DRYDEN CENTRAL SCHOOL DISTRICT

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 (if applicable)
- 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. 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

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

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.

Jessica Harris-Giannicchi, Registrar
Dryden Central School District
(607) 844-8694, ext. 2608
Fax: (607) 844-4733
jharris1@dryden.k12.ny.us

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ /_____ /_____ Grade: _____
Month Day Year *(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:

Date: _____ Initials: _____

☐Proof of Residency

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

DRYDEN CENTRAL SCHOOL DISTRICT

P.O. Box 88, Dryden, New York 13053
Phone: 607-844-8694 Registration Office Fax: 607-844-4733
www.dryden.k12.ny.us

Authorization for the Release or Transfer of Information

Date _____

Previous school/School district:

Name _____

Address _____

Phone _____ Fax _____

Student's Legal Name _____ Grade_____

Student's Legal Name _____ Grade_____

Student's Legal Name _____ Grade_____

Student's Legal Name _____ Grade_____

The student(s) listed above have enrolled in the Dryden Central School District. Please fax all school records including academic, health, psychological, attendance, course grades, Special Education (IEP), 504 plans, and standardized test results to the following fax number:

Cassavant Elementary School	607-844-8907
Dryden Elementary School	607-844-4641
Freeville Elementary School	607-844-3826
Dryden Middle School	607-844-5174
Dryden High School	607-844-9004

_____ _____

*Parent/Guardian Signature Date

*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.

DRYDEN CENTRAL SCHOOL DISTRICT

P.O. Box 88, Dryden, New York 13053
Phone: 607-844-8694 Registration Office Fax: 607-844-4733
www.dryden.k12.ny.us

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:

Date: _____ Initials: _____

☐Proof of Residency ☐ Proof of Birth

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

Parent/Guardian Information

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:_____

Address:_____ Home phone:_____ ☐Unlisted

_____ Cell phone:_____

Email address:_____

Employer:_____ Position:_____ ☐Days ☐Nights

Work address:_____ Work phone:_____

Parent Guardian 2

Name: _____
Last First MI

Relationship to student:_____

Address:_____ Home phone:_____ ☐Unlisted

_____ Cell phone:_____

Email address:_____

Employer:_____ Position:_____ ☐Days ☐Nights

Work address:_____ Work phone:_____

Sibling Information

Name (last, first, mi)	Gender	Birth Date (mm/dd/yyyy)	Grade	Relationship to Student
_____	☐Male ☐Female	_____	_____	_____
_____	☐Male ☐Female	_____	_____	_____
_____	☐Male ☐Female	_____	_____	_____
_____	☐Male ☐Female	_____	_____	_____
_____	☐Male ☐Female	_____	_____	_____

OFFICE USE:

Restrictions of contact and information:
☐Paperwork provided ☐Person restricted ☐Expiration date

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.

Contact 1: Dr./Mr./Mrs./Ms. Last First M.I. 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. Last First M.I. 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. Last First M.I. Authorized for pick up? ☐ No ☐ Yes

Relationship to student

Number Street City State Zip

Home phone Work phone Cell phone

Contact 4: Dr./Mr./Mrs./Ms. Last First M.I. Authorized for pick up? ☐ No ☐ Yes

Relationship to student

Number Street City State Zip

Home phone Work phone Cell phone

Parent/Guardian signature Date

DRYDEN CENTRAL SCHOOL DISTRICT
118 Freeville Road; Route 38; P.O. Box 88
Dryden, New York 13053
Telephone: 607-844-8694; Registration Office Fax: 607-844-4733

STUDENT RACIAL AND ETHNIC IDENTIFICATION FORM

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: _____ Grade: _____

Student Name: _____ _____ _____
Last Name First Name Middle Initial

Date of Birth: _____
Month/Day/Year

DIRECTIONS TO PARENT/GUARDIAN:
Please answer questions (1) and (2). Please read each question in its entirety before responding.

Check the box that best describes your student. Check only one box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central American, or other Spanish culture or origin, regardless of race.

   Yes, Hispanic

   No, not Hispanic

Check all groups that apply to the student. Check at least one box.

2. Select one or more races from the following five racial groups:

   AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identity.

   ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

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

_____ _____
Signature of Parent/Guardian/Other Date

Relationship to Student (Please check one below):
Mother Father Guardian Other(Specify): _____

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

Lissette 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:		**GENDER:**
Month	*Day*	*Year*
		❑ 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?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	
	❑ Guardian(s) _____ *specify*		
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ 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? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation ***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:

DRYDEN CENTRAL SCHOOL DISTRICT

P.O. Box 88, Dryden, New York 13053
Phone: 607.844.8694 District Office Fax: 607.844.4733
www.dryden.k12.ny.us

Student Transportation Form

Date

Only one regular pickup and dropoff 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

Student's Legal Name (Last, First, Middle) ☐ Male ☐ Female Grade Entering

Date of Birth (Month, Day, Year) Primary language spoken at home

Home Address (Number, Street, City, State, Zip)

Parents/Guardians: Dr./Mr./Mrs./Ms. First Last

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

Home phone Work phone Cell phone

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

Morning pickup (Number, Street, City)

House color House type Nearest intersection

Evening dropoff (Number, Street, City)

House color House type Nearest intersection

Emergency Contacts/Day Care Information

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

☐ Day care provider ☐ A.M. ☐ P.M.

Number Street City State Zip

House color House type Nearest intersection

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

☐ Day care provider ☐ A.M. ☐ P.M.

Number Street City State Zip

House color House type Nearest intersection

Contact 3: Dr./Mr./Mrs./Ms. First Last Home phone

Number Street City State Zip

Special Information:

OFFICE USE: Morning route Evening route ID Number

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

DRYDEN CENTRAL SCHOOL DISTRICT
INITIAL HEALTH REPORT

PO Box 88, Dryden, New York 13053
Phone: (607)844-8694, District Office Fax: (607)844-4733
www.dryden.k12.ny.us

New York State mandates that health examinations are required for all students entering grades **PreK or K, 1, 3, 5, 7, 9, and 11** and for all new and special education students. In compliance with this law, our medical director, Dr. Michael Niziol, will be available periodically throughout the year to perform student physicals. However, if your child has had a physical exam with their health care provider (dated not more than twelve months before the beginning of the school year), please see that we receive a copy of the examination and it will not be necessary for your child to have a physical performed in school. For students entering the district after the beginning of the school year, the exam must be dated no more than one year before the student's first day at DCSD. **It is strongly recommended that your child receive their annual exam with their personal pediatrician.**

If you do not submit a copy of your child's latest exam, then your child's physical will be performed at school. We suggest that as a part of personal safety instruction, you take this opportunity, prior to the exam, to discuss the importance of the physical with your child. Explain to your child that you are giving permission to the school doctor to conduct the examination and that there will be the need for some body exposure during the course of the physical exam.

If you have any questions, please call (607)844-8694. Thank you for your assistance.

This section must be completed by parent/guardian

Student's Name _____ Date of Birth _____

◯Male ◯Female School Last Attended
_____

Student's Healthcare Provider(s) _____

Phone(s) _____

Student's Dentist _____ Phone _____

Name of Parent/Guardian completing this form (please print)_____

◯I will provide Dryden Central School District with a copy of my child's latest well-child physical examination from their personal healthcare provider within 30 days of the beginning of the school year.

◯I would like the school's physician to complete my child's physical examination.

****When completing the following, please attach another sheet of paper if necessary:**

Does this student have any allergies to food, medication, or environment? ◯ Yes ◯ No
If yes, please list:

_____
_____
_____
_____

Has this student ever required emergency treatment for an allergic reaction? ◯ Yes ◯ No
If yes, please describe:

_____
_____
_____
_____

(Continued on back)

Does this student have any ongoing health concern (e.g. asthma, diabetes, ADHD, mental health, seizure disorder, dental health, or any condition addressed with an IEP or 504 plan, etc.)? ◯ Yes ◯ No

If yes, please describe: _____
_____
_____
_____

Is there any history of hospitalization, significant illness, injury, surgery, developmental delay, or a significant family history of disease (e.g. diabetes, allergy, heart disease)? ◯ Yes ◯ No
If yes, please describe:

_____
_____
_____
_____

Does this student take any medications regularly at home? ◯ Yes ◯ No
If yes, please list medication(s) including dosage and frequency:

_____
_____
_____
_____

Will this student require medication administration at school? ◯ Yes* ◯ No
***If yes, please provide to your school's Health Office: (1) a physician signed medical order, (2) permission to administer the medication in school- signed by a parent/guardian, and (3) the medication itself- in its original container- clearly marked with the student's name.**
If yes, please list medications with dosage and frequency:

_____
_____
_____
_____

What else would you like the School Health Office to know?

_____
_____
_____
_____
_____
_____

Parent/Guardian Signature _____ Date _____

OFFICE USE: Homeroom teacher_____
◯ Cassavant ◯ Freeville ◯ Dryden Elementary School ◯ Dryden Middle School ◯ Dryden High School