

CPSE REGISTRATION

FOR	OFFICE	. USE C	INLT:	

FOR OFFICE USE ONLY:	
Student Name:	
Student Number: Gen:	
Family Number: Grade:	
School:	
Start Date: Grad Year:	•
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along with any custody	
ng to registrar@niskyschools.org,	
Monday through Friday from	
ır forms in. You will receive an	

Please be sure to submit the supporting documentation below with your registration forms documentation if applicable. Please submit your completed paperwork by scanning/emailir by dropping them off at the District Office which is located at 1430 Balltown Rd and is open or 8:00am until 4:00pm. There is a locked mailbox just inside the door that you can place you email from the Registrar's Office if anything is missing.

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Proof of I	Residence	e (Must subn	nit a mini	mum of 2, one	from	Row A and one fr	om F	Row B)				
Row A	Signed Mortgage Sta	Lease OR tement		meowners OR Insurance Bill	Deed	Closing Statement (OR	Con	tract of	Sale		Property Tax Bill/Receipt
	Utility or other bills Income		ome Tax	Membership documents based on residency			Voter Registration documents			Local, State or ernment issued ID uments		
Row B	Pay Stu	ıb	license, le	cial driver's earner's permit iver identification	third-	Sworn Statement by party (landlord, etc.)		Evic Child (cus guardians	tody ord	,	by R	Other (Must be approved Registrar before submittal)
Proof of	Birth (Must	submit one o	of the foll	owing)	1—	_	7=	_		<u> </u>		
Birth Ce	ertificate	Passpor	t L	Driver's License	iden	School photo stification card with e of birth	lde	Consulntification				te or Government issued rds or documents
Military didentification of	dependent card	Hospital health records	Ame	Native erican tribal uments		Court orders or er court issued uments	volu	Record		non-profit inte	ernati	ional aid agencies and
Proof of	Parental F	Relationsh	i p (Mus	t submit one o	f the	following)						
Birth Ce	ertificate & pare	ent photo ID		Court cust	ody d	locuments & custodia	an pho	oto ID	Шв	aptismal cer	tificat	te & parent photo ID
Court ac	dontion docum	ents & parent p	hoto ID	Court qua	rdians	ship documents & gua	ardiar	nhoto ID		otarized affic	lavit (of emancipation
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Student	Support S	ervices										
Release	e Forms											
	E SURE TH		THE A		IREI	MENTS HAVE BE	EEN	MET BI	FORE	E SUBMIT	TAL	
						Ri	EGIS	TRAR'S	SIGN	ATURE		
						Di	ATE					
						Z	ONE					



Child's Name							
Primary Phone Number	Male Female						
Last Grade Completed	Grade Entering						
Child's Permanent Address							
Mailing Address (if different from above)							
Date of Birth Place of Birth							
Last School Attended							
Address of Last School	-						
Name of Parent/Guardian #1	Relationship:						
Address (if not the same as above)							
Cell Phone Email Address	Preferred Language:						
Name of Parent/Guardian #2 Relationship:							
Address (if not the same as above)							
Cell Phone Email Address	Preferred Language:						
Please list all other children in the home (Birth to Age 18	9):						
Name Gender Birthda	te School						



Child's Name:			
Gender: Male Female	Date of Birth:		Grade:
Address:		Phone: _	
The answer you give below will help the distriable to receive under the McKinney-Vento Ac McKinney-Vento Act are entitled to immediate documents normally needed, such as proof obirth certificate. Students who are protected unfree transportation and other services.	et. Students who are le e enrollment in school of residency, school re	protected under the ol even if they don't l ecords, immunizatio	have the n records, or
Where is the student currently living? (Please	check one)		
In a shelter With another family or other person be hardship (sometimes referred to as "of In a hotel/motel In a car, park, bus, train or campsite Other temporary living situation (Plea	doubled up")	•	
In permanent housing			
Print name of parent, guardian or student (for	unaccompanied hor	meless youth)	
Signature of parent, guardian or student (for	unaccompanied hom	neless youth)	
Date			



Name of Child (Last, First, Middle):			
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Name of Child (Last, First, Middle):
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. Check the box that best describes your child. Check only ONE box.
☐ YES, Hispanic ☐ NO, not Hispanic
2. Select one or more races from the following five racial groups. For question (2) check all that apply to your child. Check AT LEAST one box.
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 the 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 peoples 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:
Relationship: Date:

TO THE PARENT/GUARDIAN: In accordance with Federal guidelines, the Niskayuna Central School District is collecting and recording the ethnic identity of students using Federal categories and definitions. All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status. This information will be used to:

- -Report Information to the State and Federal Education Departments
- -Plan educational programs and make sure that they are readily available to all students
- -Analyze differences in academic performance, attendance and completion of school

Please review the above information and be sure that you have checked the boxes that best describe your child. The Niskayuna Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

This form will be filed in the student's permanent record as confidential information. The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized disclosure access to student records and unauthorized release of any student record information identifiable by student name and student identification number