



WELCOME TO THE GRAND ISLAND CENTRAL SCHOOL DISTRICT

Committed to Educational Excellence!

All students living within the Grand Island Central School District, whether attending private or public school, must be registered with the District Office.

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 enroll your child.

You will also need to bring the following documents:

1. **Original Birth Certificate.** The original will be photocopied by our staff and returned to you immediately
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 all of these materials are complete, please email packet to centralreg@gicsd.org or contact the District Office at (716)773-8800 x 0 to schedule a registration appointment.

Grand Island School District Office 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8800 Fax: (716) 773-8843	Grand Island High School 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8820 Fax: (716) 773-8951	Veronica E. Connor Middle School 1100 Ransom Road Grand Island, NY 14072 Ph: (716) 773-8830 Fax: (716) 773-8983
Huth Road Elementary School 1773 Huth Road Grand Island, NY 14072 Ph: (716) 773-8850 Fax: (716) 773-8984	Kaegebein Elementary School 1690 Love Road Grand Island, NY 14072 Ph: (716) 773-8840 Fax: (716) 773-8991	Sidway Elementary School 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 OUT OF DISTRICT REGISTRATION PACKET CHECKLIST

Student Name: _____

Date of Registration: _____

Expected Start Date: _____

- Registration Form (5 pages)
- Original Birth Certificate
 - If not a US Citizen - Passport and/or VISA to verify length of stay
- Proof of Residency - (see Proof of Residency List)
 - 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)



GRAND ISLAND CENTRAL SCHOOL DISTRICT STUDENT 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 ST 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				

PHOTO OPT OUT

At times, the students in the GICSD may be interviewed, photographed or recorded during the school day in order to recognize their academic, extracurricular and athletic achievements, to report on the positive work taking place in our schools, to highlight special events, activities and projects, for education purposed, and to educate the community about the district and its schools. This includes but not limited to:

- The District Publications: The Bridge, calendar
- Slideshows at student assemblies and ceremonies
- News releases to local newspaper such as the Dispatch
- The District website and social media: i.e. Twitter, Facebook, Instagram, Snapchat
- Viking Vision

To best protect our students, please select the appropriate box below.

- I give permission for my child to be interviewed, photographed or recorded during the school day.
- I do **NOT GIVE PERMISSION** for my child to be interviewed, photographed or recorded during the school day.

Please note, this does not include yearbooks. If you do not wish for your child to be included in yearbooks, please contact your child's school.

RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

PLEASE ANSWER QUESTIONS 1 AND 2. PLEASE READ THEM BEFORE YOU RESPOND.

1. Check the box that best describes the student. Check only ONE box. **Is the student Hispanic, Latino, or of Spanish origin?** (Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

- YES**, Hispanic
- NO**, not Hispanic

2. **Select one or more races from the following five racial groups.** (Check all groups that apply to your child; check at least ONE box:

- AMERICAN INDIAN OR ALASKA NATIVE:**
- ASIAN:** A person having origins in any of the origins of people of the Far East, Southeast Asia, of the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Island.
- WHITE:** A person having origins in any of the original places of Europe, North Africa, or the Middle East.

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:

