



www.rcscsd.org

Dr. Brian Bailey, Superintendent of Schools, Ext. 6003
Jean Winkler, Assistant Superintendent for C&I, Ext. 6003
Jesse Boehme, School Business Manager, Ext. 6000
Suzanne Starr, District Clerk, Ext. 6000

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

School Year: \_\_\_\_\_ RCSCSD STUDENT ENROLLMENT FORM Date Received: \_\_\_\_\_
Anticipated Start Date: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Student Name: \_\_\_\_\_
First Middle Last

Preferred Name (if different): \_\_\_\_\_ Gender:  M  F  X

Student Cell Phone (optional, HS only): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Country of Birth:  U.S. Other: \_\_\_\_\_ Year of Entry to U.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 Primary 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:**  Mr.  Mrs.  Ms.  
 Miss  Other: \_\_\_\_\_ First Last

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

**Relationship:** \_\_\_\_\_ **Custody Type (if applicable):** \_\_\_\_\_

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

### Parent/Guardian living at a DIFFERENT address, if applicable:

Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ First Last **Relationship:** \_\_\_\_\_

**Custody Type:** \_\_\_\_\_ *Additional custody information will be collected on page 4.*

**Parents/guardians will receive mail, have permission to create a Parent Portal account, be added to the pick-up list, and receive all notifications unless court documentation limiting rights is provided.**

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.*

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

### Other Adult Contacts:

\_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Last

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

\_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Last

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add person to:  Emergency notifications list  Non-emergency notifications list  Pickup list (note required if not parent/guardian)

**Other Adult Contacts, continued:**

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email (if parent): \_\_\_\_\_

Check if this person lives with student.  Check to give this person permission to create a Parent Portal account.

Add to:  Emergency notifications  Non-emergency notifications  Mailing list  Pickup list (note required if not parent/guardian)

If you need to add additional contacts, please use a separate sheet and include all details requested on this page.

**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 all of the following that 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: if you have checked any of the above boxes, you must also provide applicable documentation to the school district, and update the information regularly.**

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

**Additional Family Information:**

Including RCS, how many school districts has your child been enrolled in over the past 3 years? \_\_\_\_\_

Has any parent/guardian of the child done farm work as a paid job in the past 3 years?  Yes  No

Is any parent or guardian a member of the Armed Forces currently on Active Duty?  Yes  No

**Demographic Information:**

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

- American Indian or Alaska Native       Asian       Black or African American  
 Hispanic, Latino, or of Cuban, Mexican, Puerto Rican, Central or South American, or Spanish origin  
 Native Hawaiian or Other Pacific Islander       White

**Home Language Information:**

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: \_\_\_\_\_

**Computing Device & Internet Information:**

*This data is collected to meet NYS reporting requirements. Please answer to the best of your knowledge.*

What device will your child use most often to complete learning activities at home?

- School-issued Chromebook       Desktop/PC       Laptop       Tablet  
 Personal Chromebook       Smartphone       Other:

Is this device shared with other people in the household?       Yes       No

What type of internet is available at the primary residence?

- Residential Broadband       Cellular       Satellite       Mobile Hotspot       Community Wifi  
 Other: \_\_\_\_\_       None

Is the internet sufficient to support activities such as video streaming or file uploads?

- Yes       No       Unsure at this time

Internet provider, if known: \_\_\_\_\_

If the student does not have sufficient internet access at home, what is the primary reason?

- Not available       Unaffordable       Available but unreliable/slow  
 Other Reason: \_\_\_\_\_

**Academic Information:**

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/RTI/MTSS	_____	_____
<input type="checkbox"/> Math AIS/RTI/MTSS	_____	_____
<input type="checkbox"/> Science or Social Studies AIS/RTI/MTSS	_____	_____
<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.

**Supplemental Academic Information:**

*The information you provide will help counselors to begin creating a schedule, but it is not a guarantee of enrollment in any of these programs. Counselors will also need to consider a student's transcript, required credits, and availability of classes for each individual student.*

Please check if your child is interested in participating in any of the following classes:

- Chorus (grades 5-12)       Band (grades 5-12)
- Honors, Advanced Placement or College Dual-Enrollment Classes (grades 7-12)
- Other High School Electives: \_\_\_\_\_

Is your child planning to play a sport (grades 7-12)?  No  Yes: \_\_\_\_\_

Is there anything else you would like the school to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_

**Student Health Information:**

**Physician Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Location:** \_\_\_\_\_

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

Allergies:

Insect Stings: \_\_\_\_\_ *Reaction:* \_\_\_\_\_

Food: \_\_\_\_\_ *Reaction:* \_\_\_\_\_

Other: \_\_\_\_\_ *Reaction:* \_\_\_\_\_

Vision Problems

Learning Disability

Speech Problems

Orthopedic Condition

Hearing Problems

Anemia

Frequent Ear Infections

Asthma

Frequent Colds

Tubes

Frequent Sore Throats

Frequent Urinary Infections

Cerebral Palsy

Heart Disease

Cystic fibrosis

Heart Murmur

Diabetes

Convulsions/Seizures with fever

Kidney Disease

Convulsions/Seizures without fever

Tuberculosis (TB)

Leukemia

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

Measles

Mumps

German Measles/Rubella

Pneumonia

Scarlet Fever

Rheumatic Fever

Chicken Pox

Tuberculosis (TB) or close contact with TB patient

Mononucleosis

Other Serious Illness: \_\_\_\_\_

Serious Injury or Operation(s): \_\_\_\_\_

If you checked any of the boxes above, please provide any important details that the school should know:

\_\_\_\_\_  
\_\_\_\_\_

My child does not have/has not had any of the above conditions.

Please provide information about any other special health considerations that the school should know:

\_\_\_\_\_

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.
- My child's previous school has an up-to-date physical on file which has been requested. I understand that if the records are not provided by the school, I will need to submit them directly to the school nurse.
- 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. A physical with your child's physician is preferred.)

### Immunization Information:

**NYS Law requires that school districts shall not admit a child to school unless the school is supplied with one of the following:**

- a certificate of immunization documenting that the child has been fully vaccinated in accordance with NYS Law;
- or documentation that the child is in the process of receiving the required immunizations;
- or a signed, completed medical exemption form approved by the NYSDOH, issued within the current school year and containing sufficient information to identify the specific contraindication to a specific immunization and the length of time the immunization is medically contraindicated.

For more information: [https://www.health.ny.gov/prevention/immunization/schools/school\\_vaccines/](https://www.health.ny.gov/prevention/immunization/schools/school_vaccines/)

If you do not have a health care provider and need help getting the required immunizations for your child, you may contact the Albany County Health Department Immunization Program at 518-447-4589 or the Greene County Public Health Department at 518-719-3600.

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

- We have attached complete documentation of immunizations issued by a health care practitioner.
- Documentation of immunizations was requested from a health care practitioner on: \_\_\_\_\_
- This document will be  faxed directly by practitioner     picked up and returned by parent.
- My child's previous school has up-to-date immunization records which have been requested. I understand that if the records are not provided by the school, I will need to submit them directly to the school nurse.
- Other (please describe): \_\_\_\_\_

*I understand that I must provide proof of required immunizations, or a valid exemption form, within 14 days of my child's enrollment to the Ravena Coeymans Selkirk Central School District. I understand that if I do not submit proof of required immunizations or a valid exemption form, NYS law requires that my child will be excluded from school and all school resources.*