

Student Name: _____



Fort Edward Union Free School District Registration Packet

Dear Parents:

Please be sure you have **ALL** the required documentation **BEFORE** you submit your packet. Note: your child will **NOT** be able to start until we have all the required documentation on file.

Office Hours:

During School Year: 7:30 – 3:30 PM

Summer Hours: 7:30 – 2:00 PM

- Housing Questionnaire**
 - Registration/Census Form**
 - Health Office History Form**
 - Permission for Medical Treatment Form – Field Trips**
 - Consent to Bill Medicaid** (even if your child does not or will not qualify) Will need a copy of card, if qualified.
 - Student's Record Release Form** (for grades 1-12)
 - Home Language Questionnaire**
 - Free & Reduced Lunch Application** (optional – not required for registration)
 - Eligibility Screen for Migrant Education Services**
 - Birth Certificate** (if you have, please bring; if not, it will be requested from former school district)
 - Custody Papers** (if student does not reside with both natural parents)
 - Foster Care Letter** (if applicable)
 - Physician Completed Health Appraisal** (or immunization & latest physical)
 - Athletic Transfer Form** (for grades 7-12)
 - Proof of Residency** – you need one of the three approved proofs:
 1. **Current Lease** with your name(s), your address, and signature and contact information of the landlord
- OR -
2. **Current Fort Edward Tax Bill and/or Mortgage Statement** in your name(s) for the residence in which you reside
- OR -
3. **Signed and Notarized Residency Affidavit** (included), which lists all those living in the household, the landlord's name, contact information, and signature.
LANDLORDS SIGNATURE MUST BE NOTARIZED on the Residency Affidavit to be valid.

NO other proofs of residency will be accepted. Your child will not start, paperwork will not be accepted, and records will not be requested without proof of residency.

Please bring **completed** registration packet to the Superintendent's Office. Once it is confirmed that all necessary documentation has been received, the file will be passed on to the Guidance Department and they will contact you to set up a date and time to meet with you.

Any questions, please call the Superintendent's Office at (518) 747-4529 x3113.



Fort Edward Union Free School District Registration Form

STUDENT INFORMATION

First Name	/ /	Date of Birth	- -	Social Security #	Birthplace (City/State)	M	F
Is your child of Hispanic, Latino, or of Spanish origin? Ethnicity (Check all that apply) ✓ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native							

For school closings & other announcements what number(s) should we call: 1st _____ 2nd _____ 3rd _____ 4th _____

PARENT/GUARDIAN INFORMATION

FATHER:		MOTHER:	
First Name () Last Name () Home Phone () Work Phone () Phone call priority (1 - 3): Home _____ Work _____ Cell _____ Home Address _____ City, State, ZIP _____ Mailing Address (PO Box if applicable) _____	First Name () Last Name () Home Phone () Work Phone () Phone call priority (1 - 3): Home _____ Work _____ Cell _____ Home Address _____ City, State, ZIP _____ Mailing Address (PO Box if applicable) _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian Place of Employment _____		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Place of Employment _____	
Resides in household? <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Address _____		Resides in household? <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Address _____	
Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISTRICT INFORMATION

Grade Entering _____ If above 9th Grade, what date did you first enter 9th Grade? ____/____/____ Was the student previously enrolled in the District? Yes No
 Does your child receive special education services? Yes No What services does your child receive? _____

LAST SCHOOL ATTENDED			
Name of School	Address	Date Entered	Date Left
			Reason

EMERGENCY CONTACT INFORMATION <i>(Not parents or guardians—local contacts preferred)</i>			
Name	Relationship	Home Phone	Work Phone
1.		() () ()	() () ()
2.		() () ()	() () ()

OTHER CHILDREN IN FAMILY <i>(Please include younger siblings, even if not enrolled in school)</i>			
Full Name	School Attending & Grade	Birth Date	Full Name
1.			
2.			

WHO MAY PICK UP YOUR CHILD FROM SCHOOL OR FROM THE BUS

Please list the name(s) of people who have permission to pick up your child and/or get them off of the bus. We will not release your child to anyone who is not listed. If you would like to add or delete anyone from this list at any time you must do so in writing and send it in with your child or drop it off at the main office. No phone call additions are accepted.

(1) _____ (2) _____ (3) _____ (4) _____
 Ph. # _____ Ph. # _____ Ph. # _____

Please note: it is the responsibility of the parent to keep us updated of any and all changes to phone numbers and addresses. If your address changes you MUST provide us with new proof of residency. Your address will NOT change without this proof. Also, when providing us with a new phone number, please let us know if it is taking the place of a number that is no longer valid.



Fort Edward Union Free School District Health Office History Form

Student's Name: _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Best phone number to reach you during school hours: _____

Doctor's Name: _____ Dentist's Name: _____

Phone: _____ Phone: _____

Has your child ever had any of the following health problems? Please give the **DATE**.

Chicken Pox _____ **Mononucleosis** _____

Pneumonia _____ **Ear Conditions** _____

Frequent Colds _____ **Frequent Sore Throat** _____

For the following, please give the **DATE, Medications Taken, and any Special Needs or Reactions.**

Anemia: Date: _____ Medication(s) _____ Special Needs: _____

Diabetes: Date: _____ Medication(s) _____ Special Needs: _____

Epilepsy: Date: _____ Medication(s) _____ Special Needs: _____

Asthma: Date: _____ Medication(s) _____ Special Needs: _____

Allergies: Please specify _____

Date: _____ Medication(s) _____ Reactions: _____

Bee Sting Allergy: Date: _____ Medication(s) _____ Reaction: _____

ADD/ADHD/or other behavioral disorder: Please specify _____

Date: _____ Medication(s) _____ Reactions: _____

Anxiety or other emotional difficulties: _____

Date: _____ Medication(s) _____ Reactions: _____

Developmental Problems: _____

Date: _____ Medication(s) _____ Reactions: _____

Physical Defect(s): Please specify _____

Are there any restrictions related to this defect? _____

Other Medical Condition: Please specify _____

Parent/Guardian's Signature _____ **Date** _____

For office use only:
Immunization Records: _____ requested _____ received _____ due
Physical Records: _____ requested _____ received _____ due



Fort Edward Union Free School District Permission for Medical Treatment Form – Field Trips

Dear Parents:

Educational field trips are scheduled throughout the school year in order to enhance our children's learning experiences. In order for your child to participate, a field trip permission slip must be completed, signed, and returned to your child's teacher prior to the trip. Only official school field trip permission slips are accepted. Permission by phone cannot be given for field trips or other activities.

Field trips are a privilege; a student may be denied the right to participate if academic or behavioral requirements are not met.

Your child's teacher will provide you, in advance, with dates, locations, times, cost (if applicable), and any other relevant information regarding each field trip.

Your signature indicates your permission for field trips thought the school year.

_____ has my permission to attend all educational field trips during the 2022-2023 school year.

To Whom It May Concern:

I, the undersigned, being the parent, or legal guardian of _____, hereby authorize any necessary medical treatment for this student while participating in the 2022-2023 school year field trips. I guarantee payment for services rendered.

Medical Insurance Carrier: _____ Contact Number: _____

Allergies: (please specify) _____

Bee Sting Allergy: Yes No Do you carry Epinephrine? Yes No

Asthma: Yes No Do you carry an inhaler? Yes No

Diabetes: Yes No Attach instructions as needed.

Special medical problems: _____

Medication: Will the student require medication during the trip? Yes No

If so specify: _____

Family Physician or Healthcare Provider: _____

Family Dentist: _____

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian



Fort Edward Union Free School District CSE/CPSE Office Medicaid Consent

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose. **Please provide the office with a copy of the student's Medicaid card if applicable.**

I, _____ as the parent/guardian of _____

have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/my Medicaid coverage. Upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District to release the following records/information about my child to the State's Medicaid Agency for billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)
IEP
Written Order/Referral
Evaluation Reports
Session Notes
Medication Administration Report
Special Transportation Log
Other Personally Identifiable Information
Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____



Fort Edward Union Free School District
220 Broadway, Fort Edward, NY 12828
(518) 747-4529

To:

Previous School Name, City and State

The following student has registered with the Fort Edward Union Free School District:

Student Name	DOB	Grade
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_____	_____	_____
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At your earliest convenience, please forward the following school records to the above address or send via fax or email:

Fax K-5 records to (518) 747-6149 or e-mail to dlebarron@fortedward.org

Send 6-12 records to jscotch@fortedward.org

- Academic Record
- Attendance Record
- Standardized Test Scores
- Health/Immunization Record
- CSE Records** (i.e., I.E.P., social history, psycho educational reports, related service records, scripts/orders, copy of initial consent)
- Records of any special services (i.e. RTI, AIS, speech improvement)
- Documentation of Eligibility for Free or Reduced Lunch
- Birth Certificate

It is understood that the privilege and confidential nature of such records will be preserved.

Signature of Parent/Guardian

Relationship

Date

For Office Use Only

Fax: _____

Email: _____

Date request sent: _____



Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Fort Edward Union Free School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call Erin Wright at (518) 464-3945, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____
Home Phone _____
Work Phone _____
Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster Income _____ Total Household Income/How Often: _____ Household Size: _____

Free Eligibility _____ Reduced Eligibility _____ Denied Eligibility _____
Signature of Reviewing Official

Eligibility Screen for Migrant Education Services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES NO

In the last 3 years has a parent or guardian (or an older child) worked in agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES NO



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____
Child's name _____ D.O.B. _____ Grade _____
Child's name _____ D.O.B. _____ Grade _____
Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.



TRANSFER NOTIFICATION (FOR GRADES 7-12)

This form must be completed for all transfer students and submitted to the Section 2 office.
UPON RECEIPT IN THE SECTION OFFICE, OF A NOTIFICATION EMAIL, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

Please Note: Make sure all available information/documentation is submitted prior to the Transfer Committee's review. NO appeal will be entertained involving additional information that WAS AVAILABLE but not included prior to the Transfer Committee's review.

PLEASE CHECK ONLY ONE (1) OF THE FOLLOWING.

Waiver Request:

- Financial** – Requires documented proof of a significant loss of income OR a significant increase in expenses.
- Health & Safety** – Written documentation from the Superintendent of Schools or HS Principal of the previous school indicating the specific circumstances which necessitated the transfer.
- School District of Residence (SDR):** (No change of residence, school registration change only.) Student is transferring to a school within the district boundaries of his/her residence.

Exemption:

- Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six (6) months. The legal separation agreement or divorce document must address custody, child support, spousal support and distribution of assets and be filed with the County Clerk or issued by a Judge. **(proof required)**

Parent(s) Signature Attesting to Above

Athletic Director's Verification

- Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation (NYSED 100.2) **(STAC on file at the school)**

- No Corresponding Change of Address:** This transfer has no corresponding change of address nor does a waiver or exemption apply. We understand that the student is ineligible per the NYSPHSAA Transfer Rule and subject to the limitations contained in NYSPHSAA Handbook #31(b) passed July 2019.

- Residency Change:** The entire family has abandoned the previous address and is physically residing at the current address. I/We attest that our previous residence has been abandoned by the immediate/entire family and our current residence has been established through action and intent. I/We attest that the immediate/entire family will be physically residing at our current address as inhabitants and intend to remain indefinitely. (The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA Regulations.) I/We attest that the student has transferred without inducement, recruitment or having sought an athletic advantage.

Parent Signature: _____

Date: _____

By signing this document, I/We attest to the truth and accuracy of any and all information provided on this form.

Parent(s) Signature: _____ Date: _____ Signature: _____ Date: _____

Receiving School: Fort Edward School District Student's Name: _____ Date of Birth: _____

Date of Registration/Transfer: _____ Grade Level: _____ Date Entered 9th Grade _____ Did Student Repeat Any Grades: YES NO

Student/Entire Family Previous Address: _____

Student/Entire Family Present Address: _____

Parent(s) Names and Current Addresses

Parent #1: Name _____ Address: _____

Parent #2: Name _____ Address: _____

Name of Previous School: _____ Did student participate in high school athletics at previous school? YES NO

OVER

TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.

Address of Student While Attending Previous School: _____

Name & Relationship Of All With Whom Student Lived While Attending Previous School: _____

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)

1. School: _____ Attendance Dates: _____ Date of Withdrawal _____
2. School: _____ Attendance Dates: _____ Date of Withdrawal _____
3. School: _____ Attendance Dates: _____ Date of Withdrawal _____

List All High School Sports Student Has Played (7-12 grade)
Most Recent First

7th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
8th Grade:	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
9th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
10th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
11th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
12th Grade:	Sport: _____	Level: _____	School: _____
	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____

Sports history verified by Receiving School's Athletic Director by:

_____ Telephone Conversation with _____ Date: _____
_____ E-mail/Fax with _____ Date: _____

Failure to confirm after three (3) documented attempts:

1. Date/Time: _____ Method: _____
2. Date/Time: _____ Method: _____
3. Date/Time: _____ Method: _____

The Receiving School's Athletic Director has reviewed and verified all information on this document as accurate and true to the best of his/her knowledge.

Athletic Director Reviewed & Verified: Signature: _____ Date: _____

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

**** If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.**



Fort Edward Union Free School District Residency Affidavit

**Residency Affidavit must be Signed and Notarized in order to be valid.
To be used when NO lease is available.**

I _____, am aware that the people listed below are
residing at _____

and that I can be contacted at _____ or _____

Name (Of all individuals living at above address)	Age	Grade
--	-----	-------

I fully understand that the above information I am attesting to is true and accurate and that if it were not so I could be held criminally liable.

Signature of **Landlord/Homeowner**

Date

Signature of **Notary & Stamp**

Date

Tenant statement: I give my permission to the Fort Edward School District to investigate my residency status if it is in question.

Tenant Signature

Date