



NEW STUDENT REGISTRATION

FOR OFFICE USE ONLY:

Student Name: _____

Student Number: _____ Gen: _____

Family Number: _____ Grade: _____

School: _____

Start Date: _____ Grad Year: _____

Please be sure to submit the supporting documentation below with your registration forms along with any custody documentation if applicable. Please submit your completed paperwork by scanning/emailing to registrar@niskyschools.org, or by dropping them off at the District Office which is located at 1430 Balltown Rd and is open Monday through Friday from 8:00am until 4:00pm. There is a locked mailbox just inside the door that you can place your forms in. You will receive an email from the Registrar's Office if anything is missing.

Proof of Residence (Must submit a minimum of 2, one from Row A and one from Row B)					
Row A	☐ Signed Lease OR Mortgage Statement	☐ Homeowners OR Renter's Insurance Bill	☐ Closing Statement OR Deed	☐ Contract of Sale	☐ Property Tax Bill/Receipt
Row B	☐ Utility or other bills	☐ Income Tax	☐ Membership documents based on residency	☐ Voter Registration documents	☐ Local, State or Government issued ID documents
	☐ Pay Stub	☐ Official driver's license, learner's permit or non-driver identification	☐ Sworn Statement by third-party (landlord, etc.)	☐ Evidence of Custody of Child (custody orders, guardianship papers, etc.)	☐ Other (Must be approved by Registrar before submittal)

Proof of Birth (Must submit one of the following)					
☐ Birth Certificate	☐ Passport	☐ Driver's License	☐ School photo identification card with date of birth	☐ Consulate Identification card	☐ Local, State or Government issued identification cards or documents
☐ Military dependent identification card	☐ Hospital or health records	☐ Native American tribal documents	☐ Court orders or other court issued documents	☐ Records from non-profit international aid agencies and voluntary agencies	

Proof of Parental Relationship (Must submit one of the following)		
☐ Birth Certificate & parent photo ID	☐ Court custody documents & custodian photo ID	☐ Baptismal certificate & parent photo ID
☐ Court adoption documents & parent photo ID	☐ Court guardianship documents & guardian photo ID	☐ Notarized affidavit of emancipation

Medical (Must submit at time of Registration)
☐ Immunization Records

PLEASE BE SURE THAT ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET BEFORE SUBMITTAL

FOR OFFICE USE ONLY: Services: _____

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REGISTRAR'S SIGNATURE _____

DATE _____

ZONE _____



FOR OFFICE USE ONLY:

Student Name: _____

Student Number: _____ **Gen:** _____

Start Date: _____ **Grade:** _____

School: _____

Services: _____

Student's Name _____

Primary Phone Number _____ ☐ Male ☐ Female

Last Grade Completed _____ Grade Entering _____

Student'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 _____ Preferred Language: _____

Email Address _____

Name of Parent/Guardian #2 _____ Relationship: _____

Address (if not the same as above) _____

Cell Phone _____ Preferred Language: _____

Email Address _____

We have a form available which can be completed if there is another address that you would want school mailings sent (e.g. second parent.) Would you like a copy of this form? ____ Yes ____ No

Please list all other children in the home (Birth to Age 18):

Name	Gender	Birthdate	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Please list 3 Emergency Contacts (other than parents)

Contact #1: Name _____ School Pick Up: ☐ Yes ☐ No

Phone Number: _____ Relationship _____

Contact #2: Name _____ School Pick Up: ☐ Yes ☐ No

Phone Number: _____ Relationship _____

Contact #3: Name _____ School Pick Up: ☐ Yes ☐ No

Phone Number: _____ Relationship _____

Has your child ever received **Special Education Services**? ____ Yes ____ No

Does your student have an **Individualized Education Program (IEP)**? ____ Yes ____ No

Does your student have a **504 Plan**? ____ Yes ____ No (If yes, please include a copy upon submittal of paperwork)

What language(s) are spoken in the students' home or residence? ☐ English ☐ Other: _____

What was the first language your child learned? ☐ English ☐ Other: _____

What is the Home Language of each parent/guardian?

☐ Parent 1: _____ ☐ Parent 2: _____ ☐ Guardian: _____

What language is your preferred method of communication: _____

What language(s) does your child understand? _____

What language(s) does your child speak? _____ ☐ Does not speak

What language(s) does your child read? _____ ☐ Does not read

What language(s) does your child write? _____ ☐ Does not write

Signature of **Parent/Guardian**: _____ Date: _____

----- **FOR OFFICE USE ONLY** -----

Name/Position of Qualified Personnel Reviewing and Conducting Individual Interview:

Oral Interview Necessary: ☐ Yes ☐ No

Name: _____ Position: _____

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*Please be sure to complete the contact name and email address below. Failure to do so **will result in a delay** to your child's registration process. If you are unsure of this information, please call your child's previous school and they will be able to assist you.*

Today's Date: _____ Expected Start Date at Niskayuna School: _____

Student's Name _____ Grade _____

I hereby request and authorize _____
Name of school from which you are transferring

Name of person to contact

Email address of contact

City and state of previous school

Signature of Parent/Guardian

Please send the following information to Niskayuna Central Schools:

TO BE COMPLETED BY PREVIOUS SCHOOL:

1. Academic Records (transcript of grades, including current grades from last marking period to withdrawal date)

2. English as a New Language:

Did this student receive services? ____ Yes ____ No If yes, please circle the proficiency level:

ENTERING

EMERGING

TRANSITIONING

EXPANDING

COMMANDING

3. Standardized test results (please include Competency testing if student is from another New York State school)

----- FOR NISKAYUNA REGISTRAR USE ONLY -----

Please send the information listed above to:

____ **Birchwood Elementary School:** BirchwoodESRecords@niskyschools.org

____ **Craig Elementary School:** CraigESRecords@niskyschools.org

____ **Glenclyff Elementary School:** GlenclyffESRecords@niskyschools.org

____ **Hillside Elementary School:** HillsideESRecords@niskyschools.org

____ **Rosendale Elementary School:** RosendaleESRecords@niskyschools.org

____ **Iroquois Middle School:** Iroquois MSRecords@niskyschools.org

____ **Van Antwerp Middle School:** VanAntwerpMSRecords@niskyschools.org

____ **Niskayuna High School:** NiskayunaHSRecords@niskyschools.org

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Student Name: _____

Gender: Male _____ Female _____ Date of Birth: ____ / ____ / ____ Grade: _____

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)

- _____ 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



Name of Student (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.

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Please give any information you feel would be helpful about your child:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Name: _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Parent/Guardian #2: _____ Phone: _____

Family Physician/Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital (in case of emergency) _____

Growth and Development

Birth weight: _____ Delivery (normal or premature): _____ Walked at age: _____ Talked at age: _____

Check if your child had had any of the following:

- | | | |
|---|--|--|
| ☐ Chicken pox | ☐ Measles | ☐ Scarlet Fever |
| ☐ Diphtheria | ☐ Pneumonia | ☐ Tuberculosis |
| ☐ German Measles | ☐ Poliomyelitis | ☐ Whooping Cough |
| ☐ Mumps | ☐ Pneumatic Fever | ☐ Contact with TB |

Check if your child has a history of any of the following:

- | | | |
|--|--|--|
| ☐ Asthma or allergies | ☐ Eye Condition | ☐ Frequent colds/sore throats |
| ☐ Epilepsy | ☐ Ear Condition | ☐ Diabetes |
| ☐ Heart Disease | | |

Please indicate if your child is under treatment for any conditions and describe:

Please indicate if there is a history of any hospitalizations, significant injuries or surgery and describe:

Please indicate if your child has any allergies and describe:

Medications

Is your child on any daily medications: Yes _____ No _____

Medication 1: _____ Taken for: _____ Dose: _____ Keep in Nurse's Office? _____

Medication 2: _____ Taken for: _____ Dose: _____ Keep in Nurse's Office? _____

Medication 3: _____ Taken for: _____ Dose: _____ Keep in Nurse's Office? _____

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