



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Office of the Registrar

24 Sunset Boulevard, Coxsackie, New York 12051-1199

518-731-1702 Fax 518-731-1729

Email: slatera@cacsd.org

Andrea Slater, Central Registrar

Welcome to the Coxsackie-Athens Central School District

Registration for all new students will take place at the District's Registrar's Office located at:

24 Sunset Boulevard, Coxsackie, New York 12051

Hours of Registration are by appointment

Please call for appointment.

518-731-1702

The following documentation is required in order to enroll your child for school in the Coxsackie-Athens Central School District:

- ➡ **Proof of Residency:** Three (3) proofs of residency within the school district that include the name and address of a parent or guardian and are dated within the previous 30 days.
Documents accepted: executed lease agreement, executed purchase offer agreement, tax bill, rental agreement, mortgage statements, utility bill-{gas, oil, electric, telephone, cable, etc}, income tax return,)
- ➡ **Proof of Date of Birth:** Your child's original birth certificate or passport
- ➡ **Immunization Record / Physician Health Form / Dental Form:**
***Please see link under Health Documents Forms may be found at www.cacsd.org → district services → health services
- ➡ **Picture I.D. of the Parent/Guardian:** (drivers license, non driver I.D.)
- ➡ **Custody Papers:** if applicable are required

Academic records, including transcripts, recent report cards and any **Special Education Plan** should be presented at registration. If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign consent for the release of special education records so that special education services can begin as soon as possible.

Permission to Publish Student Pictures

At times throughout the school year we may publish student pictures in newspaper articles, school newsletters or on our website. If you **DO NOT** want your child's picture published, please notify the school district at 731-1710 or e-mail applegatej@cacsd.org

Registrar Fax: 518-731-1729/ Email: slatera@cacsd.org



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Date _____ Grade Entering _____

Student Name _____ Gender _____

Date of Birth _____ Place of Birth _____ Country (if not US) _____

Home Address _____ City _____ State _____ Zip _____

Transportation Info: Brief description of residence including color and type of house.

Mailing Address (if different) _____

Race (choose all that apply) _____ Asian _____ Black _____ Native American/Native Alaskan _____ White _____ Pacific Islander

Ethnicity: Is the child of Hispanic origin? _____ Yes _____ No

Dominant Home Language _____ ENL _____ Yes _____ No

Does the Student have Special Education/Individualized Education Plan (IEP) or (Section 504) services _____ Yes _____ No

Family Status _____ Married _____ Separated _____ Divorced _____ Single Parent

If parents are separated who has residential custody of the child _____

Name of last school attended _____

Address of last school attended _____

If in High School: date entered 9th grade _____

Has student ever attended Coxsackie-Athens? _____ yes _____ no last grade completed here _____

Parent/Guardian Information

Parent/Guardian Name _____ Contact Priority _____

Relationship to student _____ Email Address _____

Telephones and Call Order
Home _____ 1 2 3 Cell _____ 1 2 3 Work _____ 1 2 3

Address (if different than student) _____

Parent/Guardian Name _____ Contact Priority _____

Relationship to student _____ Email Address _____

Telephones and Call Order
Home _____ 1 2 3 Cell _____ 1 2 3 Work _____ 1 2 3

Address(if different than student) _____

Emergency Contact Information-Other Than Parent/Guardian:

1. Name _____ Relationship to child _____ Gender _____

Resides in Same Household ____ Yes ____ No

If different household:

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

2. Name _____ Relationship to child _____ Gender _____

Resides in Same Household ____ Yes ____ No

If different household:

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Other Children Who Reside in Household

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

I declare under penalty of perjury under the laws of the State of New York that I have read and understand the information contained in this registration application and that my response and any accompanying attachments are true and correct.

Parent/Guardian Signature _____ Date _____

Please return all forms to Registrar in District Office at 24 Sunset Blvd Cocksackie NY 12051

Information collected by (name of Registrar) _____ Date _____



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Office of the Registrar

24 Sunset Boulevard

Coxsackie, New York 12051-1199

518-731-1702 Fax 518-731-1729

Email: slatera@cacsd.org

Andrea Slater, Central Registrar

Records Request Form

Student Information

Last Name, First Name, MI

_____ is registering in the Coxsackie-Athens Central School District.

____/____/____
Date of Birth

As parent/legal guardian, I hereby authorize the Coxsackie-Athens Central School District to obtain any and all information or records including but not limited to: academic, psychiatric, psychological, medical, social, discipline or guidance materials on the student above. I authorize the release of supplemental information, over the phone or in writing, to any member of the Coxsackie-Athens Central School District Admission Staff.

(Previous School Name)

(Parent /Guardian Signature)

(Address)

(Parent/Guardian Printed Name)

(City) (State) (Zip)

(Date)

(School Telephone) (School Fax)

Enrollment Dates _____

Attention Previous District ...

SCHOOL USE ONLY

Please forward the following specific documents:

☐ Birth Certificate ☐ Custody Paperwork ☐ IEP / 504

☐ Last Physical ☐ Immunization Records ☐ Dental _____

Note to previous school: Please send all student records, including student's IEP or 504 (if appropriate), custody paperwork (if appropriate), to:

☐ Coxsackie-Athens High School

Fax 518-731-1892

☐ Coxsackie-Athens Middle School

Fax 518-731-1869

☐ Special Education Office

Fax 518-731-1820

☐ Coxsackie Elementary School

Fax 518-731-1785

☐ Edward J Arthur Elementary School

Fax 518-731-1765

☐ Registrar - Fax 518-731-1729

Email: slatera@cacsd.org

Registrar use only: Date & Time faxed to previous school _____ Student ID # _____

Notes: _____



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Health Office Emergency Information

Student: _____ **Date of Birth:** _____ **Grade:** _____
(LAST) (FIRST)

1. Parent/Guardian: _____ **Phone 1:** _____ **Phone 2:** _____

2. Parent/Guardian: _____ **Phone 1:** _____ **Phone 2:** _____

Emergency Contacts – Other than parent/guardian to call if pupil becomes ill or injured while at school and parent/guardian cannot be reached. Authorization is given to release student to the individuals listed below.

1. _____
Name Relationship Phones

2. _____
Name Relationship Phones

It is understood that in a final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian as indicated above will be respected as far as possible.

Health Conditions

Health Condition	Check if Yes	Health Condition	Check if Yes
ADD/ADHD		Diabetes – Type 1	
Anxiety Disorders		Diabetes – Type 2	
Asthma		Epilepsy/Seizures	
Autism Spectrum Disorder		Gastrointestinal Problems	
Cardiac/Heart Condition		Hearing Loss	
Contacts/Glasses		Mental Health Condition	
Depression		Migraines	

If Yes, please explain (use additional sheets if necessary) Please note any health condition not listed above:

Allergies ☐ food ☐ environmental ☐ insect ☐ medication ☐ other

Allergy	Reaction	Treatment

I give permission for this information to be shared with appropriate school personnel involved with my child to insure their health and safety.
Physician: _____ Phone Number: _____

Medications - Taken Both At Home and at School

Any medication (including over the counter) taken in school require a note from the physician and the parent.

Name	Dose	Time Administered

I give permission for the school nurse to discuss necessary information regarding my child's medical care with the health care provider.

Parent/Guardian Signature: _____ Date: _____

Forms may be found at www.cacsd.org → district services → health services



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
☐ Male ☐ Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name		
First Name		
Relation to		

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	_____ specify
2. What was the first language your child learned?	☐ English	☐ Other	_____ specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	_____ specify
	☐ Guardian(s)		_____ specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____ specify
5. What language(s) does your child speak?	☐ English	☐ Other	_____ specify ☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other	_____ specify ☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other	_____ specify ☐ 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* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ 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: ☐ Parent ☐ 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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

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 Coxsackie-Athens Central School District	School Name
--	--------------------

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).
- ✓ 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:
