



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

Welcome to Cheektowaga-Sloan Union Free School District!

Thank you so much for your interest in enrolling your son or daughter in our school district. Here is some information on the ways to enroll your child through our central registrar and the registration process:

Ways to Register:

1. **Online Registration:** please visit the following website - <https://parentportal.wnyric.org/sloancsd> - and click the "Online Registration" button to get started. If you have a child who already attends one of our schools, you should first login to your Parent Portal account and click "Register New Student."
2. **In Person** with a registration appointment with the central registrar at the district office. Please contact Angela Filipski at 716-891-6427.
3. **Completed Registration Packet:** All required forms are available at www.cheektowagasloan.org/registration. Mail, email or hand deliver copies of all completed registration forms and required documentation to prove guardianship and residency.
 - a. You may email completed application to sloanregistration@csufsd.org,
 - b. or mail to the following address:

Cheektowaga-Sloan Union Free School District
ATTN: Central Registrar
166 Halstead Avenue
Sloan, New York 14212

The Registration Process:

The registering parent or guardian will:

- Complete, in full, the registration packet [see registration checklist for full details]
- Provide originals for copy or photocopies of the original birth certificate and/or proof of guardianship
- Provide originals for copy or photocopies of three (3) proofs of residency
- Provide a copy of a current report card

The CSUFSD will:

- Review the registration forms, required documentation, and student records from the previous school to determine the appropriate placement and services for your child
- The building principal will contact you via phone to schedule a start date.

NOTE: The registration process can take up to 5 business days to complete. The process can be expedited if all of the forms and required documents are provided at the time of the initial registration.



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212

Date of Registration Meeting: _____ Registrar: _____

REGISTRATION CHECKLIST

To complete Registration at Cheektowaga-Sloan Union Free School District, you will need to provide the Central Registrars Office with the following information:

Registering Student's Name:	
Parent/Guardian Name:	
Address of Residence:	

1. Registration Documents

- Completed Housing Questionnaire
- New York State Migrant Education Program – Parent Survey
- Completed CSUFSD Student Registration Form [white forms in packet]

2. Original Identification Documents or Photocopies

- ORIGINAL Registering Student Birth Certificate, Passport or Alien Card **AND**
- Parent/Guardian Photo Identification, such as a valid Driver's License, Non-Driver's ID Card, Passport

3. Proof of Immunizations (must be provided within 15 business days)

- Doctor's Office Records with immunizations received and dates **OR**
- Former school records showing proof of immunization

4. Current Physical by a NYS physician

- Health Certificate Appraisal Form signed by current physician [green form in packet]

NOTE: if completed by family doctor must be dated within 12 months of the start date of school.

NOT REQUIRED FOR STUDENTS ATTENDING:

**Charter Schools
Parochial Schools**

5. Three (3) Proofs of Residency: one (1) from List A and two (2) from List B

- List A:** Homeowner's Agreement, Homeowners Insurance, House Deed, Housing Document, Lease Agreement, Mortgage Statement, Notarized Landlord Affidavit, Real Estate Statement, or Renters Insurance
- List B:** Bank Statement, Car Insurance, Car Registration, Cell Phone Bill, Court or Agency Document, Government Benefit Document, Health Records, Non-Utility Bill, Payroll Statement, Property Tax Bill, Sale Contract, School Tax Bill, or Utility Bill

6. Academic Records

- Current report card **AND**
- Records Release Form [pink form in packet]

7. Guardianship Documentation (if applicable)

- Family court documentation, such as custody, divorce and/or guardianship papers
- Foster Care Documentation (DSS-2999)

8. Special Education Placement (if applicable)

- CSE Documents, such as Individual Education Plan (IEP)
- Records Release Form [pink form in packet]

9. Programming Requests (if applicable)

- Special Interests and/or HS Course Request form [blue form in packet]

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: **CHEEKTOWAGA-SLOAN UNION FREE SCHOOL DISTRICT**

Name of School: _____

Name of Student: _____

Last	First	Middle
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Gender: Male Date of Birth: ____ / ____ / ____ 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 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 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

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However, LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.



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Proof of Residence Form

SECTION 1: Household and Student information			
Primary Parent/Guardian Full Name			
Enrolled Student(s) Full Name, Grade, and School	Student Name	Grade	School

SECTION 2: Address	
Address:	
City, State, Zip:	
Phone Number:	
Type of Residence:	___ Own / ___ Renting / ___ Lease from _____ to _____
	___ Single Family Home / ___ Multi--Family Home / ___ Apartment Building



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SECTION 3: Three Required Proofs of Residency - please include copies of the selected documents when submitting

List A (Select 1)

- Homeowner's Agreement**
- Homeowners Insurance**
- House Deed**
- Housing Document**
- Lease Agreement**
- Mortgage Statement**
- Notarized Landlord Affidavit**
- Real Estate Statement**
- Renters Insurance**

List B (Select 2)

- Bank Statement**
- Car Insurance**
- Car Registration**
- Cell Phone Bill**
- Court or Agency Document**
- Government Benefit Document**
- Health Records**
- Non-Utility Bill**
- Payroll Statement**
- Property Tax Bill**
- Sale Contract**
- School Tax Bill**
- Utility Bill**

NOTICE: STATEMENT OF RESIDENCY

The Cheektowaga-Sloan Union Free School District has a very strict policy on who may attend its schools. The Board of Education of the Cheektowaga-Sloan Union Free School District has directed administrators to bill the parents/guardians of students illegally attending Cheektowaga-Sloan UFSB for the cost of the child's education. If the amount owed is not paid within 30 days, the district will pursue court action to recover this money and the district's expenses involved in investigating the residency issues. The amount charged will be calculated using a formula established by the State Education Department. **The cost of educating a student in the Cheektowaga-Sloan Union Free School District ranged from \$8,128 to \$24,479 depending on grade level and program.** This amount usually increases each year.

My signature below indicates that I have received a copy of the Cheektowaga-Sloan Union Free School District's policy on Non-Residents. I understand that if the district learns that either my child or I are not residents of the District, I will be liable for the costs of my child's education as described above. I am aware that the provision of any false information or fraudulent documents to the District may constitute a crime. I certify that I am a resident of the District, and that the information and documents provided in support of this application are accurate and truthful. I authorize the request of student records from prior schools on any and all children listed above and give permission to the District to verify any and all information provided in support of this application. I acknowledge that the District reserves the right to investigate, at any time, the accuracy of all information and documents submitted on any and all children listed above. I promise to promptly notify the District when any supporting information or document that has been provided to the District is no longer accurate or up to date. I understand that if the District discovers that my child/children are not a legal resident of the district, my child/children will not be permitted to attend District schools and I will be liable for the cost of education for each day attended as a non-resident.

I, the undersigned, state the information contained in this registration form is accurate to the best of my knowledge.

Parent Signature

Date



Cheektowaga-Sloan Union Free School District STUDENT REGISTRATION FORM

(This registration form can be downloaded and completed electronically at cheektowagasloan.org)

Part A: STUDENT INFORMATION

Student's Last Name:		Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Middle:	Place of Birth:	
Street Address:		City/State/Zip:	
Cross Street:	Phone Number: ()		<input type="checkbox"/> Unlisted
Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father Only <input type="checkbox"/> Lives with Relatives/Friends <input type="checkbox"/> Foreign Exchange (Check all that apply) <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other (Shelter, Doubled Up, Motel, Hotel, Car): _____			Parents Divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes Parents Separated? <input type="checkbox"/> No <input type="checkbox"/> Yes Never Married? <input type="checkbox"/> No <input type="checkbox"/> Yes

Part B: STUDENT RACE & ETHNIC IDENTIFICATION

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race. YES, Hispanic NO, not Hispanic

Select one or more races from the following five racial groups: Check (v) all groups that apply to your child; please be sure to select at least one box.

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original people of Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Part C: HOME LANGUAGE QUESTIONNAIRE

<p>I. Home Language Questionnaire</p> <p>Predominant language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>What language(s) does the student speak? <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>What language(s) does the student read? <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>What language(s) does the student write? <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p>	<p>II. If a language other than English is spoken at home, Please complete this section: How well does the student understand, speak, read and write English?</p> <table border="1"> <thead> <tr> <th></th> <th>Very Well</th> <th>Only a little</th> <th>Not at all</th> </tr> </thead> <tbody> <tr> <td>Understands English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Speaks English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reads English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Writes English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Very Well	Only a little	Not at all	Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Well	Only a little	Not at all																		
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

Part D: IMMIGRANT STUDENT DATA

If born in one of the following: the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, **do not complete the rest of this section. The student is NOT an immigrant.** Leave the rest of this section blank.

If not born in the United States or U.S. territories as listed above, you must COMPLETE the rest of this section.

Date of entry into the United States:	Date first enrolled in a U.S. School:
Location of first U.S. School enrollment:	
Name of School, City, and State:	

Other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands.		
<input type="checkbox"/> None. This is the first time the student has enrolled in a U.S. school.		
State/Territory:	Date From:	Date To:
State/Territory:	Date From:	Date To:
Has anyone in your family moved from another, country, city, town or school district within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has anyone in your family worked or looked for work at the following occupations within the last three (3) year? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check one below		
<input type="checkbox"/> Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?		
<input type="checkbox"/> Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?		
Parent/Guardian/ Eligible Person's Name:	Phone Number: ()	Best Time to be Reached: <input type="checkbox"/> AM <input type="checkbox"/> PM
Home Address:	Previous Address:	
Student Name:	Age:	Grade:
Student Name:	Age:	Grade:

Part E: REGISTERING STUDENT'S EDUCATIONAL BACKGROUND		
Current Grade Level:	Has student ever attended Cheektowaga-Sloan UFSD? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide school, grade and year:
Previous District:	Previous School:	Grades:
Previous School Address:		Phone Number: ()
I. Has/does the student repeated any grades? <input type="checkbox"/> No <input type="checkbox"/> Yes; grades: _____ been reviewed by CSE? <input type="checkbox"/> No <input type="checkbox"/> Yes; when: _____ have a current IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide a copy)	II. Has the student ever received and special services? <input type="checkbox"/> Special Education Services <input type="checkbox"/> Speech Therapy <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Academic Intervention Services (AIS) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Counseling <input type="checkbox"/> Gifted/Talented Program <input type="checkbox"/> Other: _____	
III. Has the student ever been suspended or removed from a school the student attended? <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain		
IV. Does the student have any conditions or requirements (allergies, asthma, medications)? <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain		

Part F: STUDENT RESIDENCY INFORMATION	
Primary Residence Street Address:	City, State, Zip:
Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Temporary Housing (complete next section)	If rent/lease, name of property owner:
CONFIDENTIAL INFORMATION: If you selected (Temporary Housing) In the question above, please complete the following section to describe your current living situation. Under the McKinney-Vento Act, you may be entitled to additional services and support provided by the District. Check any of the boxes that apply: <input type="checkbox"/> in a shelter <input type="checkbox"/> with relatives or others due to lack of housing <input type="checkbox"/> at a train or bus station or in a car <input type="checkbox"/> in an abandoned apartment building <input type="checkbox"/> in a motel/hotel, camping ground or other similar situation due to lack of adequate housing <input type="checkbox"/> temporarily housed in a shelter awaiting foster care placement	
Proof of Residency Provided (minimum of 3): <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Deed, Lease or Rental Agreement <input type="checkbox"/> Sale Contract <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Notarized Landlord Affidavit <input type="checkbox"/> Post Office Form Documenting Address Change <input type="checkbox"/> Car Registration <input type="checkbox"/> Payroll Stub <input type="checkbox"/> Government Benefit Document <input type="checkbox"/> Court/Agency Documentation <input type="checkbox"/> Other _____	
Household Email Address:	Primary Phone Number: () <input type="checkbox"/> Cell phone <input type="checkbox"/> Unlisted
Number of adults living in the household:	Number of children living in the household:

Part I: EMERGENCY CONTACT INFORMATION		
In case of an emergency, please identify who should be contacted and in what priority should the primary contact be unavailable. Note: It is the responsibility of the parent/guardian to notify the school office of any changes to the information throughout the year.		
Primary Emergency Contact #1:	Phone: ()	Relationship to Student:
Emergency Contact #2:	Phone: ()	Relationship to Student:
Emergency Contact #3:	Phone: ()	Relationship to Student:
Emergency Contact #4:	Phone: ()	Relationship to Student:
Doctor/Health Care Provider:		Phone: ()
Dentist:		Phone: ()
If an accident or illness occurs, a parent will be informed immediately to come for your child. If unable to contact a parent and emergency room care is necessary, I would prefer that my child be taken to: Hospital Name: _____		

ACKNOWLEDGEMENT & RELEASE OF RECORDS

A. Acknowledgement of District Residency Policy

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1 within the Cheektowaga-Sloan Union Free School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on the registration form.

I authorized the request of student records from previous schools and give permission to the Cheektowaga-Sloan Union Free School District to verify telephone numbers, addresses, and employment. I understand that if the district believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided, the Cheektowaga-Sloan Union Free School District has the right under New York State Law to investigate and to withdraw the child from the District.

The District Board of Education will not admit non-resident students to attend the District's schools. I understand that should the above information prove false, as parent/guardian, I am liable to tuition payment to the District and that my child will be immediately dismissed from Cheektowaga-Sloan Union Free School District.

Registering Parent/Guardian Name – Please Print	Registering Parent/Guardian Name – Signature	Date
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B. Acknowledgement of Code of Conduct Policy

I have read and understand the CSUFSD Code of Conduct provided in the district registration packet.

YES NO

C. Technology Release & AUP Policy

I have read and understand the CSUFSD Acceptable Use Policy (AUP). I give permission for my child to access Technology services within the Cheektowaga-Sloan Union Free School District.

YES NO

D. Media Release

I give permission for my child to appear in pictures and articles sharing the positive accomplishments within the Cheektowaga-Sloan Union Free School District. I understand that they may be published in the school or district Newsletter, and on the district website.

YES NO

Registering Parent/Guardian Name – Signature	Date
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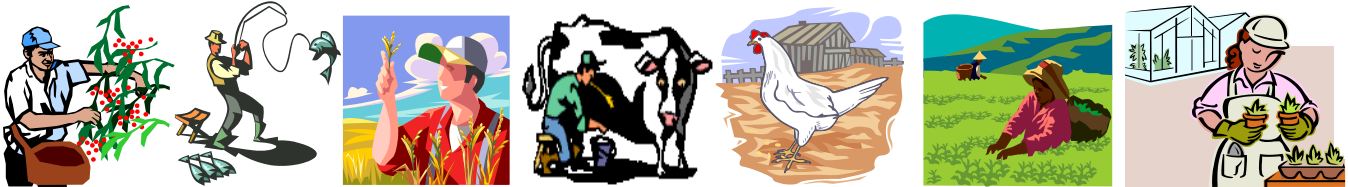
NEW YORK STATE MIGRANT EDUCATION PROGRAM
IDENTIFICATION & RECRUITMENT OFFICE
PARENT SURVEY

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. This program is **free of charge** to all eligible families and may include tutoring, free 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.

1. Has anyone in your family moved from another, country, city, town or school district within the past 3 years? ____ Yes ____ No
2. Has anyone in your family worked or looked for work at the following occupations within the last three (3) years? ____ Yes ____ No

- Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?



- Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?



If you answer YES, please provide contact information below

Parent/Guardian/Eligible Person's 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 716-673-3524 or mail to Fredonia Migrant Education Program W133 Thompson Hall SUNY Fredonia Fredonia, NY 14063





PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO

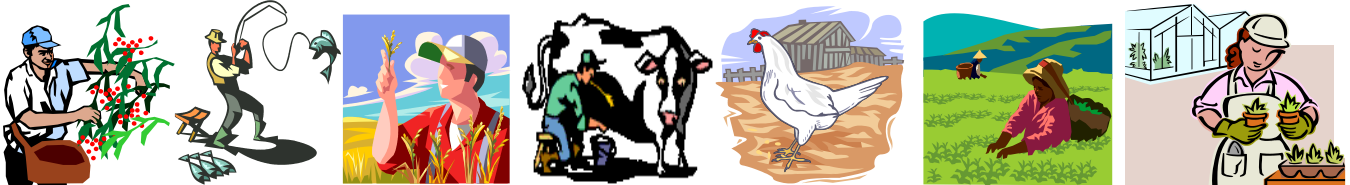
ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito, excursiones, escuela de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

1. ¿Se ha mudado usted o algún miembro de su familia de otro país, ciudad, pueblo o distrito escolar en los pasados 3 años? ____ Si ____ No
2. ¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados tres (3) años? ____ Si ____ No

- Cualquier trabajo Agrícola (como plantando, seleccionando, cosechando frutas o vegetales, cultivando o cortando flores o árboles). Trabajando en una lechería.



- Trabajando en una planta de procesamiento, empackando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que SI, por favor complete la siguiente información

Nombre del Padre, Encargado o Trabajador: _____

Dirección Física: _____

Teléfono: (____)-____-____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

Para someter este referido envíe vía facsímil al 716-673-3524
o, por correo al Fredonia Migrant Education Program W133 Thompson Hall SUNY Fredonia
Fredonia, NY





Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212 ☎ phone 716-891-6402 ☎ fax 716-891-6435 ☎ www.cheektowagasloan.org

RELEASE AND EXCHANGE OF INFORMATION FORM

Name: _____ DOB: _____ Grade: _____

Address: _____ Phone Number: _____

Dear Parents/Guardians: We are committed to protecting the privacy of you and your child. In order to properly serve your child's needs as a public school district, we are required to obtain any necessary information. This form provides your authorization and helps us to provide appropriate educational services and/or coordinate with outside agencies to meet the needs of your child. This disclosure is also made at the request of you, the parent/guardian.

Registering School District Information

Please send current student records to the central registrar at:
Cheektowaga-Sloan Union Free School District
ATTN: Central Registrar
166 Halstead Avenue, Sloan, New York 14212
Phone : 716-891-6427
Fax : 716-891-6435
Email: apodniesinski@cheektowagasloan.org

Please send current Special Education Records to the

Office of Special Education at:
Cheektowaga-Sloan Union Free School District
ATTN: Office of Special Education
166 Halstead Avenue, Sloan, New York 14212
Phone : 716-891-6427
Fax: 716-891-6430
Email: ccaruso@cheektowagasloan.org

What information will be used or disclosed? The appropriate boxes should be checked below so that you (or any organization that must disclose information pursuant to this authorization) can understand what information may be used.

The following information:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Academic Intervention Services (AIS) | <input checked="" type="checkbox"/> Current Report Card | <input checked="" type="checkbox"/> English as Second Language Assessment & Levels |
| <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Current IEP | <input checked="" type="checkbox"/> Medical reports/Immunization Data |
| <input checked="" type="checkbox"/> Complete Transcript | <input checked="" type="checkbox"/> Social work records | <input checked="" type="checkbox"/> Standardized Test Scores/ State Assessments |
| <input checked="" type="checkbox"/> Discipline Records | | <input checked="" type="checkbox"/> Withdrawal Grades to Date |

Previous School District Information

District Name: _____ School Name: _____

Address: _____

Phone: _____ Fax: _____

SPECIFIC UNDERSTANDINGS: By signing this authorization form, you authorize the use or disclosure of your child's protected health information as described above. This information may be redisclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information, and such information is no longer protected by federal health information privacy regulations. You have a right to refuse to sign this authorization. Your child's right to attend public school will not be affected if you do not sign this form. You have a right to see and copy the information described on this authorization form in accordance with district policies.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the service provider has already taken action based upon your authorization. To revoke this authorization, please write to the Cheektowaga-Sloan Union Free School District, Director of Accountability & Assessment, 166 Halstead Avenue, Sloan, New York 14212.

SIGNATURE: I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Parent or Guardian of Student

Print Name of Parent or Guardian of Student

Date

Signature of Student (If age 18)

Print Name of Student

Date

THE PARENT OR GUARDIAN MUST BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS	
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					

Universal Pre-Kindergarten Parent Survey



These surveys will be read by Universal Pre-Kindergarten teachers during placement.

Name of Child _____ Birth Date _____

Father and Mother's Names _____

Address _____

Home Telephone Number _____

Occupation (Father's) _____

(Mother's) _____

Brothers (names & ages)

Sisters (names & ages)

Early Childhood Experience

1. Has your child previously attended an early childhood program?

Name of early childhood
program _____

Days/hours per week _____

2. Did your child adjust well to the early childhood program setting?

3. Has your child received services (OT, PT, Speech, SEIT?) _____

Social Development

1. Does your child have regular playmates the same age? _____

2. Does your child have difficulty getting along with other children? _____

3. Does your child prefer to play with other children or alone? _____

4. Does your child become easily frustrated? _____

5. Does your child cry often? _____

6. Does your child have a bad temper? _____

7. Does your child become frequently irritated or moody? _____

8. Does your child become upset by changes in routine? _____

9. Does your child manage dealing with family stress such as illness, death or
separation? _____

10. Does your child demand a lot of adult attention? _____

11. Does your child accept discipline and limits? _____

12. Does your child greet others in an appropriate manner? _____

13. Does your child willingly and cooperatively participate in a small group activity or game?

14. Does your child usually make an effort to solve problems before seeking help from others? _____

15. Does your child stay focused and complete a task? _____

16. Is your child easily frustrated? _____

Self Help Skills

1. Is your child able to get dressed independently? _____

2. Is your child able to button, zip and snap his/her clothing? _____

3. Is your child able to tie his/her shoes? _____

4. Is your child able to care for his/her toileting needs? _____

5. When upset, is your child able to calm him/herself? _____

6. Is your child able to go up and down stairs with one foot on each step? _____

Speech/Language Development

1. Is your child able to express needs and requests verbally? _____

2. Is your child's speech understandable to others? _____

3. Does your child speak in complete sentences? _____

Beginning Academic Skills

1. Does your child recognize his/her name in print? _____
2. Is your child able to correctly use school tools such as crayons, scissors, glue and pencils? _____
3. Does your child draw pictures that are recognizable? _____
4. Does your child enjoy being read to? _____
5. Does your child comprehend stories read to him/her? _____

Any Additional Comments or Concerns



HELPFUL CONTACTS

SPECIAL EDUCATION

For help with a special education matter, contact the Office of Special Education Quality Assurance or a PTI Center in your area.

Special Education Quality Assurance Regional Offices

- Central Regional Office (315) 428-4556
- Eastern Regional Office (518) 486-6366
- Hudson Valley Regional Office (518) 473-1185
- New York City Regional Office (718) 722-4544
- Western Regional Office (585) 344-2002
- Long Island Regional Office (631) 952-3352

Parent Training and Information Centers (PTI)

To find your Parent Training and Information Center visit: www.p12.nysed.gov/specialed/techassist/parentcenters.htm or www.parentcenterhub.org/find-your-center/

EARLY CHILDHOOD SERVICES Early Childhood Direction Centers provide information about services for children, ages birth through five, who have disabilities. To contact the Center in your area, call (518) 486-7462

RUNAWAY OR HOMELESS YOUTH

For information, referrals, and crisis intervention, contact the National Runaway Switchboard at (800) RUNAWAY (786-2929)

HOUSING

For information about eviction prevention and public housing, contact the New York State Office of Temporary and Disability Assistance at (518) 473-1090

DOMESTIC VIOLENCE HOTLINE

- (800) 942-6906
- (800) 621-HOPE (4673) (*New York City residents*)



For help, ask your
McKinney-Vento Liaison

JESSICA EMMERLING
Director of Special Education
(716) 891-6429

JEmmerling@cheektowagasloan.org
If blank, contact NYS-TEACHS for liaison information at
800-388-2014
or visit www.nysteachs.org/liaison

**New York State Technical and
Education Assistance Center for
Homeless Students (NYS-TEACHS)**

Call Toll-free:
(800) 388-2014

Email: info@nysteachs.org
Web: www.nysteachs.org

**New York State Coordinator
for Homeless Education**

Melanie Faby
Email: melanie.faby@nysed.gov
Web: [www.p12.nysed.gov/
accountability/homeless](http://www.p12.nysed.gov/accountability/homeless)

**IS YOUR
HOUSING
UNCERTAIN?**



**DO YOU LIVE
AT A
TEMPORARY
ADDRESS?**

**YOU HAVE
IMPORTANT
SCHOOL
RIGHTS!**

ARE YOU LIVING...

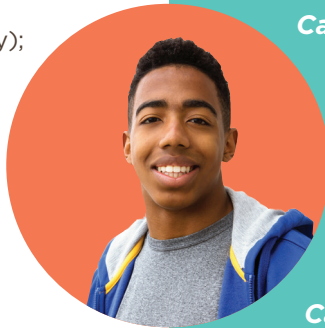
- With relatives, friends, or others because you lost your housing, or because of economic hardship?
- In a shelter?
- In a motel or hotel because you have nowhere else to go?
- In inadequate housing?



You may be protected under the McKinney-Vento Act!

Children and youth in temporary housing have the right to:

- stay in the same school, including pre-k, and get free transportation even if it is across district lines;
- immediately enroll in school without records (school records, medical records, vaccination records, proof of residency);
- get special education services immediately if the student has a current Individualized Education Program (IEP);
- participate fully in school activities, including before- or after-school activities;
- get support services and help with things like school supplies through Title I;
- get free school meals without filling out an application;
- get help enrolling in pre-k, Head Start, other preschool programs, and Early Intervention; and
- get help preparing and applying for college.



F

A

Q

Frequently Asked Questions



Where can I get help?

Every school district must have a McKinney-Vento liaison to help students in temporary housing. Contact information for the liaison can be found on www.nysteachs.org/liaison.

Can a school require a student in temporary housing to show proof of residence to register for school?

No, if a student says they are homeless or in temporary housing, they must be enrolled immediately in school even if they don't have the papers normally needed, such as proof of residence, immunization records, a birth certificate, guardianship records, or school records.

Can a student who is living in temporary housing stay in the same school if they move out of the school district?

Yes, the student has the right to stay in the same school they went to when they were permanently housed.

Can a student enroll themselves in school?

Yes, if the youth is living in temporary housing and not with their parents or legal guardians (known as unaccompanied youth) they can enroll themselves in school.

What if a school doesn't enroll a student or provide busing because the district doesn't believe the student is homeless?

The school must immediately enroll the student and refer them to the district's McKinney-Vento liaison for help with the appeal process. Students have the right to appeal a school's decision, go to school, and get transportation until the appeal is decided.

If a student moves into permanent housing, can they stay in the same school?

Yes. A student can stay in the same school for the entire time they are in temporary housing and through the end of the school year in which they move into permanent housing.



CONTACTOS ÚTILES

EDUCACIÓN ESPECIAL

Para obtener ayuda en temas de educación especial, comuníquese con la Oficina de Aseguramiento de la Calidad de Educación Especial o con un Centro PTI de su zona.

Oficinas regionales de

Aseguramiento de la Calidad de Educación Especial

- Oficina Regional Central (315) 428-4556
- Oficina Regional del Este (518) 486-6366
- Oficina Regional de Hudson Valley (518) 473-1185
- Oficina Regional de la Ciudad de Nueva York (718) 722-4544
- Oficina Regional del Oeste (585) 344-2002
- Oficina Regional de Long Island (631) 952-3352

Centros de Información y Capacitación para Padres (PTI)

Para encontrar un Centro de Información y Capacitación para Padres visite: www.p12.nysed.gov/specialed/techassist/parentcenters.htm o www.parentcenterhub.org/find-your-center/

SERVICIOS PARA LA PRIMERA INFANCIA

Los Centros de la Dirección de Primera Infancia brindan información sobre los servicios para niños con discapacidades, desde el nacimiento hasta los cinco años de edad. Para comunicarse con el Centro de su área, llame al (518) 486-7462

JÓVENES FUGADOS O SIN HOGAR

Para obtener información, remisiones e intervenciones de crisis, comuníquese con National Runaway Switchboard al (800) RUNAWAY (786-2929)

VIVIENDA

Para obtener información sobre recursos para evitar desalojos y viviendas públicas, comuníquese con la Oficina de Asistencia Temporal y Asistencia para Discapacitados llamando al (518) 473-1090

LÍNEA DIRECTA DE VIOLENCIA DOMÉSTICA

- (800) 942-6906
- (800) 621-HOPE (4673) (*Residentes de la Ciudad de Nueva York*)



Si necesita ayuda, consulte a su enlace McKinney-Vento

JESSICA EMMERLING
Director of Special Education
(716) 891-6429
JEmmerling@cheektowagasloan.org

Si está en blanco, comuníquese con NYS-TEACHS para recibir información sobre el enlace llamando al 800-388-2014 o visite www.nysteachs.org/liaison

Centro para Estudiantes Sin Hogar de Asistencia Técnica y Educativa del Estado de Nueva York (NYS-TEACHS)

Llame gratis:
(800) 388-2014

Correo electrónico:

Sitio web: 

Coordinadora del Estado de Nueva York para la educación de estudiantes sin hogar

Melanie Faby Correo electrónico:

melanie.faby@nysed.gov
Sitio web: www.p12.nysed.gov/accountability/homeless

¿SU SITUACIÓN DE VIVIENDA ES INCIERTA?



¿USTED VIVE EN UNA VIVIENDA TRANSITORIA?

¿USTED TIENE IMPORTANTES DERECHOS EDUCATIVOS!



NYSTEACHS
NEW YORK STATE TECHNICAL AND EDUCATION ASSISTANCE CENTER FOR HOMELESS STUDENTS

¿ESTÁ VIVIENDO...

- Con familiares, amigos u otras personas porque perdió su vivienda o por dificultades económicas?
- En un albergue?
- En un motel u hotel porque no tiene ningún otro lugar adonde ir?
- En una vivienda inadecuada?



Es posible que usted esté protegido por La ley McKinney-Vento.

Los niños y jóvenes que estén en una vivienda transitoria tienen derecho a:

- seguir asistiendo a la misma escuela, incluso los niños de prekínder, y tener transporte gratuito aun si deben traspasar los límites del distrito;
- inscribirse inmediatamente en la escuela sin documentación (certificados escolares, certificados médicos, certificados de vacunas, certificación de domicilio);
- obtener inmediatamente servicios de educación especial si el estudiante tiene un Programa de educación individualizado (IEP) vigente;
- participar plenamente en las actividades escolares, incluso en las que se realizan antes y después del horario escolar;
- recibir servicios de apoyo escolar y ayuda con artículos, por ejemplo, los útiles escolares, a través del Título I;
- acceder al servicio de comedores escolares sin completar ninguna solicitud;
- recibir ayuda para la inscripción en prekínder, en el programa Head Start y en otros programas para niños de prekínder; y
- recibir ayuda para prepararse y solicitar admisión a la universidad.

¡Pida ayuda a su enlace McKinney-Vento!

P

F

Preguntas frecuentes

¿Dónde puedo obtener ayuda?

Cada distrito escolar debe tener un enlace McKinney-Vento para ayudar a los estudiantes que residen en viviendas transitorias. Puede encontrar la información de contacto para el enlace en www.nysteachs.org/liaison.

¿Puede una escuela pedirle a un estudiante que vive en una vivienda transitoria que presente certificación de domicilio para inscribirse?

No, si el estudiante manifiesta que no tiene hogar o que vive en una vivienda transitoria, la escuela debe inscribirlo inmediatamente incluso si no presenta la documentación normalmente necesaria, como certificado de domicilio, certificados de vacunas, certificado de nacimiento, certificado de tutoría legal o certificados escolares.

¿Puede un estudiante que está viviendo en una vivienda transitoria seguir asistiendo a la misma escuela si se mudó fuera del distrito escolar?

Sí, el estudiante tiene derecho a seguir asistiendo a la misma escuela a la que iba cuando tenía una vivienda permanente.

¿Puede un estudiante inscribirse por sí mismo en la escuela?

Sí, si el joven está viviendo en una vivienda transitoria y no está con sus padres o tutores legales (conocido como menor sin compañía de adulto o emancipado) se puede inscribir por sí mismo en la escuela.



¿Qué sucede si una escuela no inscribe a un estudiante o no le facilita el transporte escolar porque el distrito no cree que el estudiante es una persona sin hogar?

La escuela debe inscribir al estudiante inmediatamente y remitir el caso al enlace McKinney-Vento del distrito para obtener ayuda en el proceso de apelación. Los estudiantes tienen derecho a apelar la decisión de la escuela, ir a la escuela y tener transporte hasta que se decida la apelación.

¿Si un estudiante se muda a una vivienda permanente, ¿puede seguir asistiendo a la misma escuela?

Sí. El estudiante puede seguir asistiendo a la misma escuela durante todo el tiempo que esté en una vivienda transitoria y hasta finalizar el ciclo lectivo en el que se mudó a una vivienda permanente.

