



DRYDEN

CENTRAL SCHOOL DISTRICT

P.O. Box 88
Dryden, NY 13053
Main Office (607) 844-8694
District Office (607) 844-5361
FAX (607) 844-4733

Welcome to the Dryden Central School District.

Please complete the *Enrollment Form – Residency Questionnaire* first. If your family is not living in permanent housing, please contact me as soon as possible.

Parents/Guardians should bring the attached forms to the school with the required documents in hand. The attached registration papers will NOT be processed without the required documents.

The following is a list of the items that are **MANDATORY** in order for your child to be registered in Dryden.

- Signed registration paperwork
- Proof of residency
- Proof of birth
- Immunization records
- Custody papers (if applicable)

Please note that while these items are mandatory for enrollment, the following “Acceptable Proof” lists are examples and do not exclude other possible proofs that you may provide.

1. Acceptable Proof of Residency examples include:

- a copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement
- a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district, which may be either sworn or unsworn
- such other statement by a third party establishing the parent(s) or person(s) in parental relation’s physical presence in the district
- If these are not available, you may also show:
 - pay stub
 - income tax form
 - utility or other bills
 - membership documents (e.g., library cards) based upon residency
 - voter registration document(s)
 - official driver’s license, learner’s permit, or non-driver identification
 - state or other government issued identification
 - documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)

2. Immunization and Health Records are **MANDATORY** if the student is not transferring to Dryden from another NYS public school district.

3. Acceptable Proof of Birth examples include:

- birth certificate
- record of baptism
- passport
- If these are not available, you may also show:
 - official driver's license
 - state or other government issued identification
 - school photo identification with date of birth
 - consulate identification card
 - hospital or health records
 - military dependent identification card
 - documents issued by federal, state, or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
 - court orders or other court-issued documents
 - Native American tribal document
 - records from non-profit international aid agencies and voluntary agencies

4. Acceptable Custody Papers examples include:

- current final or temporary court order
 - needs to specify custody and placement
- notarized "Parent Affidavit"
 - only use if there is no court order for custody and/or placement
 - please ask for form
 - there are notaries available at the District Office
- please also include any "stay away" and/or "orders of protection"

Please note: All documents need to be CURRENT.

Kati Coon, Registrar
Dryden Central School District
(607) 844-8694, ext. 2608
Fax: (607) 844-4733
kcoon1@dryden.k12.ny.us



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Authorization for the Release or Transfer of Information

Previous School/School District:

Name: _____

Address: _____

Phone: _____ Fax: _____

In Accordance with the Family Educational Rights and Privacy Act (FERPA)/Buckley Amendment, it is not necessary to obtain written consent to release records between educational institutions in which students intend to enroll and previous schools.

The following students have registered in our school district for the current school year:

Student's Legal Name	Grade Entering	DOB	Anticipated Start
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send any and all **academic, disciplinary, health records and birth certificate** to:

Kati Coon, District Registrar
Dryden Central School District
PO Box 88
Dryden, NY 13053

kcoon1@dryden.k12.ny.us OR Fax: 607-844-4733

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

Dryden Central School District
Special Education Office
PO Box 88
Dryden, NY 13053
Fax: 607-844-5292

We appreciate and thank you in advance for your expedience in forwarding the student(s) records.

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Enrollment Form – Residency Questionnaire

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female
Date of Birth: ____/____/____
Month Day Year
Grade Entering: _____
(preschool-12)

Address: _____ Phone: _____

Previous Address: _____

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.

OFFICE USE:

☐ Proof of Residency Date: _____ Initials: _____
☐ Cassavant ☐ Freeville ☐ Dryden Elementary ☐ Dryden Middle ☐ Dryden High



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Student Registration Form Student Information

Student's Legal Name _____
Last First Middle

Preferred Name _____ ☐ Male ☐ Female Birthdate _____
Month Day Year

Grade Entering _____

Home Address _____
Number and Street

_____ City State Zip

Mailing Address (if different than the home address) _____
Number and Street or PO Box #

_____ City State Zip

Birthplace _____
City State/Province/Region County Country

Previous schools attended 1. _____
Name of School City, State Phone

2. _____
Name of School City, State Phone

Is the student currently classified as a student with a disability? ☐ Yes ☐ No

If yes, please provide a copy of the IEP.

Does the student currently receive AIS services? ☐ Yes ☐ No

Is Parent/Guardian on full-time Active Duty? ☐ Yes ☐ No

If Yes: Date began Active Duty: _____ Branch: _____

_____ Print Name

_____ Signature

OFFICE USE:

☐ Proof of Residency ☐ Proof of Birth Date: _____ Initials: _____

☐ Cassavant ☐ Freeville ☐ Dryden Elementary ☐ Dryden Middle ☐ Dryden High



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Parent/Guardian Information

Student Name _____ Date of Birth _____

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Legal Guardian ☐ Foster Parents ☐ Other _____

Restrictions of contact and information (please provide paperwork):

☐ Order of Protection ☐ Custody papers, specify restriction ☐ No restrictions for parents/guardians

Parent Guardian 1

Name: _____
Last First MI

Relationship to student _____

Email address: _____

Address _____

Home phone: _____
☐ Unlisted

Cell phone: _____

Employer: _____

Work phone: _____
☐ Days

Position: _____
☐ Nights

Parent Guardian 2

Name: _____
Last First MI

Relationship to student _____

Email address: _____

Address _____

Home phone: _____
☐ Unlisted

Cell phone: _____

Employer: _____

Work phone: _____
☐ Days

Position: _____
☐ Nights

Sibling Information

Name (last, first, mi)	Gender	Birth Date (mm/dd/yyyy)	Grade	Relationship to Student
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

OFFICE USE:

Restrictions of contact and information:

☐ Paperwork provided ☐ Person restricted ☐ Expiration date



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Emergency Contact Information

Please list the information of individuals who can be contacted in the event a parent/guardian cannot be reached in the event of an emergency. Accurate and up-to-date information is essential. Include day care information first if applicable. Note that only persons listed as authorized to pick up students will be allowed to do so. If child custody arrangements are part of your family structure, legal documentation must be on file in the school district.

Student name _____ Date of Birth _____

Contact 1: Dr./Mr./Mrs./Ms. _____ Authorized for pick up?
☐ No ☐ Yes
Relationship to student _____

Number _____ Street _____ City _____ State _____ Zip _____
Home phone _____ Work Phone _____ Cell Phone _____
Day care provider ☐ A.M. ☐ P.M.

Contact 2: Dr./Mr./Mrs./Ms. _____ Authorized for pick up?
☐ No ☐ Yes
Relationship to student _____

Number _____ Street _____ City _____ State _____ Zip _____
Home phone _____ Work Phone _____ Cell Phone _____
Day care provider ☐ A.M. ☐ P.M.

Contact 3: Dr./Mr./Mrs./Ms. _____ Authorized for pick up?
☐ No ☐ Yes
Relationship to student _____

Number _____ Street _____ City _____ State _____ Zip _____
Home phone _____ Work Phone _____ Cell Phone _____
Day care provider ☐ A.M. ☐ P.M.

Contact 4: Dr./Mr./Mrs./Ms. _____ Authorized for pick up?
☐ No ☐ Yes
Relationship to student _____

Number _____ Street _____ City _____ State _____ Zip _____
Home phone _____ Work Phone _____ Cell Phone _____
Day care provider ☐ A.M. ☐ P.M.

Parent/Guardian Signature _____ Date _____

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STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



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Student Transportation Form

Only one regular pickup and drop-off location is permitted. **Any changes must be requested in writing.** Please note the location, bus route, and the date(s) requested. The note should be signed by a parent/guardian and addressed to the school.

Student Information

Date _____

Student's Legal Name _____ ☐ Male ☐ Female
Last First Middle

Date of Birth _____ Grade Entering _____ Primary language spoken at home _____
Month / Day / Year

Parent/Guardians: Dr./Mr./Mrs./Ms. _____
First Last

Dr./Mr./Mrs./Ms. _____
First Last

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____
Number Street City State Zip

Mailing Address _____
Number Street City State Zip
(if different and/or a P.O. box)

Morning Pickup _____
Number Street City

House color _____ House type _____ Nearest Intersection _____

Evening Drop-off _____
Number Street City State Zip

House color _____ House type _____ Nearest Intersection _____

Emergency Contacts/Day Care Information

Contact 1: Dr./Mr./Mrs./Ms. _____ Home phone _____
First Last

Number Street City State Zip

House color _____ House type _____ Nearest Intersection _____

Contact 2: Dr./Mr./Mrs./Ms. _____ Home phone _____
First Last

Number Street City State Zip

House color _____ House type _____ Nearest Intersection _____

OFFICE USE: Morning Route _____ Evening Route _____ ID Number _____
☐ Cassavant ☐ Freeville ☐ Dryden Elementary ☐ Dryden Middle ☐ Dryden High ☐ Other _____



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Health Office Medical Information

Name of your child _____ Date of birth _____

Name of your child's health care provider/doctor _____

Name of your child's dentist _____

Name of your child's health insurance provider _____

Emergency Health Care Contacts: Please fill in the names, addresses and phone numbers of two adults we can contact in the event that we cannot reach you in an emergency:

Does your child have or has she or had any of the following illnesses:

Allergies: (list specific allergies) _____

Asthma: (list hospitalizations, medications) _____

Seizures (date of last seizure, medications) _____

Diabetes (date of onset, medications) _____

Other chronic medical problem _____

Does your child have any other health issues that we should know about?

*****I understand that I will need to provide a copy of my child's annual health exam from their health care provider dated within the previous twelve months from the date of entry into the DCSD, and within 12 months previous to the start of their Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade years.***

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



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Standard Authorization for the Exchange of Health Information

This form authorizes the exchange of protected health information (PHI) and education records (including personally identifiable information obtained therefrom) between your child's health care provider and authorized school officials.

Student Name _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

Description of the documents and information to be disclosed:

- Documentation mandated by the New York State Education Department.
 - Pre-participation history and physical examinations for athletics
 - Mandated health history and physical examinations
 - Return to school post injury or illness and medical documentation of permissible activity
 - Immunizations
 - Medications administered to or by a child at school
 - Academic performance information, if relevant to medical condition(s)
 - Therapy services (OT, PT, ST) being provided to the student
- Documentation related to accommodations requested/required for asthma, concussions, or other medical conditions

*This release does not apply to mental health, alcohol/drug, HIV or other information which by law cannot be released without specific authorization.

Information is to be disclosed **BETWEEN: (Name and address of student's physician or other provider) and DRYDEN CENTRAL SCHOOL DISTRICT (DCSD)**, and school physician(s) and nursing staff at the school the child attends.

It is necessary for DCSD to share health information with the student's health care providers to facilitate and promote informed recommendations and decision-making by both the health care provider and school district with respect to the student's educational program. This release authorizes disclosure of the records described above and personally-identifiable information obtained from/by DCSD to/from the student's health care providers for the following purposes:

- To comply with a request from the student's parent/person in parental relation and/or legal guardian, or the student (if age 18 or older and competent);
- To assist with an evaluation or the provisions of services by DCSD
- To coordinate the provision of medical services;
- Other (please specify): _____

This authorization shall remain valid until either (*initial one*):

____ The student is no longer a student of DCSD; or
____ Other specified date or event: _____

Acknowledgments:

I hereby, knowingly, and voluntarily authorize the above-named agency/provider to use or disclose this information only in the manner described above. I understand treatment, payment, and health plan enrollment will not be conditioned on my authorization of this disclosure. I understand that I may revoke this authorization in writing at any time.

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Relationship to student _____ Date _____

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