



1 Marauder Boulevard  
New York Mills, NY 13417

Tel: (315) 768-8124  
Fax: (315) 768-3397

Welcome to the New York Mills Jr./Sr. High School. Attached you will find the registration forms that are required for students to be enrolled in the New York Mills School District. Thank you for your cooperation in participating in the registration process and once again, we welcome you and your student(s) to the New York Mills Union Free School District!

High School Office:

Mrs. Mary Facci, K-12<sup>th</sup> Executive Principal  
**[mfacci@newyorkmills.org](mailto:mfacci@newyorkmills.org)**

Mrs. Kaylyn Clark, HS Secretary  
**[kclark@newyorkmills.org](mailto:kclark@newyorkmills.org)**

Office: 315-768-8124

Fax # 315-768-3397

Counseling Office:

Bryan Waterman, 7-12<sup>th</sup> School Counselor,  
**[bwaterman@newyorkmills.org](mailto:bwaterman@newyorkmills.org)**

Mrs. Ellen Diskin, Counseling Secretary, **[ediskin@newyorkmills.org](mailto:ediskin@newyorkmills.org)**

Office: 315-768-3395

# New York Mills Jr./Sr. High School Registration Checklist

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome to New York Mills Jr./Sr. High School! Attached you will find paperwork that we ask you to complete and return to us in order to register. Included in the packet are:

- Consent for Release of Records
- Registration Form
- Emergency Contact Form
- Directory Information/Permission
- Home-Language Questionnaire
- Student Health History Update
- A Guide to Understanding the New Rules for School Registration, attendance, information, busing information (please keep for your records)

**In Addition, we require:**

- Two proofs of residency (refer to attached guide)
- Proof of your child's age (refer to attached guide)
- Proof of Immunization (state law requires that no school shall allow a child to attend for more than 30 days without proper certification of immunization)

**We also request the following:**

- Custodial Paperwork if there is court order regarding custody
- Copy of parent's driver's license or ID
- We will contact your student's previous school for academic records but request that you provide us any additional information such as medical information, CSE records, report cards, and immunization/medical information

**We wish to make the enrollment process as efficient as possible and look forward to working with your child. Please note that we may ask for additional information concerning residency and custody. Thank you.**



**NEW YORK MILLS JR./SR. HIGH SCHOOL  
1 MARAUDER BLVD  
NEW YORK MILLS, NY 13417  
FAX-315-768-3397 OR 315-768-3521**

**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 OR RELEASE INFORMATION TO THE FOLLOWING:

NAME	ADDRESS	FAX

THIS INFORMATION INCLUDES ACADEMIC, ATTENDANCE, DISCIPLINE, COMMITTEE ON SPECIAL EDUCATION RECORDS, PSYCHOLOGICAL/SOCIAL WORK REPORTS, AND OTHER PERTINENT DATA.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## NEW YORK MILLS UFSD STUDENT REGISTRATION GRADES 7-12

STUDENT INFORMATION			
Name: (last, first, middle)		DOB:	Gender:
Grade:	Place of Birth:		Primary Language:
Address:			
Home Phone:		Student's E-Mail:	
Student's Mobile:			
Racial Identity - Please check all appropriate boxes			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN INFORMATION			
Parent/Guardian with whom student resides			
Name:		Relationship to Student:	
Mobile Number:		E-Mail:	
Are both parents living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No - if not, <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
If applicable - custody type:		Custody paperwork attached? <input type="checkbox"/> yes <input type="checkbox"/> no	
Other Parent/Guardian			
Name:		Relationship to Student:	
Mobile Number:		E-Mail:	
Address if different than student's:			
Custody Type:		Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List anyone else living in the household:			
Name	Relationship to Student	Gender	DOB

**SCHOOL HISTORY**

**Last School Attended**

Name:		Address:	
Last Grade Completed:	Year:	Last Date Attended:	
Services received: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> RTI Math <input type="checkbox"/> RTI ELA <input type="checkbox"/> Other:			

Other Schools Attended		
Name	Years	Grades

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 in the New York Mills Union Free School District, the demand of the district for payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**New York Mills Union Free School District  
Emergency Contact Information**

<b>STUDENT INFORMATION</b>		
Name: (last, first, middle)		Grade:
DOB:	Student's Cell:	
Address:		
Guardian/Parent with whom student resides		
Name:		
Mobile Phone:	Home Phone:	
Employer:	Employer's Phone:	
Relationship to student:		
Other Parent/ Guardian		
Name:	Address: <input type="checkbox"/> Same as above If not,	
Mobile Phone:	Home Phone:	
Employer:	Employer's Phone	
Relationship to student:		
Primary Number to Call for Automated School Closings:		
If my child needs to be taken home and I am not there or cannot be reached, please call:		
Name	Phone	Relationship to Student
1.		
2.		
In case of emergency and no one can be reached, I authorize the school to call:		
Physician	Phone	
Hospital	Phone	
Dentist	Phone	

If none of the above names can be reached, please call an available licensed physician or dentist or take my child to the nearest emergency first aid by ambulance if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

***Please notify us in writing of any changes throughout the school year.***

Parent Signature

Date



New York Mills Union Free School District  
Directory Information

I am the parent/guardian of \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_

I refuse to permit the following type of information to be disclosed from my child's educational records for the local news, school newsletter, school website, recognition lists, graduation programs, etc., except as authorized or required by law, without my consent:

**Do not release the following information:**

\_\_\_\_\_ Parent or guardian name

\_\_\_\_\_ Student grade level

\_\_\_\_\_ Student and, if different, parent or guardian address

\_\_\_\_\_ Student and, if different, parent or guardian telephone numbers

\_\_\_\_\_ Student's picture or video of student

Parent's name (print) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

New York Mills Jr./Sr. High School Registration

New York Mills  
Union Free School District

**Request for Permission to Access  
The School Tool Parent Portal**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student e-mail address: \_\_\_\_\_@\_\_\_\_\_

I am a parent, guardian or person in parental relation of a student in the New York Mills Union Free School district.

My name (please print): \_\_\_\_\_

If more than one student, add names and grade:

\_\_\_\_\_/grade\_\_\_\_\_  
\_\_\_\_\_/grade\_\_\_\_\_  
\_\_\_\_\_/grade\_\_\_\_\_

I request that the District provide me with a login password that will allow me to access information about my student's school performance, including classes, teacher names, attendance, grades and discipline. I understand that this information is stored in a database called School Tool, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login password, I agree to the following Terms of Network Access:

*Please initial each item to acknowledge it, and sign on the back*

\_\_\_\_ I will maintain a valid e-mail address that the District may use to send me the login password and other messages about SchoolTool or my child. I will advise the district if this e-mail address no longer exists or if there is a change. My present e-mail address for this purpose is:

New User: Y\_\_\_N\_\_\_

Change: Y\_\_\_N\_\_\_

\_\_\_\_\_@\_\_\_\_\_

*Print legibly if lowercase and uppercase and also numbers*



New York Mills Jr./Sr. High School Registration

**Parent Portal**

- \_\_\_ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack", manipulate or otherwise try to evade the security measures to access information regarding any other student.
- \_\_\_ I will not intentionally transfer to the SchoolTool network any virus, Trojan horse, or other malicious computer code.
- \_\_\_ If granted the ability to enter data into my child's record, I will only enter accurate information
  
- \_\_\_ I understand that the district's use of the SchoolTool network is supported by Technical assistance from the Mohawk Regional Information Center, Mindex Inc. and possibly other consultants and those employees of these entities are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.
- \_\_\_ I understand that all information stored in the SchoolTool database remains the property of the District and may be accessed, examined or modified by the District or its vendors at any time.
- \_\_\_ I agree that I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool network using the login password assigned to me.
- \_\_\_ I understand that the district retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the forgoing Terms of Network Access.

\_\_\_\_\_  
DATE: \_\_\_\_\_  
Signature of Parent/Guardian/Person in Parental Relation

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For District Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Login Sent: \_\_\_\_\_

# New York Mills Jr./Sr. High School Registration



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.**

<b>STUDENT NAME:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

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	_____ specify _____	<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**

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><i>District Name (Number) &amp; School</i></td> <td style="border: none; width: 50%;"><i>Address</i></td> </tr> </table>	<i>District Name (Number) &amp; School</i>	<i>Address</i>	
<i>District Name (Number) &amp; School</i>	<i>Address</i>		

New York Mills Jr./Sr. High School Registration

Home Language Questionnaire (HLQ)—Page Two

<i>Educational History</i>	
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

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

### STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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	<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 hospitalization	<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"/>	
<b>Have any family members under the age of 50 ever:</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, please specify:</b>
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: \_\_\_\_\_

New York Mills Jr./Sr. High School Registration

NEW YORK MILLS JR/SR. HIGH SCHOOL  
STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Student id# \_\_\_\_\_  
(preschool-12)

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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 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)

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

### 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 hospitalization	<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: \_\_\_\_\_

New York Mills Jr./Sr. High School Registration

**Parent Copy – Please keep for your records**

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

Please call or e-mail the High School attendance office between the hours of  
7:30am – 3:30 pm when your student(s) will be

Tardy  
Absent  
Early Dismissal  
Homework Request

Homework requests can be made if the student is absent for 2 or more days, and the request is made by 7:30 am to attendance or a direct e-mail request to the teacher. Homework will be available for pick at the attendance window after 2:30. Please call attendance prior to pickup to confirm receipt of request.

After Hours Message

768-3378

State Name of Student  
Reason for Absence  
Name of person calling in absence  
When the student will be returning

**A WRITTEN EXCUSE MUST BE PROVIDED FOR  
EACH ABSENCE**

Parents keep this for your records

New York Mills Jr./Sr. High School Registration

## Parent Copy – Please keep for your records

### Jr./Sr. High School Bus Schedule

Bus Garage: Ms. Patty Ward – dispatcher - (315) 768-7948

High School Office: - (315) 768-8124

**Orange Bus** ~ French Rd., Ney Ave, corners of Douglas & Montrose, corners of Campbell & Dudley, Meyers, fourth, fifth, Sixth, Ninth, corners of Main & Wetmore, Floyd, Mill Street

**Green Bus** ~ Corner of New Hartford St., West Dr. Carolyn Courts, 99 New Hartford St. New Hartford St. & Hapanowicz corners of Clinton & Burr, West Dr. & New Hartford, Henderson & Park, Henderson & Royal Brooke, Henderson & Burr Ave Collins Lane. Henderson, East Aiken

**Blue Bus** ~ Country Club & Comenale, corners of Main & Elm, Porter, Chestnut, Maple, Cottage, Wadas, Cedar Ridge, across from Greenman, Cross St. Winchester & Davis, Davis & Fairway

- First Pick Up will be at 7:00 a.m.
- Last Pickup 7:20am
- Students should be ready and waiting at their bus stop FIVE minutes before the time of bus arrival.
- Traffic should not be held up while the bus waits for your child to board.
- Use caution when crossing the street and wait for the driver's signal before entering the road.

*If unclear what bus your child would ride, please contact the bus garage directly. If no answer, you may call the high school office.*



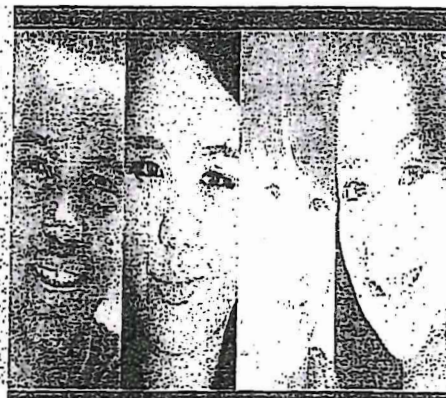
## New York Mills Jr./Sr. High School Registration

### WHAT IF...

the youth is not living with a parent?  
the parents are separated or divorced?



For more information:



### To enroll in school:

You (the parent, guardian, or caregiver) have to show that the youth is living with you and that you have total and permanent custody and control. To do this, you can show the school district:

- proof of custody or guardianship
- OR
- an affidavit (written statement signed under oath) saying that you have "total and permanent custody and control" over the child
- OR
- other proof such as documentation that the child has been placed with a sponsor by a federal agency.

There are different requirements for youth in temporary housing (this may include, for example, youth who have run away or been kicked out of their homes).

For more information about temporary housing and enrollment, call NYS-TEACHS at 800-388-2014.

### Enrollment requirements:

NYS Education Department  
Office of Student Support Services  
(518) 486-6090

### Enrollment of immigrant children and youth:

NYS Education Department  
Office of Bilingual Education &  
World Languages  
(718) 722-2445

### Enrollment of children and youth in temporary housing:

NYS Technical and Education Assistance  
Center for Homeless Students  
(NYS-TEACHS)  
(800) 388-2014

NYS Education Department  
State Coordinator for Homeless Education  
(518) 473-0295

This pamphlet is a summary of the applicable regulatory provisions and is intended for informational purposes only. For further information on the applicable regulatory requirements, please consult an attorney or see 8 NYCRR section 100.2(x) and 100.2(y), as amended effective July 1, 2015.

August 2015

## A GUIDE TO *understanding* THE NEW RULES FOR SCHOOL REGISTRATION



New York State  
EDUCATION DEPARTMENT  
Knowledge > Skill > Opportunity

## New York Mills Jr./Sr. High School Registration

To enroll in school, you have to show:

- that you live and intend to remain in the school district. This is called showing you are a "resident"

AND

- your child's age



Do you know how to show that you live in the district where you are enrolling your children?



Do you know how to prove your children's ages?

### Did you know:

- Your child must be enrolled within one day of your request.
- Children and youth can get a free public education, even if they are undocumented or are not citizens.
- Schools *cannot* ask you for your social security card or social security number at the time of or as a condition of enrollment.
- Schools *cannot* ask about immigration status at the time of or as a condition of enrollment (but after enrollment they may ask about which country your child was born in).
- There are many different ways to show residency. Schools must give you choices and *cannot* only ask for a lease or a deed.
- Your child can be enrolled in school even if you don't have his or her birth certificate.
- Youth may enroll in school under certain circumstances even if they are not living with their parents.

Children and youth in temporary housing can enroll in school without the documents normally needed to enroll. Children and youth are temporarily housed or homeless if they lack a fixed, regular, and adequate nighttime residence which includes, for example:

- living in a shelter or
- sharing the home of a relative or a friend because they lost their home or were evicted.

### Ways you can show residency:

- Lease or deed
- Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there
- A letter from the person you pay rent to saying you live there
- A letter from another person saying you live at your address
- Other documentation, such as:
  - Pay stub showing your address
  - Income tax form that shows your address
  - Utility bill or other bill in your name
  - Membership documents based on residency, such as a local library card
  - Voter registration card
  - Driver's license, or permit, or non-driver ID
  - State or other government issued ID
  - Documents from government agencies such as a social service agency or the federal Office of Refugee Resettlement
  - Custody or guardianship papers

If the school district decides your child can't go to school in the district because he or she is not a resident, the district must give you a letter within two business days explaining its decision and how to appeal the decision.

### Ways to show a child's age:

- Certified Birth Certificate (from any country)
- Baptismal record (from any country)
- A Passport (from any country)

If you don't have a Birth Certificate, baptismal record, or passport, you can use other documents if you've had them for at least two years, such as:

- Driver's license
- State or governmental ID
- School photo ID with date of birth
- Consulate ID card
- Hospital or health records
- Military dependent ID card
- Other documents from federal/state/local agencies (examples: Department of Social Services, Office of Refugee Resettlement)
- Court orders
- Native American tribal document
- Records from international aid agencies or voluntary agencies



## Full Online Access to Your Student's Account

EZSchoolPay is the best way to stay up-to-date and informed about your student's account. Say goodbye to last-minute balance notifications, inconvenient in-person payment processes, and complicated transactions.

## EZSchoolPay Makes Meal Payments Easy

- **Add funds securely**, conveniently, and directly into student meal accounts at any time.
- **Set low balance alert notifications** for when the account drops below a customizable amount.
- **View student meal transactions**, the past 30 days of activity, and the account balance.
- **Use the app to make payments** on Apple and Android devices.
- **Make other school-related payments** including fees and dues.
  - Student activity fees
  - Club and team dues
  - Field trip payments



## Start Your Account Today

Starting your **FREE ACCOUNT** is as easy as scanning the QR code below with your mobile device or visiting [www.ezschooolpay.com](http://www.ezschooolpay.com)



**Dear Parent/Guardian,**

We are pleased to inform you that OHM BOCES Food Service will be implementing the Community Eligibility Provision available to schools participating in the National School Lunch and School Breakfast Programs for the 2023-2024 school year.

**What does this mean for your child(ren) attending the school(s) identified below?**

All students enrolled at the following schools are eligible to receive a healthy breakfast and lunch at school at no charge to your household each day of the 2023-2024 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application. However, completing the attached income collection form will help your district with their reporting requirements.

**THE APPROVED OHM BOCES FOOD SERVICE SCHOOLS INCLUDE:**

*Brookfield Central School District*  
*Clinton Central School District*  
*Frankfort-Schuyler Central School District*  
*Herkimer Central School District*  
*Mount Markham Central School District*  
*Myles Elementary School*  
*New York Mills Central School District*  
*OHM BOCES -Middle Settlement Ave and Lincoln Ave locations*  
*Oriskany Central School District*  
*Owen D. Young Central School District*  
*Poland Central School District*  
*Remsen Central School District*  
*Richfield Springs Central School District*  
*Sauquoit Valley Central School District*  
*Waterville Central School District*  
*Westmoreland Central School District*

If you have any further questions, please contact us at 315.738.0848.

Sincerely,

**Kate Dorr, RDN, MBA**

**OHM BOCES SCHOOL FOOD SERVICES DIRECTOR**

## Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

OHM BOCES is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call 315-738-0848, if you need help.

**1. LIST ALL CHILDREN IN YOUR HOUSEHOLD WHO ATTEND SCHOOL:**

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**2. SNAP/TANF/FDPIR BENEFITS:**

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

**3. HOUSEHOLD GROSS INCOME:** List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	NO INCOME
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

**4. SIGNATURE:** An adult household member must sign this form.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE — FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Free Eligibility     Reduced Eligibility     Denied Eligibility

SIGNATURE OF REVIEWING OFFICIAL: \_\_\_\_\_ DATE NOTICE SENT: \_\_\_\_\_

# CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

## **PART 1 - ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

1. Print the names of the children, including foster children, for whom you are applying on one form.
2. List their grade and school.
3. Check the box to indicate a foster child living in your household, and check the box for each child with no income.

## **PART 2 - HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

1. List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
2. An adult household member must sign the form in PART 4. SKIP PART 3 - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

## **PARTS 3 & 4 - ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

1. Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
2. Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.

### **Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- |   |                 |                          |
|---|-----------------|--------------------------|
| <b>(1) MAIL:</b>  | <b>(2) FAX:</b> | <b>(3) EMAIL:</b>        |
| U.S. Department of Agriculture<br>Office of the Assistant Secretary for Civil Rights<br>1400 Independence Avenue, SW<br>Washington, D.C. 20250-9410 | (202) 690.7442  | program.intake@usda.gov. |

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**