



RAVENA-COEYMANS-SELKIRK CSD • PO Box 100, 15 Mountain Rd, Ravana, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-4561

School Year: _____	<b>RCSCSD STUDENT ENROLLMENT FORM</b>	Date Received: _____
Anticipated Start Date: _____		Date Enrolled _____

Student Name: \_\_\_\_\_ Gender:  M  F  
First Middle Last

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year when student first entered Grade 9 (if applicable): \_\_\_\_\_

Please check if applicable:  Student is currently enrolled in preschool, private or home school through RCS.  
 Student's sibling or parent attends, previously attended, or is/was employed by RCS.  
Name(s): \_\_\_\_\_

**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.**

Please check if any of the following apply to your child's living situation:

- My child and I are living with a friend, relative, or someone else because we lost our home and cannot afford housing.
- My child and I are staying in a hotel, motel or seasonal campground due to lack of alternative housing accommodations.
- My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.
- My child and I are taking shelter in a vehicle, abandoned building, or public place unintended for sleeping accommodations.
- My child is living with an adult that is not their parent or legal guardian due to family homelessness.
- My child and I are have no fixed location for shelter and are moving from place to place.
- My child and I are living in housing that is lacking running water or electricity.
- I am a student living with a friend, non-parental relative, or someone else because I have been abandoned or denied housing by my parent/legal guardian.

**If you have checked any of the above boxes, please STOP completing this form and contact the registrar (518-756-5200 x6014) for support while registering your child.**

None of the above scenarios apply. My child and I are living in a fixed, regular, and adequate residence.

**Student Residence**

Physical Address: \_\_\_\_\_  
Street (& Unit, if applicable) City State Zip

Mailing Address, if different: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ *If there is no landline phone, this may be left blank.*

**Parent/Guardian & Contact Information**

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Last

*Please note: the Primary Contact MUST live with the child at the residence above and have custodial rights.*

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Other adult contacts living at the SAME address as the child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Allow this person to pick up child:

Contact this person in the event of an illness or other emergency, if primary contact is unavailable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Allow this person to pick up child:

Contact this person in the event of an illness or other emergency, if primary contact is unavailable:

**Non-Custodial Parents and Emergency Contacts living at a DIFFERENT address:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact this person in the event of illness/emergency, if primary contact is unavailable:  Allow this person to pick up child:

Send student-related communications to this person:  Mailing address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact this person in the event of illness/emergency, if primary contact is unavailable:  Allow this person to pick up child:

Send student-related communications to this person:  Mailing address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact this person in the event of illness/emergency, if primary contact is unavailable:  Allow this person to pick up child:

Send student-related communications to this person:  Mailing address: \_\_\_\_\_

**If additional contacts are desired, please use a blank sheet and provide all relevant information as listed above.**

Please check this box if any parent or guardian is a member of the Armed Forces and is on Active Duty:

**Custody Information**

Please note: The Family Education Rights and Privacy Act (FERPA) requires that an educational agency or institution shall give full rights and access to information to **either parent**, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to matters as divorce, separation or custody that **specifically revokes these rights**.

Authority: 20 U.S.C. 1232g

Please check if any of the following apply to your child’s custody/guardianship situation:

- Parents/guardians are divorced/separated/never married and share **joint** custody.
- Parents/guardians are divorced/separated/never married and the registering parent has **sole** custody.
- Custody/guardianship has been transferred by the courts (including foster children).
- Custody/guardianship has been transferred by Caregiver Affidavit (not court-ordered).
- Student is a foreign exchange student.
- Student is emancipated.
- One or both parents on the birth certificate are **NOT** listed as contacts on this enrollment form.

Please briefly explain the reason the parent(s) is not listed as a contact, if not already noted above:

\_\_\_\_\_

\_\_\_\_\_

Is there legal documentation preventing the unlisted parent(s) from requesting educational information about the student?  Yes  No

There is an Order of Protection in place against the following individual(s): \_\_\_\_\_

Other custody arrangement not listed above. (Please describe, including any informal custody arrangements that are not documented by a court order.):

\_\_\_\_\_

\_\_\_\_\_

**NOTE: you must also provide documentation to the school district, and update the information regularly.**

Student lives with both natural/adoptive parents. None of the above custody situations apply.

**Parent Portal Access:**

Parents and guardians can sign up for Parent Portal access to view student attendance, schedules, contact information, and grades. Please list the contacts who should receive a Parent Portal account for this student. Each person will also need to complete a User Agreement Form.

Name	Relationship	Email address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Student Information**

Select all of following racial groups that apply to your child (must choose at least one):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Is the student Hispanic, Latino, or of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish origin?  Yes  No

What language(s) is spoken in the student’s home or residence?  English  Other: \_\_\_\_\_

What is the first language your child learned?  English  Other: \_\_\_\_\_

What is the home language of each parent/guardian? Mother:  English  Other: \_\_\_\_\_

Father:  English  Other: \_\_\_\_\_

Other:  English  Other: \_\_\_\_\_

What language(s) does your child understand?  English  Other: \_\_\_\_\_

What language(s) does your child speak?  Child does not speak.  English  Other: \_\_\_\_\_

What language(s) does your child read?  Child does not read yet.  English  Other: \_\_\_\_\_

What language(s) does your child write?  Child does not write yet.  English  Other: \_\_\_\_\_

Please check any of the following services that your child currently receives, or has received in the past:

<b>Service</b>	<b>Dates of Service (Years)</b>	<b>Providing School(s)</b>
<input type="checkbox"/> Reading/Language Arts AIS	_____	_____
<input type="checkbox"/> Math AIS	_____	_____
<input type="checkbox"/> Science or Social Studies AIS	_____	_____
<input type="checkbox"/> Gifted and Talented Programming	_____	_____
<input type="checkbox"/> English as a Second Language	_____	_____
<input type="checkbox"/> Speech and Language Therapy	_____	_____
<input type="checkbox"/> Occupational Therapy	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Counseling (psychologist or social worker)	_____	_____
<input type="checkbox"/> 504 Plan	_____	_____
<input type="checkbox"/> Special Education (IEP)	_____	_____

*If checked, please select the setting that most closely fits your child’s most recent special education placement:*

- Consultant teacher
- Self-contained Classes
- Out-of-District (BOCES)
- Out-of-District (Private School)

Other: \_\_\_\_\_

My child has not received any of the above services.

**Student Health Information**

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check if your child has had any of the following:

- Chicken Pox  
 Measles  
 Mumps  
 German Measles/Rubella  
 Pneumonia  
 Scarlet Fever  
 Tuberculosis (TB)  
 Tuberculosis Contact  
 Frequent Colds  
 Frequent Sore Throats  
 Urinary Infections  
 Mononucleosis  
 Serious Injury or Operation(s): \_\_\_\_\_

- Cystic fibrosis  
 Anemia  
 Diabetes  
 Convulsions/Seizures:  
 with fever  
 without fever  
 Heart Disease  
 Heart Murmur  
 Kidney Disease  
 Rheumatic Fever  
 Asthma  
 Leukemia

Allergies:

- Bee Sting  
 Food: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Vision Problems  
 Speech Problems  
 Hearing Problems  
 Frequent Ear Infections  
 Tubes  
 Learning Disability  
 Orthopedic Condition  
 Cerebral Palsy

My child has not had any of the above

Please provide any additional details for conditions checked above, or any other special health considerations:

\_\_\_\_\_

\_\_\_\_\_

Please list any daily medications to be administered at school: \_\_\_\_\_

\_\_\_\_\_

**Yearly Physical/Well-Child Visit Information:**

***NYS Education Law requires that school districts collect a health appraisal form, or other certificate of a physical examination, completed within the past year, from any new students entering the district. If no physical has been conducted by the student's physician, the student's parent or guardian may authorize a screening to be conducted by the school physician or associated nurse practitioner.***

Please select one to indicate how you will fulfill this requirement:

- My child **was** examined by our family physician on \_\_\_\_\_ (date).
  - We have attached the health appraisal form or other certificate of physical examination.
  - We will return the health appraisal form or certificate of physical examination within 30 days by:
    - fax
    - email
    - in person
    - other: \_\_\_\_\_
- My child **will be** examined by our family physician on \_\_\_\_\_ (date), after which we will return the health appraisal form directly to school.
- I give permission to the school physician/nurse practitioner to conduct a health screening in school. (*Please note: this is not a full physical examination.*)

I verify that the above information is accurate to the best of my knowledge, and that I will notify the school nurse of any changes to my child's health or medical condition as soon as possible.