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

PRESCHOOL ENROLLMENT FORM

Please use this form for Ravena Coeymans Selkirk district residents who are not school age and are seeking special education services.

School Year: _____

Student Name: _____ Gender: M F

First Middle Last

Nickname: _____ Date of Birth: _____ Location of Birth: _____

Please check if applicable: 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 assistance in 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 Phone: _____ Work Phone: _____ Email: _____

Other parent/guardian living at the SAME address as the child:

Name: _____ Relationship: _____

First Last

Cell Phone: _____ Work Phone: _____

Non-Custodial parent/guardian living at a DIFFERENT address (optional):

Name: _____ Relationship: _____

First Last

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

Mailing Address, if different: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

Student Information

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

Select all of following racial groups that apply to your child:

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

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

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: _____

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).
- 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 provide documentation of the above to the school district, and update the information regularly.

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

Please provide the following documents with this registration form:			Office Use Only	
			Rc'd	Notes
➤ Student Birth Certificate (or alternate proof of age)				
➤ Primary Parent/Guardian Photo ID				
➤ Residency Proof 1	___ Mortgage Statement ___ Signed Lease Agreement ___ Purchase Contract ___ Other documents from purchase/closing	___ School or Property Tax Bill or Receipt ___ Notarized Landlord Affidavit ___ Homeowner’s or Renter’s Insurance Policy		
➤ Residency Proof 2 Note: contact registrar if you are unable to provide two documents.	___ Driver’s License with Current Address ___ Vehicle Registration or Insurance ID Card ___ Utility, Phone, or other Bill (within 30 days)	___ Paycheck Stub ___ Confirmation of Utility Transfer ___ Documents issued by federal, state, or local agency ___ Voter Registration Card ___ USPS Address Confirmation		

I affirm that the information and documents provided in the process of registering my child for school are accurate. I understand that I am responsible for updating the Ravena Coeymans Selkirk Central School District if any of this information changes, and that I may be required to provide additional documentation at that time.

Signature of Registering Parent/Guardian

Date