



 (315) 785-6855

Bus Rte.

STUDENT REGISTRATION FORM

Student Name: _____ **Grade Entering:** _____ **Gender:** ☐ Male ☐ Female

Legal Last Name First MI

Street Address: _____
 Street Name *Apt. #* *City* *State* *Zip*

Mailing Address: _____
Street Name Apt. # City State Zip

Home Phone: _____ **Unlisted:** ☐ (check if yes)

Birth Date: _____

Month/Day/Year

Birth Place: _____

Race – Select One or More
☐ White (W)
☐ Asian (A)
☐ Black (B)
☐ Indian/Alaskan Native Amer. (I)
☐ Native Hawaiian/Other Pacific Islander (P)

Birth Place: _____
City & State (or Country)

Previous School Attended: _____
Name & Mailing Address

Is the Student Currently Suspended at the Previous School: ☐ Yes ☐ No

If Yes, Please Explain: _____

Primary Language Spoken in Home: _____ **Student's Language:** _____

PARENT/GUARDIAN INFORMATION

FAMILY STATUS

☐ Father ☐ Step-Father ☐ Legal Guardian ☐ Foster Parent

Name: _____

Living in Household: **Yes** **No**

Address: _____

Home Phone: CP:

E-Mail: _____

Employer:_____

Work Phone: _____ **CP:** _____

ACTIVE MILITARY: _____ Yes _____ No
(If so, Rank/ Unit)

CIVILIAN Personnel: _____Yes _____No
(Employed at Ft. Drum-Not Military)

FAMILY STATUS

☐ Mother ☐ Step-Mother ☐ Legal Guardian ☐ Foster Parent

Name: _____

Living in Household:	Yes	No
----------------------	-----	----

Address: _____

Home Phone: CP:

E-Mail: _____

Employer: _____

Work Phone: _____ **CP:** _____

ACTIVE MILITARY: _____ Yes _____ No
(If so, Rank/Unit)

CIVILIAN Personnel: _____ Yes _____ No
(Employed at Ft. Drum-Not Military)

CUSTODY INFORMATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Two Parents in Home | <input type="checkbox"/> Custody Transfer | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Separated | <input type="checkbox"/> Emancipated |
| <input type="checkbox"/> Sole Custody | <input type="checkbox"/> Foster Placement (DSS-2999/3424 must be provided) | |

RESTRICTIONS OF CONTACT & INFORMATION (Paperwork Must be Provided)

- | | |
|--|--|
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Custody Papers Specify Restriction |
| <input type="checkbox"/> Papers Provided | <input type="checkbox"/> Papers Provided |
| <input type="checkbox"/> Person Restricted _____
Exp. Date _____ | |
| <input type="checkbox"/> Other Documentation Provided
Specify _____ | <input type="checkbox"/> No Restrictions for Parents/Guardians |

EMERGENCY INFORMATION (Other Than Parent)

1st Contact: _____ Phone: _____ Relation to Student: _____
Address: _____
Street Name Apt. # City State Zip

2ND Contact: _____ Phone: _____ Relation to Student: _____
Address: _____
Street Name Apt. # City State Zip

Physician's Name: _____ Phone: _____
Address: _____
Street Name Apt. # City State Zip

STUDENT EDUCATIONAL SERVICES

Does your child currently have an IEP? _____ Yes _____ No
Does your child currently have a 504 Plan? _____ Yes _____ No
Has your child ever repeated a grade in school? Grade _____ _____ Yes _____ No

Check any services listed below that your child has received in the past school year.

<input type="checkbox"/> Remedial Math	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Remedial Reading	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Speech	<input type="checkbox"/> School Counseling
<input type="checkbox"/> ESOL	<input type="checkbox"/> Counseling from an Outside Agency

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

Signature of Parent/Guardian

Date

RACIAL & ETHNIC IDENTIFICATION

Student Name: _____

Date of Birth: _____

Directions to Parent/Guardian:

Question 1 – Please Check One Box Only

Question 2 – Please Check One or More Boxes

PLEASE ANSWER BOTH BOXES

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 or South American, or other Spanish culture or origin, regardless of race.

☐ YES, Hispanic

☐ NO, not Hispanic

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 America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

☐ **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, India, 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:** 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

Date

The information which you have provided on this form is confidential. The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Student Name:	DOB: Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian Name:	Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | (depression, eating disorder, anxiety, OCD, ODD, etc.) | |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____



Please provide the nurse's office with a copy of your child's immunization and current Physical from their medical provider.

If you are unavailable and your child needs to go home because of illness or injury, whom do we contact?

Name

Last Name First Name Address Phone Number E-Mail Address

Name

Last Name First Name Address Phone Number E-Mail Address

I give permission for medical and emergency information about my child to be shared with Appropriate staff. I also give permission to the school nurse to have my child transported To an emergency medical facility if deemed necessary.

Parent/Guardian

Signature: _____ Date: _____

SPEECH FORM (K-4 ONLY)

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

1. At what age did your child begin to talk (words)? _____

2. Do you consider that your child has a speech problem? ____ Yes ____ No

3. Please check all your concerns from the following list – my child:

- ☐ Has Unclear or Garbled Speech
- ☐ Had Difficulty Expressing Wants
- ☐ Uses Incomplete Sentences
- ☐ Needs Instructions Repeated Often
- ☐ Repeats What He or She Says
- ☐ Does Not Remember Simple Information From Day to Day
- ☐ Gives Inappropriate Answers to Questions
- ☐ None of the Above

4. Has your child ever attended a pre-school program? ____ Yes ____ No

If yes, where? _____

5. Has your child ever attended speech/language classes at a speech clinic or in school? ____ Yes ____ No

If yes, where? _____ when? _____

6. Does your child appear to hear normally? ____ Yes ____ No

If not, when does he/she have difficulty? _____

7. Please check all your concerns from the following list – my child:

- ☐ Has Trouble Hearing
- ☐ Asks People to Repeat or Talk Louder
- ☐ Favors One Ear Over the Other
- ☐ Is Startled at Sudden Noises
- ☐ Has Earaches
- ☐ Speaks Loudly
- ☐ Watches a Person's Face When That Person Talks
- ☐ None of the Above

Signature of Parent/ Guardian

Date

HOME LANGUAGE QUESTIONNAIRE (HLQ)

Student Name: _____ Date of Birth: _____ Grade: _____

School Entering: _____ Country of Birth: _____ Military Family: _____

No. of Years in Schools Outside the US: _____

Dear Parent/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.

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?
Does not read? ☐ ☐ English ☐ Other _____
Specify
6. What language(s) does the student write?
Does not write? ☐ ☐ English ☐ Other _____
Specify
7. What language(s) are spoken by the parent? ☐ English ☐ Other _____
Specify
8. In your opinion, how well does the student understand, speak, read and write English?

	<u>Very Well</u>	<u>Only a Little</u>	<u>Not at All</u>
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

Date

STUDENT RECORD REQUEST

Student Name: _____ Date of Birth: _____ Grade: _____

Parent/Legal Guardian _____ hereby authorizes

Previous School _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____

OFFICE USE
The student listed above has
ENROLLED with the Watertown City
School District on

_____.
Please record an exit date from your
district prior to the above date.
Thank you.

to release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following (X) school: (Please include: Birth Certificate, Health Records, Academic Records, Standardized Testing Records, Disciplinary Records Including Superintendent Hearings/Suspensions, Last Report Card and Sign-Out Grades, Confidential/Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers.)

☐ GUIDANCE
Watertown High School
1335 Washington St.
Watertown, NY 13601
Fax: 315-785-3733 Ph: 315-785-3821

☐ PRINCIPAL
Knickerbocker Elementary School
739 Knickerbocker Dr.
Watertown, NY 13601
Fax: 315-779-5654 Ph: 315-785-3740

☐ GUIDANCE
Case Middle School
1237 Washington St.
Watertown, NY 13601
Fax: 315-785-3731 Ph: 315-785-3880

☐ PRINCIPAL
North Elementary School
171 East Hoard St.
Watertown, NY 13601
Fax: 315-779-5405 Ph: 315-785-3750

☐ GUIDANCE
H.T. Wiley School
1351 Washington St.
Watertown, NY 13601
Fax: 315-785-3769 Ph: 315-785-3789

☐ PRINCIPAL
Sherman Elementary School
836 Sherman St.
Watertown, NY 13601
Fax: 315-779-5575 Ph: 315-785-3760

☐ PRINCIPAL
Ohio Elementary School
1537 Ohio St.
Watertown, NY 13601
Fax: 315-779-5502 Ph: 315-785-3755

☐ CSE OFFICE
Watertown City School District
1351 Washington St
Watertown, NY 13601
Fax: 315-661-4140 Ph: 315-785-3728

☐ PRINCIPAL
Starbuck Elementary School
430 E Hoard St
Watertown, NY 13601
Fax: 315-779-5472, Ph: 315-785-3765

Signature of Parent/Guardian

Date

RESIDENCY QUESTIONNAIRE

Student Name: _____ Grade: _____ School Entering: _____

Address: _____
City State ZipHome Phone: _____ DOB: _____ Gender ☐ Male
☐ Female

The answer you give below will assist the district in determining 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 do not have the documents normally needed, such as: proof of residency, school records, immunization records or proof of age. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing, economic hardship, or similar reason?
_____ Yes _____ No

**If you answered YES to both questions above, please complete the remainder of this form.
If you answered NO, you may STOP HERE and print, sign & date below.**

Where is the student currently living? (Please check **one** below)

- ☐ In a shelter
☐ With another family or other person (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train or campsite
☐ Other temporary living situation (please describe): _____

Print Name of Parent/Guardian/Student
Or (unaccompanied homeless youth)_____
Date_____
Signature of Parent/Guardian/Student
Or (unaccompanied homeless youth)

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, **has the parent or guardian** of the child enrolling **done farm work as a paid job?** (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____

(Street Address)

Work or Message # _____

(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to CiTi BOCES at (315) 908-0148 or mail to the address above. For more information, please call the Migrant Program at 315- 963-4265.

Thank you for your assistance.

Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, ¿corta de árboles o cultivo de árboles? Sí _____ NO _____

Si UD dijo que si, ¿en que granja? _____ ¿Donde? _____ ¿Cuándo? _____



Si Usted contestó que **Sí** a **AMBAS preguntas** de arriba, su familia **PUEDE** calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) _____	Fecha de Nacimiento _____	Grado _____
Nombre del niño(a) _____	Fecha de Nacimiento _____	Grado _____
Nombre del niño(a) _____	Fecha de Nacimiento _____	Grado _____
Nombre del niño(a) _____	Fecha de Nacimiento _____	Grado _____

Padres/ Guardianes

Nombre de la Mamá _____	Nombre del Papá _____
Dirección de la Casa _____ (Dirección de la Calle)	Numero de teléfono en casa _____
_____	# de teléfono del trabajo o de Mensaje _____
(Ciudad o Pueblo) (Código Postal)	
Distrito escolar _____	edificio escolar _____
Persona para contactar _____	numero para contactar _____
Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) _____	

Para someter este referido, favor de mandarlo por fax al BOCES de CiTi a (315) 908-0148 o mandar por correo a la dirección de arriba. Para más información, favor de llamar al Programa Migrante a 315- 963-4265. Gracias.



Our school community uses ParentSquare as a simple and safe way for our members to connect.



With ParentSquare Parents and Guardians may

- Receive all school and classroom communication via email, text or app
- View the school and classroom calendar and RSVP for events
- Submit attendance notes
- Learn about opportunities within our community

ParentSquare may be used on any device. Download the free mobile app for Android or iOS. You can also connect via a computer at: www.parentsquare.com

Activate your Account

- Upon enrollment (or at the start of the school year) you will receive an invitation email or text
- Click the link to activate your account.

ParentSquare may be used on any device. Download the free mobile app for Android or iOS and you can also use it from a computer at: www.parentsquare.com

Helpful Tips for Parents & Guardians:

1 Activate Account

Click the link in your invitation email/text or sign up on ParentSquare.com or via the ParentSquare app.

2 Download App

It's easy to stay in the loop with the ParentSquare app. Download it now from the App store or Google Play.

3 Set Preferences

Click your name in the top right to visit your account page and set your notification and language preferences.

5 Appreciate Posts

Click 'Appreciate' in your email/ app or website to thank a teacher or staff for a post. Teachers love the appreciation.

7 Participate

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

9 Find People

Click 'Directory' in the sidebar to find contact information for teachers and parents (not available at all schools).

4 Get Photos & Files

Click 'Photos & Files' in sidebar to easily access pictures, forms and documents that have been shared with you.

6 Comment or Reply

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

8 Join a Group

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

10 Get in Touch

Click 'Messages' in the sidebar to privately get in touch with staff, teachers and parent leaders.



ParentSquare

Links to install the mobile app



ParentSquare Community Groups



Interested community members are welcomed to sign up for a variety of communications. With this feature, family and community members, including those who are not parents, guardians, students, or staff can sign up for communications in a variety of categories. This feature is helpful to families new to our schools in becoming acclimated with activities in our community even before students are enrolled in school.

Community Groups also helps to ensure that members of our community have the option to choose the types of community posts of interest to them. This makes it easier for our building and district posts to focus on topics focused on the activities of our schools.

Join a Community Group

1. Find the Community Group links below for each of our school building location(s).
2. Scan the relevant QR codes or go to <https://www.watertowncsd.org/families/parent-square-community-groups> for link(s) to join groups for each building. Complete an online form, checking groups you wish to join.
3. Click "submit" at the bottom of the page.
3. Once completed, a confirmation email will be received, prompting account activation prior to being added to the selected groups and posts from the groups will show up for you automatically in ParentSquare.

Knickerbocker



North



Ohio



Sherman



Starbuck



H.T. Wiley



Case Middle



Watertown High



District

