

**NISKAYUNA CENTRAL SCHOOLS
NEW ENTRANT SCREENING CHECKLIST**

TO BE COMPLETED BY STUDENT/PARENT:

Student's Full Name: _____

Date of Birth: _____

Legal Address: _____

Telephone: _____

Parent(s)/Guardian(s): _____

Relationship(S) To Student: _____

TO BE COMPLETED BY REGISTRAR:

SCHOOL AND GRADE ENTERING: _____ GR: _____

STARTING: _____

_____ Copy of Birth Certificate

_____ Proof of Residency Provided: _____
(deed, approved purchase offer, lease, or approval from District Office)

_____ Completed New Student Data Sheet

_____ Referred to Student Support Services: Reason: _____

Checked by: _____ Date: _____
Signature of Registrar

TO BE COMPLETED BY SCHOOL PERSONNEL:

_____ Completed Registration Card(s)

_____ Previous School Records Reviewed (check those which apply)

- Report Cards/Transcript
- Test Scores
- Contact with Previous School

_____ Screened for special needs:

- Health: Referred to School Nurse (yes / no)
- Gifted (Acceleration/Enrichment)
- Remediation
- Other (describe briefly): _____

Screened by: _____ Date: _____
Signature of Principal/Counselor

_____ Original to student permanent folder

_____ Yellow copy to Transportation

_____ Additional copy to nurse/CSE if referral(s) are made