



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 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 driver 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 guardianship 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
KINDERGARTEN REGISTRATION PACKET**



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? 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? (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 or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Authorized to pick up student: Yes or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Authorized to pick up student: Yes or No (circle one)

Authorized to contact in case of medical emergency: Yes or No (circle one)

HEALTH INFORMATION

Does your child have a life threatening health problem such as:

Asthma/Diabetes/Seizure Disorder/Food Allergies/Other Allergies/Other

Please explain:

Does your child take medication? Yes or No (circle one) Name of medication: _____

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

STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

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) _____

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



1 Marauder Boulevard
New York Mills, NY 13417

BOARD OF EDUCATION

Kristin Hubley
President
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Robert Mahardy, Jr.

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.



SOCIAL AND PHYSICAL DEVELOPMENT OF YOUR KINDERGARTENER

Has child complete bowel control? Yes _____ No _____

Has child complete bladder control? Yes _____ No _____

Cares for self at toilet: Yes _____ No _____ Not always _____

Sleeps: Soundly _____ Lightly _____

Is your child finicky about foods? Yes _____ No _____

Beverages enjoyed daily: Milk _____ Cocoa _____ Tea _____ Coffee _____ Soft Drinks _____

Dresses self without help: Yes _____ No _____

Ties own shoes: Yes _____ No _____

Prefers to play Alone _____ With one child _____ With several _____

Plays group games outdoors: Tag _____ Hide-go-seek _____ Soccer _____ Hopscotch _____

Other _____

Manages play with: Wagon _____ Sled _____ Tricycle _____ Skates _____ Other _____

Prints name: Yes _____ No _____ Handedness: R _____ L _____

Uses crayons: Yes _____ No _____ Handedness: R _____ L _____

Uses scissors: Yes _____ No _____ Handedness: R _____ L _____

Enjoys:

Books _____ Stories read _____ Radio _____ Music _____ Television _____

Traits:

Cheerful _____ Sullen _____ Shy _____ Forward _____ Excitable _____ Nervous _____

Problems:

Temper-tantrums _____ Destructive _____ Lies _____ Steals _____ Disobedient _____ Worries _____

Inattentive _____ Cries easily _____ Bites Nails _____ Stutters _____

Fears:

Strangers _____ Doctors _____ Police _____ Dogs _____ Being left alone _____ Punishment _____

Rivalry of baby _____ Thunderstorms _____ Darkness _____

Remarks _____



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NEW YORK MILLS ELEMENTARY SCHOOL STUDENT RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ___ Male Birth Date ___ / ___ / ___ Grade: ___ ID #: ___
 ___ Female Month Day Year (preschool-12) (optional)

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



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:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<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 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, home 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 house.

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) _____ AM _____ PM

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



1 Marauder Blvd
New York Mills, NY 13417

315-768-8129
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 am – 3:30 pm when you student(s) will be:

Tardy
Absent

When calling or e-mailing, please state name of 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 PROVIDED FOR EACH
LATE ARRIVAL AND ABSENCE.**

Parents keep this for your record.