



Welcome to our School District

We look forward to having you as part of our school family.

To enroll your child(ren), please complete the attached enrollment packet (one for each child).

Enrollment Packet Checklist

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Student Enrollment Form | <input type="checkbox"/> | Home Language Questionnaire |
| <input type="checkbox"/> | Student Age Verification | | |
| <input type="checkbox"/> | Proof of Residency | | |
| <input type="checkbox"/> | Prior School Records | | |
| <input type="checkbox"/> | Health/Medical Packet | | |
| <input type="checkbox"/> | Immunization Records | | |

Return completed enrollment packet to the appropriate school office:

K-5	Mrs. Sheryl Hodge, East Hill Elementary School	518-673-6310	518-673-3887 (fax)
6-8	Mrs. Joanne Heiser, Canajoharie Middle School	518-673-6320	518-673-5557 (fax)
9-12	Mrs. Tracey Stetin, Canajoharie High School	518-673-6336	518-673-8116 (fax)
CPSE	Mrs. Jeanine Winkler, Pre-School Special Education	518-673-6307	518-673-4131 (fax)

**CANAJOHARIE CENTRAL SCHOOL
STUDENT ENROLLMENT FORM**

STUDENT'S FULL LEGAL NAME: _____
(First) (Middle) (Last)

Date of Birth: _____ Birthplace: _____ Nickname: _____

Is child known by any other name? If so, what is the name? _____

Student Age Verification: _____ Birth Certificate _____ Baptismal Record _____ Passport _____ Other*

*if above not available: State or government issued identification, hospital or health records, military dependent identification card

Grade: _____ Gender: _____ Home Language: _____

Racial/Ethnic Identification – please answer both of the following questions:

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. YES NO
2. Select one or more races from the following five racial groups (Check all groups that apply to your child).

 AMERICAN INDIAN or ALASKA NATIVE – a person having origins in any of the original people of North America.

 ASIAN – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

 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 – 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 the Middle East

MAIN CONTACT: (Parent(s) /Guardian(s) whom student lives with:

Parent(s) Name: Father: _____ Mother: _____

Parent Marital Status: _____ **Is there a custody issue on this child?** _____

If yes, who has custody? _____ Relationship _____

911 ADDRESS (actual residence): _____
(Street number & name) (City/Village) (Zip Code)

Mailing Address (if different from above): _____

Home Phone: _____ Mom Cell Phone: _____

Dad Cell Phone: _____ Parent E-Mail: _____

Student Cell Phone: _____ Student E-Mail: _____

ORDER OF PROTECTION*: ____ Yes ____ No

*if an order of protection exists, it must be submitted to building principal at time of student enrollment.

Student resides with: Both: ____ Father Only: ____ Mother Only: ____ Step-Parent/Guardian: ____

Other: (please specify) _____

Sibling Information

Name (First and Last)	Gender	Birth Date	Living at Home	Present Grade	School Attending

(List additional siblings on back)

**Is this a foster placement: ____ Yes ____ No If yes, name of county
If Yes, copy of DSS 2999 Form required**

____ Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement. The answer you give 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 and may 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

PROOF OF RESIDENCY VERIFICATION PROVIDED:

- Copy of deed or mortgage
- Lease agreement
- Current utility bill
- Paycheck stub
- Driver's license
- Other: _____

EMERGENCY CONTACT #1:

Name _____ Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____ Can pick up student from school (circle one) **YES** **NO**

EMERGENCY CONTACT #2:

Name _____ Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____ Can pick up student from school (circle one) **YES** **NO**

HAS STUDENT EVER ATTENDED CANAJOHARIE CENTRAL SCHOOL (circle one) **YES **NO****

Previous School Attended: _____

Address: _____

Street _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____

Services at previous school: _____ AIS Math _____ AIS Reading _____ IEP _____ 504 Plan _____ Speech _____
_____ Counseling _____ Other _____

ANY OTHER PERTINENT INFORMATION NECESSARY FOR SCHOOL OFFICIALS

(Example: Order of Protection, persons **NOT** to be contacted under any circumstances, persons **NOT** allowed to pick up student)

Signature of Parent, Guardian or Student (for unaccompanied homeless youth) Relationship to student

Date: _____

FOR OFFICE USE ONLY

Date Entered: _____ Disability Code: _____

Parental Release Received: _____

Homeroom: _____ Locker #: _____ Combo #: _____

AM Bus #: _____ AM Stop: _____ PM Bus#: _____ PM Stop: _____

AM Drop Off : _____ Walk: _____ PM Pick-Up: _____ Walk: _____



AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____
Date of Birth: _____
Date of Entry: _____

Prior School District: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____

The above named student has registered at Canajoharie Central School.

This is to request and authorize the release of the following records/pertinent information:

____ Transcript of Grades
____ Withdrawal Grades (at time of transfer)
____ RCT/Regents/Proficiency Scores
____ Grading Key
____ Semester Grades
____ Standardized Test Scores and State Assessment

____ AIS/Remediation/Support Records
____ Health and Immunization Records
____ Copy of Birth Certificate
____ Individualized Education Plan (IEP)
____ Psychological Evaluation
____ Social History

Please send records to:

____ Canajoharie High School
Guidance Office
136 Scholastic Way
Canajoharie, NY 13317
Telephone: 518-673-6336
Fax: 518-673-8116

____ Canajoharie Middle School
25 School District Road
Canajoharie, NY 13317
Telephone: 518-673-6320
Fax: 518-673-5557

____ East Hill Elementary School
25 School District Road
Canajoharie, NY 13317
Telephone: 518-673-6310
Fax: 518-673-3887

____ Canajoharie Central School
Special Education Office
136 Scholastic Way
Canajoharie, NY 13317
Telephone: 518-673-6307
Fax: 518-673-4131

Parent/Guardian Signature _____ Date: _____
(Student 18 years of age)