

Cato-Meridian Central School District
Helpful Hints for Registering a Student

(315)626-3439

Please contact one of the following Registrars to set up an appointment:

Elementary School (PK-6)	#3
	Fax (315)626-2293
Jr./Sr. High School (7-12)	#4
	Fax (315)626-3310
Special Education/Early Intervention	#3 or #4 then #2
	Fax (315)626-2093

What you will need to bring to your appointment:

- Original Birth Certificate for verification
- Immunization records/Health records
- Current Physical (within the last year)
- Custody paperwork if applicable
- Proof of Address for residency (rental agreement/mortgage, recent utility bill)
- Last report card from previous school
- IEP/Psychological Report if applicable
- 504 Plan if applicable
- Address/Telephone Number/Fax Number of previous school

Cato-Meridian Central School District
2851 State Route 370
Cato, NY 13033
Phone: 315 626-3320 Fax: 315 626-2293

STUDENT REGISTRATION FORM

Date of Registration _____ Entry Date _____

Student Name _____ Grade _____
(Last) (First) (Middle) (Gender)

Date of Birth ___/___/___ Age _____ Date of Birth (Verified) _____
Age (Date) (Initials) For office use only

Birth Place _____ Homeless
Yes No

* If yes, are you interested in meeting with the District Homeless Liaison?
(Liaison will assist family in filling out residency questionnaire.)
Yes No

Telephone Number _____ Parent e-mail address _____

Residence Address _____
(Please provide proof of residency.)

Mailing Address _____

Adults in Household

_____ Relationship to student _____

Name _____
Occupation _____
Work Phone _____
Cell Phone _____
Employer _____

_____ Relationship to student _____

Name _____
Occupation _____
Work Phone _____
Cell Phone _____
Employer _____

Is the parent or legal guardian active in military duty? Yes _____ No _____
If yes, Branch: _____

Custody/Guardianship Information _____

Please list other children in your household:

Name	DOB/Proof	Age	Gender	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please see attached Ethnicity form(s) for preschoolers

EMERGENCY CONTACT 1

Name _____

Address _____

Phone _____ Cell _____

Relationship: _____

EMERGENCY CONTACT 2

Name _____

Address _____

Phone _____ Cell _____

Relationship: _____

FOSTER AGENCY (if applicable) _____

Caseworker _____ Phone _____

Health Information

FAMILY DOCTOR

Name _____
Location _____
Phone _____

In an emergency, do we have your permission to call the nearest doctor? Yes ___ No ___

In an emergency, which hospital do you prefer? _____

Check below if you suspect or are aware of a health factor which may have a bearing on your child's classroom behavior.

Vision _____ **Speech** _____ **Hearing** _____

Emotional Instability _____ **Other** _____

TRANSFER INFORMATION

Current Grade _____ **Grades Repeated** _____

Special Services _____

Name/Address of Previous School _____

Phone/Fax of Previous School _____ / _____

Has this student attended Cato-Meridian previously? Yes ___ Yr ___ No ___

INFORMATION WAIVER

The following statement indicates your permission for the exchange of those records which would be helpful to the education of your child. I hereby consent to the giving or receiving of the student records of my child including health, psychological and academic between the Cato-Meridian Central School District and other school districts or any duly constituted agencies or specialists.

Student Name _____

Parent/Guardian Signature _____ **Date** _____

CATO-MERIDIAN CENTRAL SCHOOL DISTRICT

STUDENT RACIAL AND ETHNIC IDENTIFICATION

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

STUDENT NAME: _____
(Last) (First) (Middle)

DATE OF BIRTH: _____ GRADE: _____

DIRECTIONS TO PARENT/GUARDIAN: PLEASE READ AND ANSWER QUESTIONS (1.) AND (2.).

For question (1.) please check (X) the box that best describes your child. Check (X) only ONE box.

1. **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 or origin, regardless of race.

- YES, Hispanic
 No, not Hispanic

For question (2.) please check (X) all groups that apply to your child. Check (X) AT LEAST ONE box.

2. **Which one or more of the races from the following five racial groups represents the student?**

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples 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 peoples 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 the Middle East.

(Signature of Parent/Guardian)

(Date)

Please check (X) the box below that identifies the signer's relationship to the student.

- Mother Father Guardian Other (Specify) _____

See reverse for important Message to Parents/Guardians and Confidentiality Procedures and Regulations.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

PARENTS—Please print or type clearly:

DISTRICT _____

SCHOOL _____

GRADE _____

STUDENT (full) NAME _____

DATE OF BIRTH (month day year) _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER YEARS ENROLLED IN SCHOOL OUTSIDE U.S. _____

TO BE COMPLETED BY SCHOOL PERSONNEL

DETERMINATION: Possible LEP
 English Proficient

(boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____
Specify

2. What language(s) are spoken most of the time to the student in the home or residence? English Other _____
Specify

3. What language(s) does the student understand? English Other _____
Specify

4. What language(s) does the student speak? English Other _____
Specify

5. What language(s) does the student read? English Other _____ Does Not Read
Specify

6. What language(s) does the student write? English Other _____ Does Not Write
Specify

7. In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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"/>

Signature of Parent/Guardian/Other

Date **Month:** _____ **Day:** _____ **Year:** _____

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: _____

Name of School: _____

Name of Student: _____
Last First Middle

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.

If your child Grades 1-4 is to be picked or dropped off at a location other than home, PLEASE fill this form out and return it to the Elementary Office by August 1.
 ☺ All UPK and K students are asked to fill out this form (home and other locations). ☺

BUS REQUEST FORM FOR UPK-4 STUDENTS

PERMAMENT Weekly Transportation Schedule

(If this information changes throughout the school year, it is **your responsibility** to fill out a new form.)
 (Please fill out a separate form for **EACH** child.)

Student Name: _____ Grade: _____
 Parent Name: _____ Teacher Name: _____
 Home Address: _____ Telephone #'s: (home) _____
 _____ (work) _____
 Home Bus Number (if known): _____ (cell) _____

Please Note: Daily bus passes are accepted for emergencies only. Please strive for consistency and safety.

EVERY MONDAY	EVERY TUESDAY	EVERY WEDNESDAY	EVERY THURSDAY	EVERY FRIDAY
A.M. Pick-Up: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	A.M. Pick-Up: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	A.M. Pick-Up: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	A.M. Pick-Up: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	A.M. Pick-Up: Bus # _____ Name/Location: _____ _____ _____ Phone: _____
P.M. Drop Off: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	P.M. Drop Off: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	P.M. Drop Off: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	P.M. Drop Off: Bus # _____ Name/Location: _____ _____ _____ Phone: _____	P.M. Drop Off: Bus # _____ Name/Location: _____ _____ _____ Phone: _____

Effective Date: _____ Parent Signature: _____ Today's Date: _____

STUDENT HEALTH HISTORY/ CATO MERIDIAN CENTRAL SCHOOL

Name: _____ Birthday: _____ Grade: _____

Individual providing health history: _____ Today's date: _____

History:

Were there any issues during pregnancy, labor and/or delivery for this child? Yes No

If yes, please describe: _____

Does this child have an ongoing health concern? (asthma, diabetes, seizures, etc.) Yes No

If "yes", please describe: _____

Does this child have any allergies? (medicine, food, environmental, insect) Yes No

If "yes", please list: _____

Has the allergy required emergency treatment? Yes No

If "yes", please explain: _____

Are the child's immunizations up to date? Yes No

Additional immunizations required: _____ given? _____

Is there a history of any hospitalizations, significant injuries or surgery? Yes No

If "yes", please describe: _____

Are there any current medical concerns/injuries? Yes No

Head _____ Eyes _____ Nose _____

Ears _____ Throat _____ Neck _____

Chest _____ Respiratory _____

Cardiovascular _____ Gastrointestinal _____

Genitourinary _____ Neurological _____

ADD/ADHD _____ Musculoskeletal (fractures, scoliosis) _____

Other _____

Does this child take any medication regularly at home? Yes No

If "yes", please list: _____

Does this child require any medication at school? Yes No

If "yes", please list: _____

** A doctor's prescription, your permission, and a labeled pharmacy container with the medication is required for medication to be given at school. Please see School Nurse for paperwork.*

List any significant medical concerns in family:

Mother _____ Father _____

Siblings _____ Grandparents _____

Other _____

In the event of a medical emergency, which hospital do you prefer your child to be transported

to? _____ May we contact nearest doctor in an emergency as well? _____

PLEASE INCLUDE ANY ADDITIONAL OR PERTINENT INFORMATION ON BACK OF THIS FORM