North Colonie Central Schools

Office of the Registrar 91 Fiddlers Lane Latham, NY 12110

Phone: (518) 785-8591, x3135 Fax: (518) 783-0471 <u>www.northcolonie.org</u>

Dear Registering Family:
Welcome to the North Colonie Central School District!
Attached are the forms necessary to register your child(ren) for CPSE. Please fill them out completely providing all requested information. If you need assistance in completing the forms, please call us to discuss.
Please read the "Registration Checklist" carefully! This sheet lists all the required documents needed to register for CPSE services.
Upon completing all of the necessary forms, please either fax them to (518) 783-0471 or email to Courtney.dicocco@nccsk12.org .
Sincerely,
Central Registrar

North Colonie Central Schools

REGISTRATION CHECKLIST

Items required at time of registration:

One of the following:

Deed or Mortgage

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Current Rental Lease Agreement

- A copy of a residential lease; deed; or mortgage statement;
- A statement by 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 third party establishing the physical presence of the parent(s)/guardian(s) in the school district

Contract to Build/Buy a Home

(For September entrance into current school year only)

In the absence of the above, the following forms of documentation shall be considered for the purposes of determining residency; *(Documents must be current and originals. We will copy and return the original to you at your appointment.)

- Pay stub from Employer;
- Income Tax Form;
- Utility or other bills:
- Membership documents based on residency (ex: library card)
- Voter Registration documents;
- Official driver's license, learner's permit or non-drive ID;
- State or other government issued ID;
- Documents issued by Federal, State or Local Agencies;
- Evidence of custody of the child(ren), including but not limited to judicial custody orders or guardianship papers

Documentation Necessary to Establish Student Age:

In addition to the foregoing documentation, the School District requires appropriate documentation sufficient to establish the age of the child(ren) being registered. The following documentation will be required at the time of registration:

- Certified transcript of a birth certificate or record of baptism; or if not available;
- A passport (including foreign passport)

North Colonie Central Schools

REGISTRATION CHECKLIST

If the foregoing documentation is not available to prove age, the School District will consider other documentary evidence, including but not limited to:

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

If relevant, additional documentation needed for school information:

- IEP (Individualized Education Plan) from previous school district
- Section 504 documentation from previous school district
- Last report card for placement purposed

Additional Information:

A health physical must be provided in order to attend school. The exam must have been performed within the 12 months prior to the child's start date in our school district. If a physical has not been performed, you are allowed 30 days from the start of school to obtain one. "The Health Certificate/Appraisal Form" is provided for your doctor's use. Please note that the most current immunization records are REQUIRED in order to register your child(ren).

Please have all enclosed forms completed prior to your registration appointment for efficiency.

North Colonie Central School D 91 Fiddlers Lane Latham, NY 12110	For School Use ONLY - to be completed by office personnel only. Registrar's Init School Attend
Pupil Registration	Student ID# Household Cd
(Please print <u>neatly</u> and complete all information)	Start Date Homeroom
	Grade Level Counselor
	Data Entered By — Date — Date
<u> PART I</u>	j.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Student Information	
Please fill in the information below as it appears on th	e student's birth certificate
First Name: Middle Name:	Last Name: Suffix
Address Information Residential 911 Street Address (Required) House/Building # Street Name City State Mailing Address (if different) House/Building/PO# Street Name City State	Apt #
Daycare Transportation	•
Will your child need transportation to and from a daycare provide (NOTE: Agreement to provide transportation to and from daycare (NOTE: If "Yes", a separate request for daycare transportation mu Department. Forms are available from the Registrar, or may be	st be submitted directly to the Transportation
Support Services Has your child received special education service(s) or accommo	dation(s) through an:
Individual Education Plan (IEP)? Yes No	
Section 504 Plan Only? Yes No	

Last Updated: March 2018

rupii Registration (page 2)		Stude	nt Name:				
Please print <u>neatly</u> and complete all information	n)						
<u>- PART II</u>							
		•					
dousehold Information (Please read care	efully and a	answer all sec	tions.)				
Primary Household Information (non-cust	todial pare	nt/guardian	information is en	tered on	a different	form)	
arent/Guardian/Person in Parental Relationship	Information	(living at Prima	ry Household)				
First parent/guardian							
Relationship to student:							
<u> </u>	<u> </u>	٦					
First Name:		Last Name:			 	Suffix	
Home Phone#:	Cell#:			Work#:			
				. I.			
Phone numbers with extensions will not work wit	h our auto-di	aler system. Do l	NOT list phone numb	ers with ex	tensions.		
Second parent/guardian: (living at Primary Hot	usehold)	Note: If sec	ond parent/guardian	does not li	ive with the c	hild,	
			plete this section.	1			
passassassassassassassassassassassassass							
Relationship to student:							
First Name:		Last Name:				Cuffix	
FIST NAME.		Last Name.				Suffix	
Cell Phone#:	Work#:						
DI		-1- u	107 8-4 -1				
Phone numbers with extensions will not work with	n our auto-di	aler system. Do i	NOT list phone numb	ers with ext	ensions.		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I agree that all information answered above is acc	urate and ack	nowledge that f	alse information may	result in de	nial of admis	sion or rev	ocation.
Parent/Guardian Signature:			Date:		/	/	
				(mm)) (dd)		уууу)
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Pupil Registration (page 2)

You may either e-mail this complete form to the Central Registrar of the North Colonie CSD or print this completed form and bring it with you to your registration appointment with the Central Registrar of the North Colonie CSD.

(please note, if you e-mail the form, you will still need to set up an appointment to meet with the Central Registrar of the North Colonie CSD to complete the registration of your child.)

North Colonie Central School District For School Use ONLY - to be completed by office personnel only. 91 Fiddlers Lane Latham, NY 12110 Registrar's Init. School Attend Pupil Demographic Information Student ID# Household Cd (Please print neatly and complete all information) Start Date Homeroom Grade Level Counselor Data Entered By -- PART I --Student Information Please fill in the information below as it appears on the student's birth certificate Middle Name First Name: Suffix Last Name Gender: Date of Birth Nickname: State/Province Nation: Place of Birth: City No OFFICE USE ONLY: U.S. C BC: Yes Race/Ethnicity Category: Please answer questions (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. 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 2.) Select one or more races from the following five racial groups [For question (2) Check ($\sqrt{1}$) all groups that apply to your child; check ($\sqrt{1}$) at least ONE box.]: AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original people 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 the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, 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 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.

Pupil Demographic Information (page 2)	Student Name:
(Please print <u>neatly</u> and complete all information)	
Living Arrangements: (Please check only one.)	
☐ In permanent housing	
In a shelter	
In a hotel/motel	
[In a car, park, bus, train, or cam	ncita
	
	son because of loss of housing or as a result of economic hardship (sometimes
Other temporary living situation	(Please describe):
Immigration data:	
Has the student emigrated from another country into the U.S.?	Yes No
F	
First day in U.S. schools (continuous enrollment)	
Support Services	
Primary language spoken at home (list only one):	
Timaly language spoken at nome (list only one).	<u></u>
Has your child been identified as Limited English Proficient or evo	er received English as a Second Language services?
Is the student the child of migrant workers?	Yes No
Is the student in Foster Care?	Yes No
le the ctudent a child of a negative or quarties where it	
Is the student a child of a parent or guardian who is a member of the Armed Forces and on full-time Active Duty?	Yes No
(Army, Navy, Air Force, Marine Corps, Coast Guard or full- time National Guard)	

Pupil Demographic Information (page 3)	Student Name:	_
(Please print <u>neatly</u> and complete all information)		
<u> PART II</u>		
Household Information (Please read carefully and	answer all sections.)	
Primary Household Information (non-custodial par	rent/guardian information entered	d on page 4)
Parent/Guardian Information (living at Primary Household	d)	
First parent/guardian		
Relationship to student:		
First Name:	Last Name:	Suffix
Do you have legal custody of the student being registered?	Yes No	
Do you have primary physical/residential custody of the child	? Yes No	
Second parent/guardian: (living at Primary Household)	Note: If second parent/guardian do	
Relationship to student:	¹ do not complete this section; instea	a, enter this information on page 4.
First Name:	Last Name:	Suffix
Do you have legal custody of the student being registered?	Yes No	
Do you have primary physical/residential custody of the child	? Yes No	
Sibling Information (Birth through Grade 12) (If you need	d more space, please attach an additional	sheet of paper.)
Sibling #1 Name:	Gender: M	Date of Birth
Grade Level: School to Attend:		Student ID#
Sibling #2 Name:	Gender: M	Date of Birth
Grade Level: School to Attend:		Student ID#
Sibling #3 Name:	Gender: M	Date of Birth
Grade Level: School to Attend:		Student ID#

Pupil Demographic Information (page 3)

Pupil Demographic Informat	ion (page 4)	Student Name:				
(Please print <u>neatly</u> and complete	all information)	***************************************				
Secondary Household Informa	ation (if applicable)		•			
Parent/Guardian Information (NG	OT living at Primary Household)					
Can pick up student? Yes	No (court order must be prov	ided) Relationship to	student:			
First Name:	La	st Name:			Suffix	
Home Phone#:	Cell#:		Work#:			
Phone numbers with extensions w	Il not work with our auto-dialer s	stem. Do NOT list phone nu	mbers with exter	nsions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address Information						
House/Building/PO#	Street Name				Apt#	
City	State	Zip				
School Information						***************************************
-						
Has the student attended a North (Colonie CSD public school before?	Yes No				
If yes, what year?	If yes, what school did the	y attend?				
School transferring from:					****	
School Address:						
Date first entered 9th Grade: (High	School students ONLY)					***************************************
Reason for leaving:						
Has the student ever been expelled	from school? Yes No					
If yes, please give details:						

NOTE: When a family moves from to courses and grades earned will be student data, however, requires wr	sent to any college or employer w					
I agree that all information answere	ed above is accurate and acknowle	dge that false information n	nay result in deni	al of admission	on or revoc	cation
Parent/Guardian Signature:		Date	:	/	/	
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