NY MILLS UNION FREE SCHOOL

Grades 1-6

1 Marauder Boulevard
New York Mills, NY 13417

(315) 768-8129
FAX (315) 768-3396

Release of Information

Student's Name _____

Date of Birth _____

In regard to the above-named student, I authorize the New York Mills School District to obtain information from and release information to the following:

_____

_____

_____

This information includes medical, psychiatric, psychological, educational, and other pertinent data.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____

Date _____

This authorization expires one year from date of signature.

Residency

The District seeks documentation to verify that the child to be enrolled resides with the parent or person in parental relation, and that the parent or person in parental relation maintains a physical presence in the District that qualifies as a residence.

To establish that the adult maintains a residence in the District, the District first requests this documentation, which may include, but will not be restricted to:

- A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- A statement signed by a third-party landlord, owner, or tenant from whom the parents or person(s) in parental relation leases or with whom the they share property within the District, which may be sworn.
- Some other signed statement from a third party establishing the parent(s') or person(s) in parental relation's physical presence within the District.

If these forms of documentation are not available, the District will accept for review other forms of documentation of residency, including but not limited to:

- Pay stub;
- Income tax form;
- Utility or other bills;
- Membership documents based on residency
- Voter registration documents
- Official drivers license, learner permit, or non-driver identification;
- State or other government issued identification or documents relating to government services or benefits;
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) or person(s) in parental relation to provide an affidavit either: (1) indicating that they are the parent(s) with whom the child lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, whether through guardian$hip or otherwise. The District may also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency. The District will not require submission of a judicial custody order or an order of guardianship as a condition of enrollment.

From time to time, the media may attend a school performance and/or other school activity, and we need your permission to have your child photographed and/or videotaped for media use throughout his/her education. Please indicate your wishes on the appropriate line below.

Yes, you may include my child ☐ No, I DO NOT ☐ grant permission for my child to be photographed or videotaped for newspaper, TV, social media or any other media use throughout his/her education at New York Mills Union Free School District.

I hereby declare under penalty of perjury that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child(ren) from attendance at the New York Mills School District, the demand by the District for the payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/Guardian Signature _____ **Date** _____

NEW YORK MILLS ELEMENTARY SCHOOL

Choose One

Pupil's Last Name First Middle Sex

Address (Street, City, Zip) Home Phone Cell Phone

☐ White ☐ Hispanic ☐ Black ☐ Asian Oriental/Pacific Islander ☐ American Indian/Alaskan Native

Father's Name	Year Born	Birthplace	Education (# of Years)	Father's Employer Name, Address and Phone #
Mother's Name	Year Born	Birthplace	Education (# of Years)	Mother's Employer Name, Address and Phone #

Father's email address: _____

Mother's email address: _____

Is there another language other than English spoken in the home? ☐ Yes ☐ No If so, what and who speaks it?

_____

Are both parents living together in the home? ☐ Yes ☐ No ☐ Separated ☐ Divorced

If not, complete the following information on the other parent: Name _____

_____

Address (Street, City, State, Zip)

Child(ren) Custody:
Who has custody/guardianship? ☐ Mother ☐ Father Type _____

List siblings (name, birth date):

List anyone else living in household (name, relationship):

School previously attended: _____

Has your child ever received Special Ed/Remedial Services? ☐ Yes ☐ No (If so, please describe)

FOR OFFICE USE ONLY:

Teacher _____ Room # _____ Bus # AM _____ PM _____

Copy of: ☐ Birth Certificate ☐ Shot Records ☐ Residency ☐ Custody

EMERGENCY CONTACT INFORMATION *(other than parent)*

Name:	Home Phone #:
Address:	Cell Phone #:
Relationship to Student:	Work Phone #:
Authorized to pick up student: ◎ Yes ◎ No	
Authorized to contact in case of medical emergency: ◎ Yes ◎ No	

Name:	Home Phone #:
Address:	Cell Phone #:
Relationship to Student:	Work Phone #:
Authorized to pick up student: ◎ Yes ◎ No	
Authorized to contact in case of medical emergency: ◎ Yes ◎ No	

Name:	Home Phone #:
Address:	Cell Phone #:
Relationship to Student:	Work Phone #:
Authorized to pick up student: ◎ Yes ◎ No	
Authorized to contact in case of medical emergency: ◎ Yes ◎ No	

HEALTH INFORMATION

Does your child have a life threatening health problem such as: Asthma/Diabetes/Seizure Disorder/Food Allergies/Other Allergies/Other

◎ Yes ◎ No If no, please explain:

Does your child take medication?: ◎ Yes ◎ No Name of medication:

Is there any other medical or personal information that the school personnel should be aware of?

New York Mills Union Free School
1 Marauder Blvd. • New York Mills, NY 13417

STUDENT HEALTH HISTORY UPDATE

Name:	Date of Birth:	Age:	Gender: ◯ Male ◯ Female
Parent/Guardian: (person completing this form)	Home Phone #: Cell Phone #:		Date:

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

CHECK ALL THAT APPLY TO YOUR CHILD:

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

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

Is there any condition that would prevent your child from participating in physical education or sports? ◯ Yes ◯ No

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

Parent/Guardian Signature:_____ **Date:** _____

Dr. Joanne Shelmidine
Superintendent
(315) 768.8127
jshelmidine@newyorkmills.org

Mary Facci
K-12 Executive Principal
(315) 768.8124
mfacci@newyorkmills.org

Brent Dodge
K-12 Principal
(315) 768.8129
bdodge@newyorkmills.org

NY MILLS UNION FREE SCHOOL

1 Marauder Boulevard
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Dear Parent/Guardian:

Collecting accurate data regarding digital resource access for our students will greatly help schools to better meet the educational needs of our students and their families. In order to accomplish this, the New York State Education Department (NYSED) has requested that a Digital Equity survey be filled out for **every** student in grades K-12. The survey will provide information on student access to devices and internet access in the home. To assist in this process, please **answer each question below and on the reverse of this page** and return this survey to your child's teacher.
Thank you for your time and cooperation,

Joanne Shelmidine, Ed.D.
Superintendent of Schools

Student Name	Grade

1. **Did the school district issue your child a dedicated school or district-owned device for their use during the school year?**

   Yes_____ No_____

2. **What device does your child use most often to complete learning activities away from school? Please circle one of the choices below.**

Desktop Laptop Tablet Chromebook Smart phone None

3. **Who provides the device for your child to use that you identified in Question 2?**

   School District Personal/Family No Device

4. **Is the device identified in Question 2 shared with anyone else in the home?**

   Yes_____ No_____ No Device used_____

5. **Is the device identified in Question 2 sufficient for your child to fully participate in all learning activities away from school?**

   Yes_____ No_____

6. **Is your child able to access the internet at home?**

   Yes_____ No_____

7. **What is the primary type of internet service used at home? Please circle one of the options below.**

Cable Cellular Hotspot Community WiFi

Satellite Other None

8. **Can your child complete the full range of learning activities at home, including video streaming and uploading assignments, without interruptions caused by slow or poor internet performance?**

   Yes_____ No_____

9. **What, if any, is the primary barrier to having sufficient and reliable internet access at home?**

   Availability_____Cost_____ None_____ Other_____

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

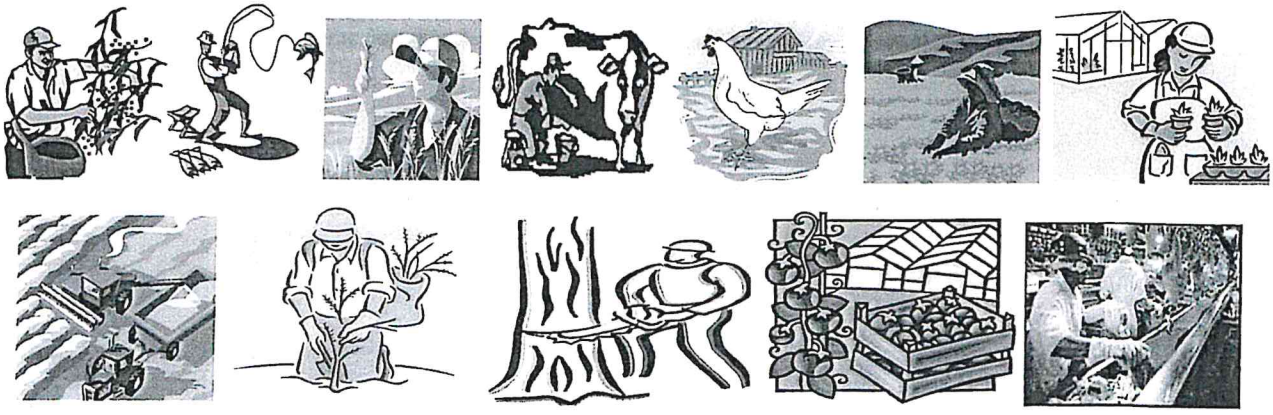
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status.** This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please fax to 518-289-5623, or by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

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NEW YORK MILLS ELEMENTARY SCHOOL
STUDENT RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

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

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 the 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 presently 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

Rev. 5/21/09

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

Lissette Colon-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?	☐ 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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

NEW YORK MILLS ELEMENTARY SCHOOL

1 Marauder Blvd., New York Mills, NY 13417

BUS TRANSPORTATION REQUEST

Transportation is provided to every student within the school district. Fill in the child's name, address, and phone number. PLEASE give exact address of the pick-up and drop-off location (box or house number, etc.) and/or any information that would be helpful in identifying the home.

Child's Name:		
Address:		
Home Phone #:	Cell #:	Work #:
The above address is where my child will be picked up and dropped off. ◎ Yes ◎ No *(If no, please complete bottom portion of form.)*		
Grade:	Date:	
I WILL TRANSPORT MY CHILD (No bus needed) A.M. P.M.		

If you need special busing for your child (Babysitter, Daycare Center, etc.), please fill out the information below:

Bus pick-up at:

Resident's Name: _____

Address: _____

Phone #: _____

Bus drop-off at:

Resident's Name: _____

Address: _____

Phone #: _____

WE DO NOT PROVIDE TRANSPORTATION OUTSIDE OF THE DISTRICT

NY MILLS UNION FREE SCHOOL

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FAX (315) 768-3396

PARENT COPY - PLEASE KEEP FOR YOUR RECORDS

Attendance Office
315-768-3378
hsattendance@newyorkmills.org

Please call or e-mail the attendance office between the hours of 7:30 a.m. - 3:30 p.m. when your student(s) will be:
Tardy
Absent

When calling or e-mailing, please state the name of the student (first and last), reason for absence, name of person calling, when the student(s) will be in if tardy or be returning if absent.

A WRITTEN EXCUSE MUST BE APPROVED FOR EACH LATE ARRIVAL AND ABSENCE.

Parents keep this for your record.

Click here to email this completed form

Email will be sent to churlbut@newyorkmills.org.