

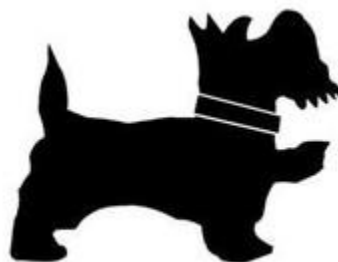
Student Registration Packet

Welcome to

Ballston Spa Central School District

Home of the Scotties

The Scottie dog became the Ballston Spa mascot in the 1960's. It was in honor of William B. Scott, a longtime district teacher, coach and Athletic Director. His teams were referred to as "Scottie's Boys" so the Scottie dog became the logo that was utilized as the team mascot.



Registration Instructions

New Students are registered by appointment at the District Office, 70 Malta Avenue, Ballston Spa. Parents should obtain and complete a registration packet prior to scheduling an appointment with the Registration Office at 518-602-0256, or email to akavanaugh@bscsd.org. **A parent/legal guardian must be present at the time of registration.**

PARENTS MUST PROVIDE THE FOLLOWING TO COMPLETE REGISTRATION

- **Parent/Legal Guardian photo identification**

- **Proof of Residency**

As required by New York State Law, all new students must provide the proper documentation to establish residency. **It is necessary for you to provide TWO (2) acceptable forms of proof:**

Acceptable:

- A copy of a residential lease; deed; or mortgage statement;
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (either sworn or unsworn);
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.

The District will also accept:

- Pay stub; Income tax form; Utility or other bills;
- Membership documents based upon residency; Voter registration document(s);
- Official driver's license, learner's permit, or non-driver ID;
- State or other government issued identification;
- Documents issued by federal, state, or local agencies; Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

- **Birth Certificate**

An original birth certificate with a raised seal or a valid passport will be accepted.

If a Birth Certificate is not available, you may provide the following:

- Student's official driver's license; State or other government issued identification
- School photo identification with date of birth; Military dependent identification card;
- Consulate identification card; Documents issued by federal, state, or local agencies;
- Hospital or health records; Native American tribal documents;
- Court orders or other court-issued documents;
- Records from non-profit international aid agencies and voluntary agencies

- **Proof of Immunization & Physical**

Must be signed or stamped by a State licensed health care provider. Proof may be faxed to (518) 490-7410 directly from the physician's office.

- **School Records**

Most current Report Card, standardized testing results, and contact information, including phone and fax numbers, for the last school attended.

Most current Individualized Education Program (IEP) if applicable

- **Special Circumstances**

Please provide appropriate documents, if applicable, detailing legal guardianship situations, temporary living situations, name changes, and/or custody agreements.

New Student Registration Form

FOR OFFICE USE ONLY					
Malta Avenue <input type="checkbox"/>	Gordon Creek <input type="checkbox"/>	Milton Terrace <input type="checkbox"/>	CPSE <input type="checkbox"/>	Student ID #	<input type="text"/>
Wood Road <input type="checkbox"/>	Middle School <input type="checkbox"/>	High School <input type="checkbox"/>	SPED <input type="checkbox"/>	Family ID #	<input type="text"/>

STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Grade	Date of Birth	Nick Name/Preferred Name
			<input type="text"/>
			Language Spoken at Home

Home Address

<input type="text"/>
Street
<input type="text"/>
City
<input type="text"/>
Zip Code

Mailing Address *(If different from Home Address)*

<input type="text"/>
Street/P.O. Box
<input type="text"/>
City
<input type="text"/>
Zip Code

MCKINNEY-VENTO ASSISTANCE ACT

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 _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Relationship to Student

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Home Phone	<input type="text"/> Cell Phone
<input type="text"/> Email Address	<input type="text"/> Employer		<input type="text"/> Employer Phone

Parent/Guardian #2 (in same household)

Relationship to Student

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Home Phone	<input type="text"/> Cell Phone
<input type="text"/> Email Address	<input type="text"/> Employer		<input type="text"/> Employer Phone

Parent/Guardian Not Residing with Student - Address

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Home Phone	<input type="text"/> Cell Phone
<input type="text"/> Email Address	<input type="text"/> Employer		<input type="text"/> Employer Phone

Can this person receive mail for student? Yes No Can this person pick student up from school? Yes No

IMPORTANT: The District shall presume that either parent of the student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order, decree of divorce, separation or custody that indicates the non-custodial parent does not have the right to obtain such release.

Please check here if the student has a parent on Active Duty in the Armed Forces. Branch of service: _____

Please provide the name and contact information for a responsible party other than a parent or guardian who will transport your child should the need arise (e.g. sent home for illness, discipline reasons, etc.).

Emergency Contact #1

Relationship to Student

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Home Phone
<input type="text"/> Cell Phone	<input type="text"/> Employer	
		<input type="text"/> Employer Phone

Emergency Contact #2

Relationship to Student

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Home Phone
<input type="text"/> Cell Phone	<input type="text"/> Employer	
		<input type="text"/> Employer Phone

EDUCATIONAL HISTORY

Has your child previously attended BSCSD? Yes No

Are there siblings attending BSCSD? Yes No

Does your child have an IEP (Individual Education Plan)? Yes No

Has your child participated in any of the following programs?

Academic Intervention Services Reading Math Other _____

Please check any special programs that your child has been assigned in the past:

Consultant Services Resource Room Bilingual Education Special Classes/Other
 Occupational Therapy Speech Therapy Physical Therapy Counseling

Please provide the last date your student attended school:

Other School Districts Attended *(List most recent first)*

1	<input type="text"/> School Name	<input type="text"/> Year	<input type="text"/> Grade	<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
2	<input type="text"/> School Name	<input type="text"/> Year	<input type="text"/> Grade	<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code

Brothers and Sisters

Please check the box to indicate if the sibling lives at home

<input type="text"/> Name	<input type="text"/> School of Attendance	<input type="text"/> Birth Date	<input type="text"/> Gender	<input type="text"/> Grade	<input type="checkbox"/>
<input type="text"/> Name	<input type="text"/> School of Attendance	<input type="text"/> Birth Date	<input type="text"/> Gender	<input type="text"/> Grade	<input type="checkbox"/>
<input type="text"/> Name	<input type="text"/> School of Attendance	<input type="text"/> Birth Date	<input type="text"/> Gender	<input type="text"/> Grade	<input type="checkbox"/>
<input type="text"/> Name	<input type="text"/> School of Attendance	<input type="text"/> Birth Date	<input type="text"/> Gender	<input type="text"/> Grade	<input type="checkbox"/>

HEALTH INFORMATION

Are there any health problems/matters the District should be aware of to transport your child safely? Yes No

If yes, please explain: _____

Is your child under the care of a physician for a current health problem? Yes No

If yes, please explain: _____

Child's Physician:

Phone:

Child's Dentist:

Phone:

Date of Last Physical Exam:

Please provide information on the following:

Allergies:

Physical Limitations:

Other Illnesses or Serious Injuries:

Please indicate if your child has had any of the following conditions by entering a date:

Date		Date		Date	
_____	Arthritis	_____	Ear Tubes	_____	Rheumatic Fever
_____	Asthma	_____	Head Injuries/Concussion	_____	Scoliosis
_____	Blood Disorder	_____	Heart Disorder	_____	Seizure Disorder
_____	Blood Transfusion	_____	Hepatitis	_____	Skin Conditions
_____	Braces/Capped Teeth	_____	History of PKU	_____	Speech Problems
_____	Chicken Pox	_____	Kidney Problems	_____	Tonsillitis
_____	Diabetes	_____	Migraines	_____	Tuberculosis
_____	Ear Conditions	_____	Pneumonia	_____	Vision Problems

ADDITIONAL STUDENT INFORMATION

Is the student a foster child? Yes No If yes, attach form DSS-2999

Ethnicity Hispanic/Latino Non-Hispanic

Race American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

PHOTO RELEASE

Yes No

 I hereby grant the Ballston Spa Central School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

Furthermore, I waive the right to inspect or approve the finished product, or any text that accompanies it. I release the Ballston Spa Central School District from any claims and demands connected with the use of the materials.

I hereby warrant that I am of legal age and have the right to contract for myself and/or my minor child. I have read the above authorization and fully understand the contents.

STUDENT RECORD UPDATES

It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information.

PARENT CERTIFICATION AND SIGNATURE

By signing this form, I acknowledge the responsibility of providing the district with accurate information. I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Central Registration

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	
Address	

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <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. <u>If referred for an evaluation</u> , 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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.





Direct Parental Referral to CPSE

Name of Student: _____ D.O.B.: _____

Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Ethnicity: _____

Which Languages are Spoken in the Child's Home: _____

Parent(s)/Guardian(s) Name & Address: _____

Reason for Referral:

Please complete and send form back to: BSCSD
Office of Special Education/CPSE
70 Malta Avenue
Ballston Spa, NY 12020