

REGISTRATION OF STUDENTS

Certain information is required in order for a school district to enroll a child as a student of the district.

PROOF OF AGE

Education Law requires every parent/guardian submit proof of age at the time of registration in the form of a birth certificate, record of baptism, or a passport showing the date of birth.

PROOF OF IMMUNIZATIONS

Also required is the child's immunization record indicating the student's immunizations are up-to-date. A record of a child's immunizations can be obtained from the child's physician.

If the parent/guardian is unable to pay for a doctor visit, the parent/guardian should be advised to go to the health officer of the county in which the child resides, who shall administer any missing immunizations without charge. A child may be allowed to attend school for 14 days without evidence of immunizations as indicated above.

PHYSICAL

A child entering school for the first time is expected to have a physical examination, documented by a doctor's signature on the appropriate district health form or the equivalent report, containing health information within a year. Children entering pre-K, kindergarten, second, fourth, seventh, tenth grade, and new entrants are also required to have a physical exam at the beginning of the school year, or at the time they enroll in school.

PROOF OF RESIDENCE

Education Law states that *a person over five and under twenty-one years of age who has not received a high school diploma is entitled to attend the public schools maintained in the district in which such person resides without the payment of tuition. When the child or the child's parent(s)/guardian(s) request enrollment of the child, the child shall be enrolled and shall begin attendance on the next school day, or as soon as practicable. All documentation presented at the time of enrollment shall be reviewed and a residency determination will be made within three (3) business days from the initial enrollment of the child.*

The law presumes that the residence of a minor would be that of the student's parents, in which case, the parent should present proof of the address where the family is residing within the school district.

If a child resides with someone other than the parent, a custody order from this guardian residing in the district should be accepted as proof of residence. If no court order exists, the district will consider each case on an individual basis.

Education Law states: *A child's residence is presumed to be that of his/her parents/guardians. However, this presumption may be rebutted. To determine whether the presumption has been rebutted, certain factors are relevant, including a determination that there has been a total, and presumably permanent transfer of custody and control to someone residing within the district. Where the parent continues to exercise custody and control of the child and continues to support him, the presumption is not rebutted and the child's residence remains with the parent. Moreover, where the sole reason of the child is residing with someone other than the parent is to take advantage of the schools of the district, the child has not established residence.*

HOMELESS CHILDREN

The McKinney-Vento Homeless Assistance Act requires that every school district appoint a homeless student liaison to work with the district's population of homeless students. A district must enroll a student claiming to be homeless immediately and verify his/her status later.

If parents/guardians have any questions regarding the district's procedures for registration and enrollment of students, please contact Robert L. Farrell at the district office at (607) 687-6227.

* PLEASE PRINT*

UPK PREFERENCE: APALACHIN ELEM.: ____ Full Day; OWEGO ELEM: ____A.M. ____P.M. ____Full Day

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
STUDENT ID# _____ FAMILY ID# _____ BUILDING _____ SCHOOL YEAR _____ GRADE ASSIGNED _____ REGISTRATION DATE _____		COUNSELOR _____ TEACHER _____ GRADE ASSIGNED _____ HMRM _____ START DATE _____	
STUDENT NAME _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) _____ (M / F) _____ SEX: _____		<div>Date first Entered 9th Grade: _____</div> <div>BIRTH CERT. _____</div> <div>SCHOOL RECORD RELEASE _____</div> <div>Home Lang. Questionnaire _____</div> <div>RESIDENCY FORM? _____</div> <div>PROOF #1 _____</div> <div>PROOF #2 _____</div> <div>IMMUNIZATION RECORDS _____</div> <div>HEALTH FORM _____</div> <div>DUPLICATE MAILINGS _____</div> <div>CUSTODY FORM _____</div> <div>Alert Needed _____</div>	
BIRTH DATE _____ (MM/DD/YYYY) BIRTHPLACE _____ (City, State, Country)			
EVER ATTEND NYS SCHOOL ? _____ If yes, Indicate School / Yr _____ OA SCHOOL ? _____ If yes, Indicate School / Yr _____			
PRIMARY LANGUAGE _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> RACE (choose one or more): _____ 1) American Indian or Alaskan Native _____ 4) Asian _____ 2) Native Hawaiian or Other Pacific Islander _____ 5) White _____ 3) Black or African American </div> <div style="width: 45%;"> LAST SCHOOL ATTENDED NAME _____ ADDRESS _____ DATE LEFT _____ LAST GRADE COMPLETED _____ </div> </div>			
<div style="display: flex;"> <div style="width: 45%;"> STUDENT RESIDENTIAL ADDRESS STREET _____ APT. _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____ </div> <div style="width: 45%;"> STUDENT MAILING ADDRESS (only if different than Residential) STREET _____ APT. _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____ </div> </div>			
<p><i>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.</i></p>			
G U A R D I A N NAME _____ (Mr., Mrs., Ms., Miss) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) STREET _____ APT. _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____ Cell PHONE _____ PLACE & ADDRESS OF EMPLOYMENT _____ Email address _____		Receive Mailings YES / NO Relationship to student _____ Living with Student YES / NO	
G U A R D I A N NAME _____ (Mr., Mrs., Ms., Miss) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) STREET _____ APT. _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____ Cell PHONE _____ PLACE & ADDRESS OF EMPLOYMENT _____ Email address _____		Receive Mailings YES / NO Relationship to student _____ Living with Student YES / NO	
<p>If Student is not living with both parents, who has legal custody? _____ (Please provide copy of custody order)</p> <p>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.</p> <p>Is this child enrolled as a result of Foster Care Placement? _____ No _____ Yes, County of _____</p>			

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

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

Owego Elementary School
2 Sheldon Guile Blvd.
Owego, NY 13827

Phone: (607) 687-7303

Fax: (607) 687-6268

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

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 Related Services, Consultant Teacher Services and Special Classes.*

Signed: _____

Date: _____

Witness: _____

Date: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.		
BMI _____ kg/m2 Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >		
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes		

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list) ICD-10 Code	
<input type="checkbox"/> Additional Information Attached				

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:				Date:
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

Date ~~Withdrew~~ _____

F _____ R _____ D _____

2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **(phone number)**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: (School Name)
(Street Name)
(City, State, Zip Code)

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4 and sign the application.

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX- _____

I do not
have a
SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS#" box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRace (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
 Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to _____. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDIPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDIPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs PART 4 if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDIPIR number, a social security number is not needed.
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____

Dental Health Certificate - Optional

Parent/Guardian: Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last			First	Middle
Birth Date: / / Month Day Year		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School: Name			Grade	

Section 2. To be completed by the Dentist/Dental Hygienist

I. Oral Health Status (check all that apply)

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)?
[A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity?
[At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**
- ☐ Yes ☐ No **Soft Tissue Pathology**
- ☐ Yes ☐ No **Malocclusion**

II. Treatment Needs (check all that apply)

- ☐ **No need for Treatment**
- ☐ **Urgent Treatment** – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- ☐ **Restorative Care** – amalgams, composites, crowns, etc.
- ☐ **Preventive Care** – sealants, fluoride treatment, prophylaxis, mouthguard etc.
- ☐ **Other** – periodontal, orthodontic treatments

Please note

The Dental Health condition of _____ on _____ (date of exam) Check one:
☐ Yes, The student listed above is in fit condition of dental health to permit him/her attendance at the public schools.
☐ No, The student listed above is not in fit condition of dental health to permit him/her attendance at the public schools.

Dentist's Name and Address (Please Print or Stamp):

Dentist/Dental Hygienist Signature:

Date of Exam

The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.



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?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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
☐ Mujer

Fecha de Nacimiento: ____ / ____ / ____
Mes Día Año

Grado: ____ ID#: ____
(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 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

FIRST NAME

2. DATE OF BIRTH

MO / DAY / YR

M.I.

3. GENDER

M F

5. Racial/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. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9A. NYS 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. Item reserved for future use.
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.



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: _____