

MCGRAW SCHOOL DISTRICT

ENROLLMENT FORM

Student Name _____ Date of Birth _____ Male Female

Home Phone Number _____ Grade _____

Mailing Address _____

Street Address *(if different than above)* _____

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

HOUSEHOLD INFORMATION:

Student resides with...? Mother Father Step parent other guardian(s)

Is there legal custody documentation the school should be aware of? No Yes (provide copy)

Parent/Guardian #1 _____ Relationship to child _____

Employer _____ Occupation _____

Work Phone Number _____ Work Hours _____ Cell Phone Number* _____

* Check if you don't want emergency information/events from the school sent to you via text message

E-mail Address* _____

* Check if you don't want events from the school sent to you via e-mail

Parent/Guardian #2 _____ Relationship to child _____

Employer _____ Occupation _____

Work Phone Number _____ Work Hours _____ Cell Phone Number* _____

* Check if you don't want emergency information/events from the school sent to you via text message

E-mail Address* _____

* Check if you don't want events from the school sent to you via e-mail

Brothers

Birthdate

Sisters

Birthdate

Parent/Guardian NOT LIVING IN THE HOUSEHOLD:

Should correspondence from school be sent to this person? Yes No

Name _____ Home Phone Number _____

Mailing

Address _____

Employer _____ Occupation _____

Work Phone Number _____ Cell Phone Number _____

E-mail Address _____

Check if you don't want events from the school sent via e-mail

Does your child have a Section 504 Plan? Yes No

Does your child have an IEP (Individualized Education Program)? Yes 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 _____

Optional: Ethnicity: Hispanic Not Hispanic

Race: American Indian/Alaskan Native Asian Black White
 Native Hawaiian/Other Pacific Islander Multi-racial

⇒ **Proof of Age** for students, most commonly a birth certificate, is used for entrance to school.

⇒ **Proof of Residency** in the McGraw Central School District is required within 3 days of student entrance to school. Examples include: Lease or deed, landlord's statement, homeowner's or renter's insurance policy, bank statement, utility bill, driver's license, selective service card, voter registration or recently mailed envelope showing *current street address*.**

Date	Parent/Guardian Signature	Parent/Guardian #2 Signature
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(Your signature indicates that the information on this form is true and that your consent has been given for the various items contained on this form. Failure to provide accurate information may result in delays or denial of enrollment or later revocation of enrollment.)

**A more complete list of documents the District will consider as well as procedures and instructions for enrollment is posted on the District's website and is also available from the Elementary or High School Offices in printed form.

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.

McGraw School District
HEALTH RECORD – Please Print

Name _____ Grade _____ Male Female

Physician _____ Physician's Phone _____

Health History (Please add age child had diagnoses):

Chicken Pox _____ Diabetes _____

Measles _____ Epilepsy _____

Mumps _____ Heart Disease _____

Pneumonia _____ Asthma _____

Rheumatic Fever _____ Allergies _____

Scarlet Fever _____ Ear Conditions _____

Serious Injury _____ Hearing Problems _____

Operations _____ Vision Problems _____

My child has the following allergies that may require special handling in an emergency:

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any Medical Conditions (type, treatment, and doctor) and any medication (type, reason):

⇒ Health Appraisal: Please submit a copy of child's latest Health Appraisal (physical). This must be received no later than 30 days following student's entrance to school. If not received, the student will be scheduled for a health appraisal by the school physician.

⇒ Immunizations: Please submit a copy of child's immunization record signed by your health care provider. This must be received no later than 14 days following student's entrance to school.

All students in New York State are required to be properly immunized against the following:

- Diphtheria/Tetanus/Pertussin
- Measles/Mumps/Rubella
- Varicella (or MD documentation)
- Pneumococcal disease (PCV)
- Polio
- Haemophilus influenza type b (Hib)
- Hepatitis B

If your child is lacking adequate shots, please call the County Health Department/Clinic at 753-5203 or speak with your health provider to schedule an appointment. The American Academy of Pediatrics recommendations exceeds the New York Guidelines for Public Education, and you are highly encouraged to follow the AAP's guidelines. You may check with your doctor, or the school nurse for this information.

Person(s) to Contact in Case of Emergency:

If my child needs to be sent home from school and I am not there or able to be reached, the school may contact one of the people whose names have been provided below who are authorized to pick up my child.

(Please indicate Relationship to Student, i.e. grandparent, aunt, uncle, sibling, etc. and note whether number is home, cell, or work.)

Name	Relationship	Daytime Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

In the event of a medical emergency, if none of the above named can be reached, the personal/school physician will be contacted. If necessary, the student will be taken to the nearest emergency first aid station by ambulance.

If any of the above information changes, it is the responsibility of the parent/guardian to notify the Health Office.

Parents/ guardians are also advised that in the event of injury, the parent/guardian's personal accident/health insurance carrier, if any, shall provide primary insurance coverage with the school's Pupil Benefits Plan insurance providing secondary and limited coverage.

I give permission for the school nurse to share medical information on an as needed basis with other school personnel when it is in the best interest of my child's health.

Date _____ Parent/Guardian Signature _____

ENROLLMENT FORM

Name of LEA: McGraw Central School District

Name of School: McGraw School District

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female *Month Day Year* *(preschool-12)* *(optional)*

Parent Address: _____ Phone: _____

Student 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

FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA

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

McGraw Elementary School
Grades K-5
Susan Prince, Principal
Phone: (607) 836-3650

McGraw Central School District
10 West Academy Street
McGraw, New York 13101

McGraw High School
Grades 6-12
Mark Dimorier, Principal
Phone: (607) 836-3601

RECORDS REQUEST FORM

Date: _____

To: (Name of School Transferring from) _____

(School address) _____

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1977, it is not necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release. However, we do strive to provide such consent whenever possible.

As a parent/guardian of the child(ren) named below, I hereby consent that all pertinent records be forwarded to the McGraw School District as indicated.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

The following student(s) has/have registered in the McGraw School District:

Name	Grade	Date of Birth
_____	_____	_ / _ / _
_____	_____	_ / _ / _
_____	_____	_ / _ / _
_____	_____	_ / _ / _

- Please send any and all academic, health records including immunization and physical, and birth certificate to:

McGraw Elementary School	McGraw Jr./Sr. High School
10 West Academy St.	10 West Academy St.
McGraw, NY 13101	McGraw, NY 13101
Or Fax to: (607) 836-3609	Or Fax to: (607) 836-3635

Please indicate if an IEP or 504 Plan has been developed. If this student is transferring during the school year, please also include grades at time of transfer and most recent report card.

- Please send all *Committee on Special Education* and/or psychological records to:

McGraw Central School District
ATTN: Director of Special Education
10 West Academy St.
McGraw, NY 13101
Or Fax to: (607) 836-3609

We appreciate your assistance and thank you in advance for your expedience in forwarding these records.



Home Language Questionnaire (HLQ)

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

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: Possible LEP
 English Proficient

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

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
- What language(s) does the student understand? English Other _____ *specify*
- What language(s) does the student speak? English Other _____ *specify*
- What language(s) does the student read? English Other _____ Does Not Read *specify*
- What language(s) does the student write? English Other _____ Does Not Write *specify*
- 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

Date

Month: _____ Day: _____ Year: _____