



## WELCOME TO THE GRAND ISLAND CENTRAL SCHOOL DISTRICT

*Committed to Educational Excellence!*

### RE-REGISTRATION PACKET

This packet is to be used only for Grand Island Central School District students upon returning from leave within the same school year. All required enrollment forms and related information are included in this registration packet. Forms are to be completed **prior** to registration and brought with you when you **re-enrolling** your child.

You will also need to bring the following documents:

1. **Proof of Immunization.** The necessary list is enclosed in this packet. We can accept doctor's verification only.
2. **Driver's License** for photo proof only.
3. **Proof of Residency.** A primary and a secondary form of proof are required. Please see "Proof of Residency List" for acceptable forms.
4. In the case of divorce and/or separation, custody papers **MUST** be on file with the district.
5. If you have been awarded guardianship of a child, we require these legal papers for registration.

**Once packet is completed, email to [CentralReg@gicsd.org](mailto:CentralReg@gicsd.org) or contact the District Office at (716)773-8800 x 0 to schedule a registration appointment.**

<b>Grand Island School District Office</b> 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8800 Fax: (716) 773-8843	<b>Grand Island High School</b> 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8820 Fax: (716) 773-8951	<b>Veronica E. Connor Middle School</b> 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8830 Fax: (716) 773-8983
<b>Huth Road Elementary School</b> 1773 Huth Road Grand Island, NY 14072 Ph: (716) 773-8850 Fax: (716) 773-8984	<b>Kaegebein Elementary School</b> 1690 Love Road Grand Island, NY 14072 Ph: (716) 773-8840 Fax: (716) 773-8991	<b>Sidway Elementary School</b> 2451 Baseline Road Grand Island, NY 14072 Ph: (716) 773-8870 Fax: (716) 773-8985

# **GRAND ISLAND CENTRAL SCHOOL DISTRICT**

## **PROOF OF RESIDENCY LIST**

When registering a new student it is required to provide one form of proof of residency from each list below.

### **Acceptable PRIMARY Forms of Proof:**

1. Current year residential tax bill (with STAR rebate) for approved residential real property within the District in the name of a parent or legal guardian.
2. Lease Agreement in the name of a parent or legal guardian for improved residential real property within the District. Must include the name, address and telephone number of the landlord for verification purposes.
3. Residential mortgage statement or legal statement showing "intent to purchase" in the name of a parent or legal guardian which describes real property with a residential address within the District.

### **Acceptable SECONDARY Forms of Proof:**

1. Utility bill (electricity, cable, water/sewer or natural gas or propane) for service at a residential address with the District being billed in the name of a parent or legal guardian.
2. Utility company (electricity, cable, water/sewer or natural gas or propane) letter to indicate services scheduled to begin within thirty (30) days at a residential address within the District being billed in the name of a parent or legal guardian.
3. Bank statement in the name of a parent or legal guardian, addressed to a residential address within the District.
4. United States Postal Service verification of change of address to a residential address within the District, in the name of a parent or legal guardian.
5. Federal or NYS income tax documentation with preprinted name and address such as a W-2 Form, preprinted label from government or an income tax return with preprinted label. Documentation must be addressed in the name of a parent or legal guardian and addressed to a residential address within the District.
6. A certificate of occupancy for residential real property within the District addressed and/or issued in the name of a parent or legal guardian.
7. A policy binder of homeowners or residential renters insurance for residential real property within the District addressed and/or issued in the name of a parent or legal guardian.



## GRAND ISLAND CENTRAL SCHOOL DISTRICT RE-REGISTRATION PACKET CHECKLIST

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

Date of Registration: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_

- Registration Form (4 pages)
- Release of Records
- Student Account Request Form
- Chromebook/iPad Pledge Form
- Proof of Residency - if address has changed since last enrolled
  - Primary
  - Secondary
- Photo Identification of registering parent/guardian
- Proof of custody (if not living with both biological parents)
- DSS-2999 (required for children living in foster care)
- Original Immunization Record





# GRAND ISLAND CENTRAL SCHOOL DISTRICT STUDENT RE-REGISTRATION

## OFFICE USE

DATE		STUDENT ID	
GRADE		SCHOOL	
START DATE		REGISTERED BY	

## STUDENT INFORMATION

LAST NAME, SUFFIX	FIRST NAME	MIDDLE NAME
NICKNAME	BIRTH DATE	GENDER
PLACE OF BIRTH (CITY, STATE)	IF NOT BORN IN US DATE 1 <sup>ST</sup> ARRIVED	

## SCHOOL HISTORY

PREVIOUS SCHOOL		GRADE	
STREET #	STREET NAME		
CITY		STATE	COUNTRY
<input type="checkbox"/> HAS THE STUDENT ATTENDED GICSD BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF "YES" PROVIDE SCHOOL, GRADE AND YEAR:			

## SPECIAL EDUCATION SERVICES AND/OR OTHER SERVICES

DOES THE STUDENT CURRENTLY HAVE:

- |   |   |
|---|---|
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Foster Services        |
| <input type="checkbox"/> 504 Accommodation Plan                 | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Other _____                            |   |



## HOUSEHOLD INFORMATION

HOUSEHOLD LAST NAME		HOME PHONE	
STREET #	STREET NAME		APT #
CITY		STATE	ZIP
STUDENT RESIDES WITH:			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER _____			
IF PARENTS ARE DIVORCED OR SEPERATED LEGAL DOCUMENTATION IS REQUIRED.			

## PARENT/GUARDIAN #1

LAST NAME, SUFFIX		FIRST NAME		MIDDLE NAME	
STREET #	STREET NAME			APT #	
CITY			STATE	ZIP	
CELL #		HOME #		WORK #, EXT	
EMAIL ADDRESS			RELATIONSHIP TO STUDENT		

## PARENT/GUARDIAN #2

LAST NAME, SUFFIX		FIRST NAME		MIDDLE NAME	
STREET #	STREET NAME			APT #	
CITY			STATE	ZIP	
CELL #		HOME #		WORK #, EXT	
EMAIL ADDRESS			RELATIONSHIP TO STUDENT		



## SIBLINGS

PLEASE LIST ALL CHILDREN UNDER THE AGE OF 21 WHO RESIDE IN THIS HOUSEHOLD.

NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	GENDER	GRADE	SCHOOL	RELATIONSHIP TO STUDENT

## EMERGENCY CONTACTS

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO STUDENT	CELL #	HOME #	WORK #
#3				
#4				
#5				

## RESIDENCY QUESTIONNAIRE

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information help determine the services the student may be eligible to receive.*

- Is your current address a temporary living arrangement?
  - YES
  - NO
- Is this temporary living arrangement due to loss of housing or economic hardship?
  - YES
  - NO

Where is the student currently living? (Please check **ONE** box.)



- In permanent housing (homeowner, lease, rental)
- In a shelter
- With another family or other person because of loss of housing as a result of economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a place not designed for ordinarily sleeping accommodation such as a car, park, bus, train or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_

***By signing below, I hereby swear and affirm that the information I have provided in this Student Registration Form is true and accurate and that I have made no misrepresentations of fact. I also acknowledge and understand that the District will seek to recover tuition costs, on a pro rata basis, for any student(s) enrolled in the District’s school based on any false representation(s) made herein, and that I agree to be responsible for such tuitions costs, plus interest, including any costs incurred by the District in recovering same.***

---

Parent/Guardian Signature:

Date:



# Grand Island Central School District

1100 Ransom Road, Grand Island, NY 14072

(716) 773-8800

www.grandislandschools.org

## CONSENT TO RELEASE EDUCATIONAL RECORDS

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. The undersigned (VI) authorizes *(check as appropriate)*:

\_\_\_\_\_ Release of \_\_\_\_\_ Copies of \_\_\_\_\_ Access to

II. Record of \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

III. Records Involved *(check as appropriate)*:

\_\_\_\_\_ Academic \_\_\_\_\_ Psychological  
\_\_\_\_\_ Standardized Test/State Assessments \_\_\_\_\_ Attendance  
\_\_\_\_\_ Health \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Please transfer the student's current IEP in IEP Direct to Grand Island Schools**

IV. Reason for as Request *(check appropriate)*:

\_\_\_\_\_ Transcript to new school/instruction  
\_\_\_\_\_ Employment Considerations  
\_\_\_\_\_ Other \_\_\_\_\_

V. To be released to the **Grand Island Central School District**:

\_\_\_\_\_ Grand Island High School, 1100 Ransom Road, Grand Island, NY 14072 Fax 716-773-3503  
\_\_\_\_\_ Veronica E. Connor Middle School, 1100 Ransom Road, Grand Island, NY 14072 Fax 716-773-7818  
\_\_\_\_\_ Huth Road Elementary, 1773 Huth Road, Grand Island, NY 14072 Fax 716-773-8984  
\_\_\_\_\_ Kaegebein Elementary, 1690 Love Road, Grand Island, NY 14072 Fax 716-773-8991  
\_\_\_\_\_ Sidway Elementary, 2451 Baseline Road, Grand Island, NY 14072 Fax 716-773-8985

VI. Signature of Parent or Guardian:

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date of Records Request \_\_\_\_\_



**Student Account Request Form  
Grand Island Central School District  
Technology Department**

**Requested Service:**     **New Network Account**     **Change Network Account**  
 **Returning Student**

**Section 1 Network Accounts**

Student Name (Print): \_\_\_\_\_

School / Building Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

If change is requested, describe change: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

I have reviewed the Grand Island Central School District Responsible Use Procedure for Technology with my son/daughter.

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

Student Signature (MS/HS only): \_\_\_\_\_

---

---

**Section 2 Google Apps For Education Account Creation Agreement**

The Grand Island Central School District will provide Google Apps for Education accounts to all students. Students will be able to utilize the account while in school or on another device that has an Internet connection. They will also be able to use some of the tools offline. For more information please see the Parent Information document located on our website at <http://Grandislandschools.org/cloud>.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA), we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

Please indicate that you give permission for your child to have access to Google Apps for Education through the creation of an account.

\_\_\_\_\_ Yes, I give permission to create an account for my child.

\_\_\_\_\_ No, I do not give permission to create an account for my child.

Please sign below to indicate you have read and agree to the terms of this form.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## **Grand Island Central School District Responsible Use Procedure for Technology**

### **Computer Usage:**

In order to become a user of the Grand Island Central School District's computer facilities, equipment, and internet accounts, I understand that it is necessary to comply with all District regulations for the use of technology as presently in force and as may be amended from time to time. A violation of the Responsible Use Procedure for Technology may result in the loss of computer privileges, disciplinary action and / or prosecution. I further understand that access to the computer facilities will include filtered access to the Internet.

### ***7315 Student Use of Computerized Information Resources (Acceptable Use Policy)***

*The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so-called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.*

I understand that individuals and families may be liable for violations of District policies and procedures for such use. While every reasonable effort will be made by school district personnel to monitor proper usage and provide Internet filters to questionable materials, I also accept responsibility for guidance of Internet use – setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media. Internet access is a privilege. Students who abuse the acceptable use of technology on the Internet will be removed from access.

I have reviewed the Grand Island Central School District Responsible Use Procedure for Technology above with my son/daughter. In consideration of the privilege of using the Grand Island Central School District networks and in consideration for having access to the information contained on them and an Internet account, I release the Grand Island Central School District from any claims of any nature arising from my son/daughter's use of the Internet.

### **Request To Deny Computer Usage:**

In order to achieve the career development and occupational learning standards articulated by the New York State Department of Education, students will be provided access to instructional materials and processes only available through the use of computers. I understand that if I do not request, in writing, that my child is not to use computers, an account will be created to facilitate such access.



## Chromebook/iPad Use Pledge For Student and Parent

The following information must be filled out completely prior to obtaining your Chromebook/iPad. Failure to complete the following information may delay your Chromebook/iPad being issued. **One form per student** must be filled out.

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Chromebook/iPad Number:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

### Parents/Guardians: (initial two below)

- \_\_\_ I have read and discussed the Chromebook/iPad Handbook and the Acceptable Use Policy document with my child. I understand that my child's failure to follow the information and expectations outlined in these documents may result in disciplinary action.
- \_\_\_ I have read the GICSD Chromebook/iPad Device Insurance and choose to purchase. The premium is \$10/year. The deductible is \$20 for the first claim. This premium is non-refundable. Lost or stolen Chromebook/iPads or Accessories are the responsibility of the student/family and must be replaced at full value.
- \_\_\_ I choose not to purchase the Chromebook/iPad Insurance. I understand that I am financially responsible for the cost of repair due to any accidental damage to the Chromebook/iPad assigned to my student.

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

### Student: (initial below)

- \_\_\_ I have read and understand the Chromebook/iPad Handbook & Acceptable Use Policy. I understand that my failure to follow the information and expectations outlined in these documents may result in disciplinary action.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_