

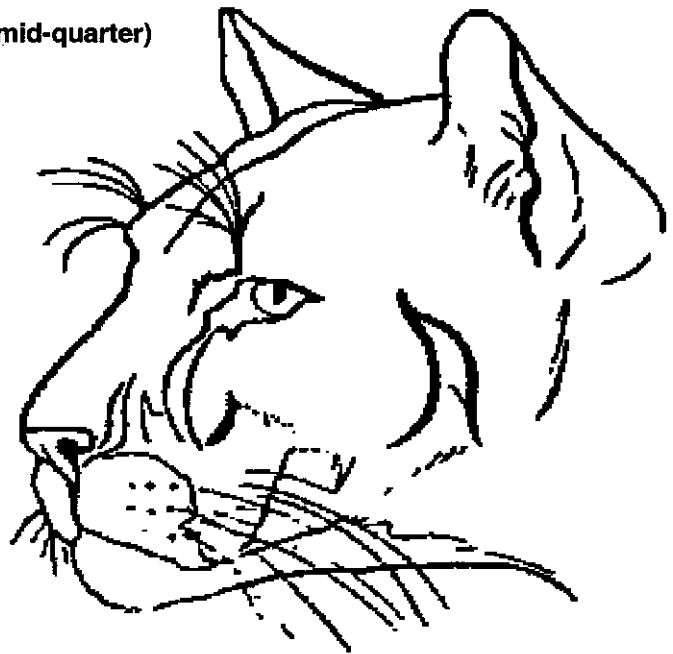
# Welcome to Pioneer Central

## New Student Check List

- Proof of Residency in Pioneer Central School District
- Completed Registration Packet (attached)
- Copy of Birth Certificate
- Copy of Custody Papers and/or Order of Protection (if any)
- Department of Social Services Foster Placement Form (if any)

Please notify your prior school that we will be contacting them for the following records to complete the enrollment process:

- ✓ Exit Grades for Current Quarter (if student transferred mid-quarter)
- ✓ Current Class Schedule
- ✓ Current Report Card
- ✓ Copy of Current Science Labs (High School only)
- ✓ High School Transcripts
- ✓ Attendance Records
- ✓ Health Records (immunizations & last physicals exam)
- ✓ New York State Test Scores (3<sup>rd</sup> – 8<sup>th</sup>)
- ✓ Special Ed Records  
(IEP, Transition Plan, Social History,  
Level 1 Assessment, & Psychological Reports)



*Home of the Pioneer Panthers*

**PIONEER CENTRAL SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Date of Requested Enrollment: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Has student attended Pioneer Central School before? Yes \_\_\_\_\_ No \_\_\_\_\_

School to Attend:  Pioneer Senior High  Pioneer Middle  Pioneer at Arcade Elementary  Pioneer at Delevan Elementary

Entering Grade: \_\_\_\_\_

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Unlisted?      Yes \_\_\_\_\_      No \_\_\_\_\_

Custody Papers on file? Yes \_\_\_ No \_\_\_

Cell phone: (    ) \_\_\_\_\_

Order of Protection on file? Yes \_\_\_ No \_\_\_

**Residence Address:**

**Mailing Address (if different than residence):**

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Street: \_\_\_\_\_

County: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Ethnic Group (please select one):**

**Ethnicity (Choose one):**

- Hispanic/Latino
- Not Hispanic/Latino

**Race (Choose one or more, regardless of Ethnicity):**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

**Gender:**

- Male
- Female

**Please Check All That Apply:**

- Currently in Foster Care – DSS # \_\_\_\_\_  
Actual Home School District \_\_\_\_\_
- Enrolling but do not live in Pioneer District (non-Foster Care)  
Actual Home School District \_\_\_\_\_
- Migrant
- Immigrant/Refugee  
Country of Birth \_\_\_\_\_  
Home Language \_\_\_\_\_

**Pease list any other students you have attending Pioneer Central School:**

\_\_\_\_\_

**Please list any Special Education service the student is currently receiving (i.e. OT, PT, Resource):**

\_\_\_\_\_

**\*\*Every parent or person in a parental relation has the right to refer their child to the Committee on Special Education for evaluation to determine the child's eligibility for special education programs or services. Information regarding this parental right to request an evaluation is detailed in "A Parent's Guide to Special Education", which can be found on the NYS Education Department's website: <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>. If you have any questions about your rights as a parent with relation to special education, you can contact: Jean Vallance, Pioneer's Director of Special Education at 716-492-9435, or by email at [jvallance@pioneerksd.org](mailto:jvallance@pioneerksd.org)**

**PARENT/GUARDIAN INFORMATION** – Please complete **ALL** lines below:

**\*NOTE:** We presume both **NATURAL** parents share custody in divorce or legal separation agreements unless and until we receive a copy of the court order or separation agreement that pertains to the child's custody. Non-custodial parents are legally able to obtain school records unless otherwise noted in court document.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address if different from student address:  
\_\_\_\_\_  
\_\_\_\_\_

Home/Cell Phone if different from student phone:

(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone: (    ) \_\_\_\_\_

Student Resides with: Yes \_\_\_ No \_\_\_

\*Extra Mailing Required: Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address if different from student address:  
\_\_\_\_\_  
\_\_\_\_\_

Home/Cell Phone if different from student phone:

(    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone: (    ) \_\_\_\_\_

Student Resides with: Yes \_\_\_ No \_\_\_

\*Extra Mailing Required: Yes \_\_\_ No \_\_\_

*\*Extra mailing includes copies of report cards, progress reports, and academic intervention service notices. These are mailed when requested by the parent/guardian that does not reside with the student but is legally allowed to have this information.*

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\_\_\_ Initial here to Opt Out of paper report cards & progress reports.

I have or will obtain free Parent Portal account to review progress reports and report cards.

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**PLEASE LIST AT LEAST ONE CONTACT OTHER THAN YOURSELF  
IF YOU HAVE MORE PLEASE ADD AT THE BOTTOM**

**EMERGENCY CONTACTS**-If unable to contact the above, please contact the following:

Name #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Name #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

**PIONEER SENIOR HIGH SCHOOL**  
P.O. BOX 579  
YORKSHIRE, NY 14173  
PHONE: 716-492-9334  
FAX: 716-492-9350

**PIONEER MIDDLE SCHOOL**  
P.O. BOX 619  
YORKSHIRE, NY 14173  
PHONE: 716-492-9380  
FAX: 716-492-9417

**ARCADE ELEMENTARY SCHOOL**  
P.O. BOX 9  
ARCADE, NY 14009  
PHONE: 716-492-9421  
FAX: 716-492-9433

**DELEVAN ELEMENTARY SCHOOL**  
P.O. BOX 217  
DELEVAN, NY 14042  
PHONE: (716) 492-9461  
FAX: (716) 492-9477

===== **FAX** =====

**DATE:**

**FAX # (    )**

**TO:**

**FROM:**

- RE:**
- New student registration**
  - Enrollment pending district approval**
  - District decision - approved / denied**

Please fax or mail the items checked below regarding the above student as soon as possible.  
Thank you.

- ✓ Current Class Schedule
- ✓ Exit Grades for Current Quarter (if student transferred before quarter grades were issued)
- ✓ Current Report Card
- ✓ Current Science Labs
- ✓ High School Transcript
- ✓ NYS Test Scores
- ✓ Attendance Records
- ✓ Health Records (immunizations and last physical exam)
- ✓ Copy of Birth Certificate
- ✓ Discipline Reports\*\*\*\*
- ✓ Special Education Records (if applicable) to include:  
IEP, Transition Plan, Social History Level 1 Assessment & Psychological Reports
- ✓ Custody Papers (if applicable)

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**PARENT/GUARDIAN: PLEASE COMPLETE THE BOTTOM SECTION ONLY**

**Previous School Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ School Phone:(    ) \_\_\_\_\_

School Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance at this school:

Start Date:    /    /                      End Date:    /    /

\*\*\*\*I hereby authorize the release of discipline information for the student listed above.





**Yorkshire Pioneer Central School District**  
**HOUSING QUESTIONNAIRE**  
**2022-2023**

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
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 (you own or pay rent at your residence)

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

**Jeannene Wagner**  
**Pioneer Central School**  
**Director of Human Resources &**  
**McKinney Vento Liaison**  
*(716) 492-9326*

On  
Book

**Below are detailed explanations of each question if needed.**

**Question 2: Is your child able to access the internet in their primary place of residence?**

"Yes" means the student has internet access in their primary residence where the student typically resides.

"No" means the student does not have internet access in their primary residence.

Note: If student has multiple residences that share equal time, answer this question according to the residence that has the more limited access

**Question 3: What is the primary type of internet service used in your child's primary place of residence?**

"Residential Broadband" means a high-bandwidth connection to the Internet at your home by using a cable (fiber or coaxial) connected to an Internet service provider such as Spectrum, AT+T, Frontier, etc.

"Cellular" means wireless Internet access delivered through cellular towers to computers and other devices. Uses your cell phone provider for internet access.

"Mobile Hotspot" means a wireless access point created by a dedicated hardware device or a smartphone feature that shares the phone's cellular data. For example, a cellphone or a device like a Kajeet, Verizon Jetpack, Netgear Nighthawk or MiFi.

"Community WiFi" means allowing Internet connection to visitors and guests using an existing Wi-Fi infrastructure in the community such as a library, café, hotel, etc.

"Satellite" means a wireless connection through the use of a satellite dish located on your property.

"Dial up" means a service that allows connectivity to the Internet by using a modem and a standard telephone line.

"DSL" Digital Subscriber Line means a high-speed bandwidth connection from a phone wall jack on an existing telephone network that works within the frequencies so you can use the Internet while making phone calls.

"Other" means none of the other choices apply.

"None" means that you do not have Internet access in your home.

**Question 4: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?**

"Yes" means the student experiences very few or no interruptions in learning activities caused by poor internet performance in their primary place of residence.

"No" means the student regularly experiences interruptions and is unable to complete all learning activities due to poor internet performance in their primary place of residence or lack of internet access.

**Question 5: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?**

"Availability" means you cannot actually get fiber (or satellite or cell service) at your home.

"Cost" means the service available to your neighborhood is cost prohibitive.

"None" means that your child has sufficient and reliable access to the internet.

"Other" means none of the other choices apply.

## DIGITAL EQUITY & LEARNING PREFERENCES SURVEY

This is required information for our student information system. All questions pertain to your internet, internet access and internet performance. Please provide an answer for each question.

To assist in accurately answering the survey questions, attached are detailed explanations.

1. Student(s) Full Name: \_\_\_\_\_

2. Are you able to access the internet in your primary place of residence:

- (Y) Yes
- (N) No

3. What is the primary type of internet service used in your primary place of residence:

- (1) Residential Broadband
- (2) Cellular
- (3) Mobile Hotspot
- (4) Community WiFi
- (5) Satellite
- (6) Dial Up
- (7) DSL
- (8) Other
- (9) None

4. In your primary residence, can you complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

- (Y) Yes
- (N) No

5. What, if any, is the primary barrier to having sufficient and reliable internet access in your primary place of residence? If there is no barrier, answer (4) None:

- (1) Availability
- (2) Cost
- (3) Other
- (4) None



# PIONEER CENTRAL HIGH SCHOOL

Dear Parent/Guardian:

New York State requires all transfer students, with no record of a physical in the past year, to have a physical exam. The school at no cost will provide these exams to you. If you prefer, you may take your son/daughter to your private physician for these exams at your expense.

We will do this within one month of your child entering this school system. The physical exam will include head, neck, heart, lungs, abdomen, joints, scoliosis, extremities, skin, and a hernia exam. We recommend that you discuss the hernia exam with your son so he will know what to expect at the time of the exam. Every effort will be made to ensure your child's privacy during this physical exam.

We invite you to be present during your child's exam. Please feel free to call me between the hours of 7:30am – 2:30pm at 716-492-9344 if you have any questions concerning this exam.

Please complete and return the bottom portion of this form to the High School health office. If your private physician will be doing the exam, a physical form must be obtained from the health office and returned after the physical is completed. If a completed physical form or a date of a scheduled exam is not given to me within two months of your child entering Pioneer, the physical will be down in school.

Amber Platt  
High School Nurse

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\_\_\_\_\_ I would like the physical to be done at the school by the Nurse Practitioner.

\_\_\_\_\_ I would like to be present during my child's exam. You may contact me at the following number during school hours, \_\_\_\_\_. I understand if I do not keep the appointment the physical will be done without me.

\_\_\_\_\_ I will have the physical exam done by my private physician. I understand the physical will be done in school if a completed form or a date of a scheduled exam is not given to this office within the time frame mentioned above.

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_



**STUDENT HEALTH HISTORY FORM**  
**Pioneer Central Schools**

Student Name (print first) \_\_\_\_\_ (print last) \_\_\_\_\_ DOB \_\_\_\_\_ Grade F  M

A physical less than 365 days old must be provided to the school OR an in school physical may be requested:

Last physical exam \_\_\_\_\_ Healthcare Provider \_\_\_\_\_

**My student has the following (NEW or EXISTING) medical condition(s). (Check all that apply)**

**HEAD**

- Concussion (loss of consciousness)
- Concussion (no loss of consciousness)
- Migraines (diagnosed)
- Frequent headaches
- Seizures
- Other \_\_\_\_\_

**EYES**

- Vision concerns
- Glasses/Contacts
- Vision Loss/both eyes
- Vision Loss/one eye
- Other \_\_\_\_\_

**EAR/NOSE/THROAT/  
MOUTH**

- Frequent earaches/infections
- Tubes in place
- Hearing loss/condition
- Hearing aid
- Speech problems
- Swallowing problem
- Dental pain or concerns
- Other \_\_\_\_\_

**HEART/LUNGS**

- Asthma
- Heart condition
- Other \_\_\_\_\_

**ABDOMEN/INTESTINAL/  
URINARY**

- Frequent stomachaches
- Urinary or bowel concerns
- Other \_\_\_\_\_

**BONE/MUSCLE/JOINT**

- Muscular concerns
- Knee, back, bone or joint concerns
- Scoliosis
- Other \_\_\_\_\_

**CHROMOSOME/GENETIC**

- Down Syndrome
- Other \_\_\_\_\_

**SKIN**

- Skin concerns
- Other \_\_\_\_\_

**ALLERGIES**

- Anaphylactic shock
- Anaphylactic/foods
- Anaphylactic/nuts
- Anaphylactic/peanuts
- Anaphylactic/stings
- Allergy, Airborne
- Allergy, Animals
- Allergy, Medication
- Allergy, Food
- Allergy, Latex
- Lactose Intolerance

List specific allergy(ies):  
\_\_\_\_\_  
\_\_\_\_\_

**ENDOCRINE/BLOOD**

- Diabetes/Type I
- Diabetes/Type II
- Blood disorder
- Other \_\_\_\_\_

**EMOTIONAL/BEHAVIORAL  
/PSYCHOLOGICAL**

- Mental/emotional concerns
- Other \_\_\_\_\_

**OTHER**

- \_\_\_\_\_
- \_\_\_\_\_

**My Child has NO (new or existing) health concerns.**  
(If you check this box, you agree to communicate with the school regarding new health concerns during the school year.)

**My child will require the following medication types given during the school day (check all that apply):**

**Long-Term Prescribed Medication**

The Long-Term form must be completed by the parent/guardian AND healthcare provider: MD/DO/ANP/PA & medication delivered in a properly labeled pharmacy container.

**Short-Term Prescribed Medication**

The Short-Term form must be completed by parent/guardian & medication delivered in a properly labeled pharmacy container.

**OTC/Over the Counter Medication**

To have an Over-The-Counter medication at school, a parent must complete a separate form and provide medication in the original container.

**My child will require the following emergency medication(s) at school, check all that apply (parent/guardian must provide):**

- Epinephrine (EpiPen or Auvi-Q)
- Antihistamine (Benadryl)
- Rescue Inhaler
- Glucagon
- Diazepam rectal gel

**My child will require the following plan or other treatment at school (check all that apply):**

- Student Allergy/Anaphylaxis Action Plan
- Asthma Action Plan
- Individualized Healthcare Plan -Diabetes with injection
- Individualized Healthcare Plan -Diabetes with pump
- Seizure Action Plan
- Other treatment in school

**\*Release of Information:** The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for school staff to be informed of precautions and procedures necessary to protect your child at school and foster academic success.

I Agree \_\_\_\_\_  I Disagree \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Amber Platt RN  
716-492-9344  
716-492-9350(FAX)  
aplatt@pioneerschools.org