New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**
Broadalbin-Perth Central School District	

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Please note that this information will not affect your immigration status, your child's enrollment, or your eligibility for other school services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X= Nonbinary	Student Date of Birth (Month/Day/Year)
Parent, Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own, rent or lease a fixed, regular, and adequate home

☐ Doubled-up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus/train station, abandoned building, or another place not meant for stable habitation or established dwelling

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** _____ Eligibility: ☐ Eligible ☐ Not Eligible ☐ Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled-up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT 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 answered 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.

BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT

Request for Records

Please be advised that my child, previously enrolled in your school, has transferred to the Broadalbin-Perth Central School District. I hereby authorize the following information on my child to be sent to the school indicated below.

RECORDS REQUESTED			
✔	Academic transcripts and report cards (including all high school level science labs)		
✔	Individualized Educational Plan (IEP)	✔	Career assessment
✔	504 Plan	✔	Functional Behavioral Assessment
✔	Scripts for related services	✔	Social work
✔	Health and immunization	✔	Record of birth
✔	Psychological	✔	Teacher
✔	Standardized tests	✔	Attendance
✔	State test scores	✔	Withdrawal grades
✔	Regents and RCT scores	✔	Discipline
✔	Other pertinent data to ensure proper placement of student		

STUDENT INFORMATION

Last Name	First Name	Middle Name	Date of Birth

Last School Attended	School District Street Address

City	State	Zip Code

School Phone	School Fax

Parent/Guardian Signature: _____ Date: _____

Please mail or email the information requested above to the school/department checked below:

☐ **Broadalbin-Perth Primary School & Intermediate School**
1870 Co Hwy 107, Amsterdam, NY 12010
Phone: 518-954-2700
hardingb@bpcsd.org

☐ **Broadalbin-Perth Department of Special Programs**
100 Bridge Street, Broadalbin, NY 12025
Phone: 518-954-2725
davidsong@bpcsd.org

☐ **Broadalbin-Perth Middle School & High School**
100 Bridge Street, Broadalbin, NY 12025
Phone: 518-954-2620
Deana.Rowland@bpcsd.org

BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT

Student Transportation Request Form

The Broadalbin-Perth Central School District Transportation Department is responsible for providing transportation for students between school and either their home or the identified child care location ONLY. A consistent schedule is essential to ensure the safety of all students. One form must be completed for each student in Pre-k through 5th grade, even if school transportation is not needed.

Child's Name: _____ Child's Date of Birth: _____

Child's Grade & Teacher: _____

Primary Residence Address: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Secondary Residence Address (if any): _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Child Care Provider Address (if any): _____

Child Care Provider Name: _____ Child Care Provider Phone: _____

Please identify below the locations(s) for pick-up and drop-off of the student for each day of the week. All Families are required to complete this form regardless of whether their child uses BP's bus transportation. Select 'None' if NO transportation is needed.

Morning Pick Up Locaton					Afternoon Drop Off Location				
Monday	❑ Primary	❑ Secondary	❑ Day Care	❑ None	**Monday**	❑ Primary	❑ Secondary	❑ Day Care	❑ None
Tuesday	❑ Primary	❑ Secondary	❑ Day Care	❑ None	**Tuesday**	❑ Primary	❑ Secondary	❑ Day Care	❑ None
Wednesday	❑ Primary	❑ Secondary	❑ Day Care	❑ None	**Wednesday**	❑ Primary	❑ Secondary	❑ Day Care	❑ None
Thursday	❑ Primary	❑ Secondary	❑ Day Care	❑ None	**Thursday**	❑ Primary	❑ Secondary	❑ Day Care	❑ None
Friday	❑ Primary	❑ Secondary	❑ Day Care	❑ None	**Friday**	❑ Primary	❑ Secondary	❑ Day Care	❑ None

This transportation schedule is to be in effect as of the following date: _____

CERTIFICATION: I have read and understand the policies and procedures as stated in the B-P Transportation Handbook, as well as the above student transportation guidelines, and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation Form no less than **two days** prior to the requested transportation schedule change.

Parent/Guardian Signature: _____ Date: _____

Data for Health Record

Child's Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F ☐ Non-binary

Address: _____ Telephone: _____

Mother's Name: _____ Father's Name: _____

Child's Place of Birth: _____

Child's Birth Weight: _____ lbs., _____ ounces **Was the child born premature?** ☐ Yes ☐ No

Were there any specific problems during the child's birth? ☐ Yes ☐ No If yes, please specify: _____

Has your child had any of the following conditions?

Anemia ☐ Yes ☐ No	Glasses/Contact Lenses ☐ Yes ☐ No	Diabetes ☐ Yes ☐ No
Chickenpox ☐ Yes ☐ No	Strep Throat ☐ Yes ☐ No	Seizure Disorder ☐ Yes ☐ No
Arthritis ☐ Yes ☐ No	Unusually High Fever ☐ Yes ☐ No	Heart Disease ☐ Yes ☐ No
Blood Disorder ☐ Yes ☐ No	Hearing Difficulties ☐ Yes ☐ No	Tuberculosis ☐ Yes ☐ No
Braces/Capped Teeth ☐ Yes ☐ No	Vision Problems ☐ Yes ☐ No	Emotional Problems ☐ Yes ☐ No
Pneumonia ☐ Yes ☐ No	Asthma ☐ Yes ☐ No	Speech Problems ☐ Yes ☐ No
Traumatic Brain Injury ☐ Yes ☐ No	Scoliosis ☐ Yes ☐ No	Migraines ☐ Yes ☐ No
Hepatitis ☐ Yes ☐ No	Kidney Problems ☐ Yes ☐ No	Skin Conditions ☐ Yes ☐ No
Allergies ☐ Yes ☐ No	If yes, please list: _____	
Allergy to Bee Stings ☐ Yes ☐ No	If yes, what treatment is prescribed? _____	
Operations ☐ Yes ☐ No	If yes, please explain: _____	
Serious Injuries ☐ Yes ☐ No	If yes, please explain: _____	

Does your child have any health problems the school should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

If yes, can this information be shared with the appropriate school staff? ☐ Yes ☐ No

Is your child on medication? ☐ Yes ☐ No If yes, please specify: _____

If yes, does your child need to take medication during the school day? ☐ Yes ☐ No

Does your child have any physical or activity restrictions? ☐ Yes ☐ No If yes, please specify: _____

Family Physician: _____ Telephone: _____

Physician's Address: _____

Family Dentist: _____ Telephone: _____

Dentist's Address: _____

If your child experiences new health problems, please notify the school nurse as soon as possible.

Parent/Guardian Signature: _____ Date: _____

BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT

Dental Health Certificate

Parent/Guardian: Please complete Section 1 and take the form to your child's dentist/dental hygienist to complete Section 2. Return the completed form to your child's school.

Section 1. To be completed by Parent or Guardian

Child's Name:

Birth Date: / / (Month / Day / Year)

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School Name: _____

Grade:

Does your child have trouble with chewing, talking, or complain of pain in mouth? ☐ Yes ☐ No

Section 2. To be completed by the Dentist/ Dental Hygienist-

Note: Date of exam must not be more than 12 months prior to the school year in which it is requested

☐ The student listed above is in fit condition of dental health.

☐ The student listed above is not in fit condition of dental health.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health does not preclude the student from attending school.

Date of Examination:

Dentist/Dental Hygienist's Name and Address	**Dentist's/Dental Hygienist's Signature**

Providing the information below to the school is optional and should only be done if parent/guardian agrees

II. Oral Health Status (check all that apply).

☐**Caries Experience/Restoration History –**History of a cavity (treated or untreated)? [*A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity*].

☐ **Untreated Caries –** Has an open cavity [*At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present*].

☐ **Dental Sealants Present**

☐ **Soft Tissue Pathology**

☐ **Malocclusion**

☐ Other problems (Specify):_____

II. Treatment Needs (check all that apply)

☐ None

☐ Urgent treatment- abscess, nerve exposure, advanced disease state, signs, and symptoms include pain, infection or swelling

☐ Restorative Care- amalgams, composits, crowns, etc.

☐ Preventive Care- sealants, fluoride treatment, prophylaxis, mouthguard etc.

☐ Other - _____

(4/2026)

BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT
20 Pine Street, Broadalbin, NY 12025 Phone: 518 954 2500 Fax: 518 954 2509

Stephen M. Tomlinson
Superintendent
tomlinsons@bpcsd.org

Dear Parent/Guardian:

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the Broadalbin-Perth Central School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- College of attendance;
- Honor roll or other recognition lists;
- Graduation programs;
- The school newspaper;
- School calendar and newsletter;
- All district social media channels such as Facebook and Twitter;
- School District website; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require school districts receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses, and telephone listings – unless parents have advised the school district that they do not want their student's information disclosed without their prior written consent.

This letter is to inform you that if you do **NOT** want Broadalbin-Perth to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by **October 1**. Broadalbin-Perth has designated the following information as directory information:

-Student's name
-Address
-Telephone listing
-Honors and awards received
-Photograph
-Participation in officially recognized activities and sports
-Dates of attendance
-Weight and height of members of athletic teams
-Yearbook individual and group photos
-Grade level

Sincerely,

Superintendent of Schools