

PLEASE PRINT

**OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
STUDENT INFORMATION / REGISTRATION FORM
(PARENT/GUARDIAN MUST SUBMIT THIS FORM IN PERSON)**

PLEASE PRINT

UPK PREFERENCE: **APALACHIN ELEM.:** Full Day; **OWEGO ELEM.:** A.M. P.M. Full Day

FOR OFFICE USE ONLY							
STUDENT ID#	FAMILY ID#	BUILDING	SCHOOL YEAR	GRADE ASSIGNED	REGISTRATION DATE		
COUNSELOR	TEACHER		GRADE ASSIGNED	HMRM	START DATE		

STUDENT NAME _____ SEX: _____
(First) (Middle) (Last) (Jr / Sr / III / IV) (M / F)

BIRTH DATE _____ BIRTHPLACE _____
(MM/DD/YYYY) (City, State, Country)

EVER ATTEND NYS SCHOOL ? _____ If yes, Indicate School / Yr _____ OA SCHOOL ? _____ If yes, Indicate School / Yr _____

PRIMARY LANGUAGE _____

RACE (choose one or more):

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> 1) American Indian or Alaskan Native | <input type="checkbox"/> 4) Asian |
| <input type="checkbox"/> 2) Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 5) White |
| <input type="checkbox"/> 3) Black or African American | |

Is the student of Hispanic/Latino ethnicity? (circle yes or no) **YES / NO**

LAST SCHOOL NAME _____
 ATTENDED ADDRESS _____
 DATE LEFT _____ LAST GRADE COMPLETED _____

STUDENT RESIDENTIAL ADDRESS

STREET _____ APT. _____
 CITY _____
 STATE _____ ZIPCODE _____
 HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)

STREET _____ APT. _____
 CITY _____
 STATE _____ ZIPCODE _____
 HOME PHONE _____

The school is collecting your phone number for communications purposes. By providing the number(s) and signing this document, you agree that the school may contact you by phone or text, including with auto-dialed and/or pre-recorded messages regarding school emergencies, school events, and any other school related communications, as well as other information deemed relevant by the school district.

G NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)
U STREET _____ APT. _____
R CITY _____ STATE _____ ZIP _____
D HOME PHONE _____ WORK PHONE _____ Cell PHONE _____
I PLACE & ADDRESS OF EMPLOYMENT _____
A Email address _____

Receive Mailings
YES / NO
 Relationship to student

 Living with Student
YES / NO

G NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)
U STREET _____ APT. _____
R CITY _____ STATE _____ ZIP _____
D HOME PHONE _____ WORK PHONE _____ Cell PHONE _____
I PLACE & ADDRESS OF EMPLOYMENT _____
A Email address _____

Receive Mailings
YES / NO
 Relationship to student

 Living with Student
YES / NO

If Student is not living with both parents, who has legal custody? _____ (Please provide copy of custody order)

Parents/guardians listed above has permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child and provide the principal with a copy of the order.

Is this child enrolled as a result of Foster Care Placement? No Yes, County of _____

FOR OFFICE USE ONLY

Date first Entered 9th Grade: _____

BIRTH CERT. _____

SCHOOL RECORD RELEASE _____

Home Lang. Questionnaire _____

RESIDENCY FORM? _____

PROOF #1 _____

PROOF #2 _____

IMMUNIZATION RECORDS _____

HEALTH FORM _____

DUPLICATE MAILINGS _____

CUSTODY FORM _____

Alert Needed _____

Those designated below are authorized to pick up my child from school in an emergency:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OTHER CHILDREN IN FAMILY (Ages Birth through 21 years of age)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (AES, OES, OAMS, OFA) (M/F) (MM/DD/YYYY) (Yes/No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (AES, OES, OAMS, OFA) (M/F) (MM/DD/YYYY) (Yes/No)

(IF MORE LINES ARE NEEDED, PLEASE USE ANOTHER SHEET)

Where is the student currently living? (Please check one box below.)

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.

- ☐ In a shelter ☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite ☐ In permanent housing
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ Other temporary living situation (Please describe): _____

Does your child have an IEP (Individualized Education Program) or 504 Plan? ☐ Yes (circle one) ☐ No

Please check any services your child is currently receiving:

- ☐ Remedial Math ☐ Remedial Reading ☐ AIS (Academic Intervention Service)
☐ Counseling ☐ Resource Room ☐ Occupational Therapy (OT)
☐ Speech ☐ Physical Therapy (PT) ☐ Special Education Class
☐ Other _____

Is there anything else we should know about your child? _____

Print name of Parent/Guardian or _____ Date _____
Unaccompanied/homeless youth

Signature of Parent/Guardian or _____ Date _____
Unaccompanied/homeless youth

Signature of School Official who registered child _____ Date _____

It is the responsibility of the parent/guardian to keep the information on this form up to date by notifying the school, in writing, of any changes.

FOR OFFICE USE ONLY

BAND _____ CHORUS _____ LANGUAGE (specify): _____

BUS INFO: _____

Original – Permanent File Copies to: ☐ Registrar ☐ Health Office ☐ Office ☐ Guidance ☐ CSE ☐ Transportation

This is a **CONFIDENTIAL** record and will not be shared with unauthorized individuals or organizations.

(REV 8-2016-2)

FOR OFFICE
USE ONLY

OTHER
CONTACTS

SIBLING
INFO

Homeless?

DISABILITY
INFO

SIGNATURE

NEW STUDENT REGISTRATION INFORMATION PACKET

The following documentation needs to be presented & validated by staff at the time of student registration:

- * Birth Certificate
- * 2 Proofs of Residency
 - *NYSEG/Phone bill, bank statement, payroll stub, landlord statement, etc.
- * Legal Custody Documentation (if applicable) - showing who is the custodial parent/guardian
- * Health/Immunization Records (may come from transfer school)
- * Helpful: Current school schedule/last report card

Students normally will not start until former school records are received and a meeting with the counselor takes place.

Counselors (by first letter of student's last name):

Mrs. Jennifer Farrell	Grade 10	A-L
	Grade 11-12	A-I
	Virtual 9-12	
Mrs. Jennifer Fish	Grade 10	M-Z
	Grades 11-12	J-Z
Miss Connor Pepper	Grades 8 and 9	
	Virtual 8	
Mrs. Beth Gance-Virkler	Grade 6 and 7	
Mrs. Jennifer Chandler	Secretary	

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

Owego, NY 13827

Phone: 607-687-7301

Fax: 607-687-6264

I authorize Owego Apalachin Central Schools to obtain all prior educational records related to my child, _____, D.O.B. _____.

(Child's Name)

These records include, but are not limited to:

- Permanent records, educational history
- Discipline records
- Special Education records
- Health records
- Any other records regarding my son/daughter's educational history including current regent science labs

I also authorize Owego Apalachin Central School District representatives to communicate by telephone with any and all previously attended school districts concerning my child's educational history.

Please check one of the following statements:

☐ My son/daughter was receiving Special Education services at their previous school district(s).*

☐ My son/daughter was not receiving Special Education services at their previous school district(s).*

*Special Education services include, but are not limited to: Consultant Teacher Services, Resource Room, Occupational Therapy, Physical Therapy, Adaptive Physical Education and/or Speech Therapy.

SIGNED _____

DATE _____

WITNESS _____

DATE _____



OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
Owego, NY 13827

Phone: 607-687-7301

Fax: 607-687-6264

Student Name: _____ Grade: _____

Please mark your choice of how you will be attending OAMS/OFA:

_____ Virtual Academy (Grades 7-12 ONLY)

_____ In district

_____ Out of district (Tuition--\$1,000)

_____ In-Person Full Time - Out of district (Tuition--\$2,500)

_____ In-Person Full Time - In district

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
Owego, NY

HEALTH INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION (Front and Back):

STUDENT NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
PARENT/GUARDIAN NAME: _____ DAYTIME PHONE #: _____
FAMILY PHYSICIAN: _____ PHONE #: _____
STUDENT'S DENTIST: _____
STUDENT'S EYE DOCTOR: _____

LIST ANY INFORMATION ABOUT YOUR CHILD'S HEALTH THAT WILL HELP US REGARDING THE FOLLOWING:

1. WERE THERE ANY SIGNIFICANT PROBLEMS DURING THE PREGNANCY FOR THIS STUDENT AT BIRTH?
____ YES ____ NO IF YES, PLEASE DESCRIBE: _____

2. DOES THIS STUDENT HAVE ANY ALLERGIES? ____ YES ____ NO IF YES, ALLERGIC TO WHAT?

WHAT TREATMENT IS USED FOR ALLERGY CONTROL? _____

****IF THE ALLERGIES REQUIRE IMMEDIATE MEDICATION, THE MEDICATION MUST BE GIVEN TO THE SCHOOL NURSE ON THE FIRST DAY OF SCHOOL.**

3. PLEASE CHECK ANY OF THE FOLLOWING HEALTH PROBLEMS THAT THIS STUDENT HAS:
____ HAY FEVER _____ FREQUENT EAR INFECTIONS
____ FREQUENT NOSEBLEEDS _____ FREQUENT SORE THROATS
____ FREQUENT HEADACHES _____ DIZZINESS
____ FAINTING _____

PLEASE EXPLAIN FURTHER ANY OF THE ABOVE CONDITIONS WHICH ARE CHECKED: _____

PLEASE EXPLAIN ANY TREATMENT USED FOR THE ABOVE CONDITIONS WHICH ARE CHECKED: _____

4. DOES THIS STUDENT HAVE DIABETES? ____ YES ____ NO IF YES, WHAT IS THE TREATMENT THAT THE STUDENT IS RECEIVING AT THIS TIME? _____

WHAT TREATMENT, IF ANY, WILL BE NEEDED DURING SCHOOL HOURS? _____

5. DOES THIS STUDENT HAVE ASTHMA OR OTHER BREATHING PROBLEMS? ____ YES ____ NO
IF YES, EXPLAIN THE TREATMENT USED (INCLUDING MEDICATION): _____

WHAT TREATMENT, IF ANY, WILL BE NEEDED DURING SCHOOL HOURS? _____

6. DOES THIS STUDENT HAVE SEIZURES? ____ YES ____ NO IF YES, WHAT TYPE OF SEIZURES? _____

FREQUENCY OF SEIZURES: _____

DATE OF LAST SEIZURE: _____

TREATMENT FOR SEIZURES: _____

WHAT TREATMENT, IF ANY, WILL BE NEEDED DURING SCHOOL HOURS? _____

- 2 -

7. DOES THIS STUDENT HAVE ANY CARDIAC PROBLEMS? _____ YES _____ NO IF YES, PLEASE EXPLAIN FURTHER: _____
STATE RESTRICTIONS ON ACTIVITIES DUE TO CONDITION, IF ANY: _____

8. LIST AND GIVE DATES OF ANY PAST OPERATIONS: _____

9. LIST AND GIVE DATES OF ANY PAST INJURIES: _____

10. LIST AND GIVE DATES OF ANY PAST SERIOUS ILLNESSES: _____

11. IS THIS STUDENT CURRENTLY RECEIVING MEDICAL CARE FOR ANY CONDITION OTHER THAN THOSE MENTIONED ABOVE? IF SO, PLEASE EXPLAIN: _____

12. ARE THERE ANY ACTIVITIES IN WHICH THIS STUDENT CANNOT PARTICIPATE DUE TO PHYSICAL/ HEALTH REASONS? _____ YES _____ NO IF YES, PLEASE EXPLAIN: _____

13. IS THIS STUDENT ON ANY SPECIAL DIET OR RESTRICTED FROM ANY FOODS: _____ YES _____ NO
IF YES, PLEASE EXPLAIN: _____

14. IS THIS STUDENT CURRENTLY ON ANY MEDICATION? _____ YES _____ NO IF YES, PLEASE LIST ALL MEDICATION INCLUDING NAME, DOSAGE AND TIME GIVEN: _____

****PLEASE NOTE THAT IF MEDICATION WILL BE NEEDED DURING SCHOOL HOURS, PERMISSION IN WRITING MUST BE GIVEN TO THE SCHOOL NURSE FROM THE PARENT AND THE PRESCRIBING PHYSICIAN.**

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

HOSPITAL CHOICE _____

INSURANCE CO. _____

DATE OF FIRST POLIO VACCINE (TOPV, IPV) _____

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

THANK YOU FOR YOUR HELP IN PROVIDING THIS INFORMATION.

PARENT SIGNATURE: _____

DATE: _____

Owego Apalachin Central School District
1 Sheldon Guile Blvd.
Owego, New York 13827
607-687-7301



Dear Parent or Guardian of Owego Free Academy Student:

This is to inform you that a provision of the Federal Every Student Succeeds Act of 2015 requires all school districts to provide students' demographic information to recruiters when requested. The information that is released includes a student's name, address as well as home phone number, which may be a personal cell phone number if it is listed as the primary number.

However, the law also states that schools must notify parents and students that they have the right NOT to be included when the information is released if they choose.

To exercise your legal right to have information kept private, you should use the form below to notify the school office that you do not wish this information to be released. Please note that unless you use this "opt out procedure", the school district cannot refuse the military recruiters' requests and you and your student may be contacted by them at home.

To OPT OUT of the Military Recruitment Provisions of the NCLB Act, please complete this form and return it to the OFA Guidance Office, 1 Sheldon Guile Blvd., Owego, NY 13827. You may submit this form in person, by mail, by your student or by fax to (607) 687- 6264.

Sincerely,

Owego Apalachin Central School District

**For 10th,
11th and
12th Grade
Students
Only**

MILITARY RECRUITMENT OPT OUT REQUEST

Dear Owego Apalachin Central School District,

We are exercising our right under the Every Student Succeeds Act of 2015, and hereby request that the name, address and telephone listing of _____ who is Print

name of student

Currently at your school, NOT be released to military recruiters without prior written consent. We do, however, consent to the disclosure of such information to colleges and universities other than military schools.

Print name of parent or legal guardian

Signature of student



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ <i>Please print or type clearly</i>			
SCHOOL _____		GRADE _____	
STUDENT NAME _____			
DATE OF BIRTH _____			
Month: _____		Day: _____	Year: _____
STUDENT IDENTIFICATION NUMBER _____			
COUNTRY OF BIRTH / ANCESTRY _____			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____			
DETERMINATION: _____		<input type="checkbox"/> Possible LEP	
		<input type="checkbox"/> English Proficient	

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? ☐ English ☐ Other _____
specify
2. What language(s) are spoken most of the time to the student, in the home or residence? ☐ English ☐ Other _____
specify
3. What language(s) does the student understand? ☐ English ☐ Other _____
specify
4. What language(s) does the student speak? ☐ English ☐ Other _____
specify
5. What language(s) does the student read? ☐ English ☐ Other _____ ☐ Does Not Read
specify
6. What language(s) does the student write? ☐ English ☐ Other _____ ☐ Does Not Write
specify
7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	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"/>

Signature of Parent/Guardian/Other _____

Month: _____ Day: _____ Year: _____

Date _____

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

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 (HOMELESS)

Name of LEA: _____

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

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.

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA (SIN HOGAR)

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre Fecha de Nacimiento: ____ / ____ / ____ Grado: ____ ID#: ____
☐ Mujer Mes Día Año (jardín de infantes – 12) (opcional)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa): _____
- ☐ En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha

Si el estudiante **NO** vive en un hogar permanente, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción y **el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form - Residency Questionnaire** with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")"

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: www.serve.org/nche/downloads/briefs/det_elig.pdf

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

STAC CHILD ID

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 STAC & Special Aids Unit
 Room 514, Education Building
 Albany, NY 12234

STAC-202
 HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

 Submitted by: ☐ Local Dept of Social Services (DSS) ☐ Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD

LAST NAME

2. DATE OF BIRTH

MO / DAY / YR

3. GENDER

M F

FIRST NAME

M.I.

4.

SOCIAL SECURITY NUMBER

5. Race/Ethnic Category of Child (See definitions on reverse side of last page.)

 American Ind or Alaskan Native ☐ Asian or Pacific Isl. ☐ Black ☐ Hispanic ☐ White ☐

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION

 DATE CHILD/FAMILY
 PLACED IN TEMPORARY
 HOUSING

MONTH DAY YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN

MONTH DAY YEAR

10. DATE PLACED IN PERMANENT HOUSING

MONTH DAY YEAR

6. GRADE LEVEL FOR WHICH
PLACEMENT IS SOUGHT

7A. NY'S SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NY'S SCHOOL DISTRICT WHERE LAST ENROLLED

8A. NY'S SCHOOL DISTRICT OF CURRENT LOCATION

9A. NY'S DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

☐ District participating in a Regional Placement Plan OR ☐ District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP

AREA CODE

TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD

DATE

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE

TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE

DATE

16. PLACEMENT COUNTY

Local DSS use only

AREA CODE

TELEPHONE NUMBER

INSTRUCTIONS FOR COMPLETING THE STAC-202 FORM

Designation of School District of Attendance for a Homeless Child

Education of homeless children means 1) a child or youth who lacks a fixed, regular, and adequate night-time residence, including a child or youth who is (i) sharing the housing of other persons due to a loss of housing, economic hardship or a similar reason; (ii) living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; (iii) abandoned in hospitals, (iv) awaiting foster care placement; or (v) a migratory child, as defined in § 1309(2) of the Elementary and Secondary Education Act of 1965, as amended, who qualifies as homeless under any of the provisions of clauses (i) through (iv) of this subparagraph or subparagraph two of this paragraph; or 2) a child or youth who has a primary nighttime location that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations including, but not limited to, shelters operated or approved by the state or local department of social services, and residential programs for runaway and homeless youth established pursuant to article nineteen-H of the executive law; or (ii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting.

1. Enter the youth's complete last name and first name.
2. Enter the youth's date of birth.
3. Place a check in the box which identifies the gender of the youth.
4. Enter the youth's social security number, if known.
5. Place a check in the box which identifies, to the best of your knowledge, the racial/ethnic category with which the youth most closely identifies.

Racial/Ethnic Categories:

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

Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black - A person having origins in any of the black racial groups of Africa.

Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

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

6. Enter the grade level for which placement is being sought.
7. Enter the complete last permanent address prior to becoming homeless.
- 7A. Enter the name of the school district that served the area where the child resided prior to becoming homeless.
- 7B. Enter the name of the school district where the student was last enrolled. This will be different from 7A if the student was previously temporarily housed in a different district and enrolled in that district as a non-resident homeless student.
8. Enter the complete address of current temporary housing including the name of the shelter if applicable and the date the student moved to the current location. If the location is confidential (for example, if the student is living in a domestic violence shelter), the name and address of the location do not need to be provided.
- 8A. Enter the name of the school district of current location.
9. Enter the date of designation.
- 9A. Enter the name of the designated school district of attendance. One of four districts may be designated to provide the educational component:
 District of attendance before becoming homeless,
 District where last enrolled,
 District of current location of temporary housing, or
 District participating in a Regional Placement Plan (RPP).
10. Enter, if applicable, the date the child moved to permanent housing and is no longer eligible as a homeless student.
11. If the student attends school in a district participating in a Regional Placement Plan or the district where last enrolled (7B), and that district is different from both the district of attendance before becoming homeless (7A) and the district of current location (8A), check the corresponding box where the student attends school (either the District participating in a Regional Placement Plan or the District where last enrolled).
12. Print the name and telephone number of the designator. The designator can be the parent, person in parental relation, the unaccompanied youth (a youth who meets the definition of homeless and is not in the physical custody of a parent or guardian), or the director of a residential program for runaway and homeless youth if the student is living in such a program.
13. The signature of the designator and current date.
14. Print the name of the local Department of Social Services or School District representative and title.
15. The signature of the local Department of Social Services or School District representative is required attesting that this child has moved to temporary housing. A telephone number is required in case the STAC & Special Aids Unit has questions relating to the information provided.
16. The name of the local Department of Social Services that has placed the child in temporary housing, if applicable.

NOTE: Copies should be distributed to the following:

1. State Education Department, only if designated district of attendance is entitled to reimbursement for educational services pursuant to N.Y. Educ. Law § 3209(3);
2. Designated School District of Attendance;
3. District of Attendance before becoming homeless;
4. District where last enrolled;
5. Parent/Guardian/Unaccompanied youth/director of a residential program for runaway and homeless youth; and
6. Local Department of Social Services, only if placed in temporary housing by DSS.



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IDENTIFICATION & RECRUITMENT OFFICE PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Every Student Succeeds Act (ESSA). 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 lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Have you or has someone in your family worked on a farm?
Have you moved during the past three years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees?
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____ City/Town _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____



OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Ley Cada Estudiante Triunfa (ESSA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, sin importar su nacionalidad o estado legal. Este programa es gratuito para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o alguien en su familia ha trabajado en la agricultura? ¿Se han mudado durante los últimos 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Parent/Guardian Name: _____

Home address: _____ City/Town _____

Telephone number: (____) - ____ - ____ Best time to be reached: ____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

Upon completion, please send this form to Shauna Monell at the District Office for submission to the Cortland Migrant Education Program.

OFFICE ONLY: FAXED BY: _____ DATE: _____