a school physical. I will provide the School Nurse with a completed health certificate/appraisal form completed by a **New York State** licensed physician, physician assistant, or nurse practitioner, within 30(thirty) days of the start of the school year.

Student Name: ____ DOB: ____________

Signature of Parent/Guardian: ____________________________________ Date: __________

Please return completed form to the school nurse.

Carthage Central School District

Central Registration
36500 New York State Route 26
Carthage, New York 13619
Phone: (315)493-5000
www.carthagecsd.org

PUBLIC DOMAIN AGREEMENT & MEDIA RELEASE/CONSENT FORM

During the course of school activities, photographs, film, videotapes, electronic representation and/or sound recordings may be taken of students, siblings, parents, other family members and visitors to Carthage Central School District, including my child/children. I hereby assign and grant Carthage Central School District the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made during my child's or my family's participation in Carthage Central School activities, and I hereby release Carthage Central School District and its representatives from any and all liability from such use and publication.

I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, film, videotapes, electronic representation and/or sound recordings without limitation at the discretion of Carthage Central School District and I specifically waive any right to compensation I, my child/children, or my family may have for any of the foregoing.

I understand that the names of the person, including my child/children, may also be included to identify persons in the photographs, film, videotapes, electronic representations and/or sound recordings made during school activities.

I further understand and acknowledge that said photographs, film, videotapes, electronic representations and/or sound recordings made may be displayed in the following locations and situations:

- Bulletin Boards
- Carthage CSD Web Site
- Promotional Displays
- Yearbook
- Newspaper Articles
- School Galas and Other Fund Raising Activities
- Local Television Coverage
- Programs or Special Events
- School Newsletter
- School Bulletin
- Other School Publications

If you do not wish for your child's/children's photographs, film, videotapes, electronic representations and/or sound recordings to be published, <u>you must contact your child's/children's building in writing</u>.

IN-DISTRICT TRANSPORTATION PERMISSION

I grant permission for my child to attend assembly programs sponsored by the Carthage Central School District that are held at other school buildings in the district.

I understand that the children will be transported to and from these programs by school bus and that I will receive notification of the trip in advance.

Student Name: ______________________________

Parent/Legal Guardian Signature: ______________________________

Printed Name: ______________________________

Address: ______________________________

City: ____________________ **State:** ______________ **Zip:** __________

Phone Number: ______________________________

Date: ____________________

Carthage Central School District

Central Registration
36500 New York State Route 26
Carthage, New York 13619
Phone: (315)493-5000
www.carthagecsd.org

MEDICAL RELEASE AUTHORIZATION FORM

MEDICAL AUTHORIZATION RELEASE

STUDENT NAME: ____

HOME ADDRESS: ____

____

____

HOME TELEPHONE NUMBER: ______________________

AUTHORIZATION AND RELEASE

In case of emergency, officials of the Carthage Central School District are hereby authorized to arrange for medical or dental treatment for the above named student. This authorization includes transportation to an emergency room, first aid, treatment and other action deemed necessary by the official, medical staff, or dentist. I understand that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

______________________________ ____________

Signature of Parent or Legal Guardian **Date**

Name of Family Physician: ____________________________________

Telephone Number: ____________________________________

Insurance Company: ____________________________________

Policy Number: ____________________________________

Employer: ____________________________________

Allergies of Special Circumstances: ____________________________

**Currently on Medication? ☐Yes ☐No
If yes, please list (see statement below): ____________________

(If yes AND medication is taken during school hours, please have a medication permission form (obtained @ school or on District website) completed by physician and returned to school nurse)

Carthage Central School District
36500 New York State Route 26
Carthage, New York 13619
315-493-5000 Fax: 315-493-1691
www.carthagecsd.org

Health History Update

Name:	DOB:	Age:	Gender: ☐ M ☐ F
	Grade:		
Parent/Guardian: (person completing this form)	Home Phone:		Cell Phone:

Has your child ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
List Allergies/Reactions:			
Been hospitalized	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD ☐ Asthma/trouble breathing ☐ Autism/Asperger ☐ Dental Injuries ☐ Diabetes ☐ Ear Infections	☐ GI Conditions (ulcer, reflux, IBS) ☐ Headaches/migraines ☐ Heart Conditions ☐ High Blood Pressure ☐ Mental Health Condition (Depression, eating disorder, anxiety, OCD, ODD, etc.)	☐ Scoliosis ☐ Single Organ (☐kidney, ☐testicle) ☐ Skin Condition ☐ Speech Condition ☐ Urinary Condition

Please list any additional concerns: (use back of sheet if necessary) ____________________

____

____

____

Parent/Guardian Signature: ____________________ Date: __________

Reviewed by (Name & Title): ____________________ Date: __________