

Hartford Central School District
P.O. Box 79
4704 State Route 149
Hartford, NY 12838



Student Registration / Education Data / Medical Information

Student's Name _____ Birth date _____ Sex _____ Age _____

Home Address _____ Phone _____ Cell Phone _____

Father's Name _____ Father's Occupation _____

Father's Employer _____ Work Phone _____

Father's Email: _____

Mother's Name _____ Mother's Occupation _____

Mother's Employer _____ Work Phone _____

Mother's Email: _____

Are either parents on active duty in the Armed Forces (*Army, Navy Air Force, Marine Corps, Coast Guard, or full-time National Guard*)? No Yes: Entry Date _____

Lives With: Mother and Father Mother Father Mother/Stepfather Father/Stepmother Foster Parents
 Other (Please List) _____

Former Address _____

Other than parent – in case of an emergency – whom can we call?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Educational Data Information

Grade: _____

Previous School Attended: _____

Address: _____

Name of Former Guidance Counselor or Principal: _____

Date last attended classes at the previous school: _____

Has the student repeated any grade(s)? NO YES If yes, which grade(s)? _____

Is the student receiving any remedial services? NO YES If yes, please specify: _____

Does the student have a 504 Plan on file with the previous district? NO YES

Does the student have an IEP on file with the previous district? NO YES

Have there been any experiences or events in the student's home, or history, which you feel the school should be aware of to better understand and educate this student? NO YES

If yes, please explain:

Medical Information

Student Name _____ Date of Birth _____

Student's Physician _____ Phone _____

Allergies To:	Yes	History of:	Yes	Any chronic conditions	Yes	List any Surgery	Yr
Medications		Asthma		Diabetes			
Foods (milk)		Pneumonia / Bronchitis		Epilepsy			
Peanut Butter		Hearing problems		Heart Disease:			
Tree Nuts		Ear infection		Rheumatic Fever			
Bee Sting		Vision problems / glasses					
Environmental		Strep Throat					

Does this student take daily prescription medication (antibiotics, anti-convulsants, ADHD medications, allergy medication or medication for food or drug reaction)? If so, please list:

Please advise school nurse if medication is to be taken at school.

Are there any physical limitations preventing this student from participating in physical education activities?

Any special health conditions the school should be aware of? If so, please describe: _____

In accordance with NYS Public Health Law, it is required that each child entering school into Kindergarten or as a new student to the district have all the required immunizations and a physical completed within the past year at the time of entrance. Each child will also be required to have a physical examination in grades 2, 4, 7 and 10. Due to HIPPA, and to assist in confirming this information, signing this portion of the document authorizes the health office nurse to communicate with your medical doctor regarding immunization status and physical exam. This authorization will continue in effect until you revoke it in writing. A copy of this form may be accepted instead of the original. Refer to school district policy for other health requirements.

Date of scheduled physical _____

Parent/Guardian Signature

Date

Hartford Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Hartford Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Hartford Central School District in accordance with the federal categories and definitions. The 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.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The Hartford 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

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: 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 access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page

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.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

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.

- YES, Hispanic
 NO, not Hispanic

2. **Select one or more races from the following five racial groups** [For question (2) Check (✓) all groups 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 original peoples of 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/Other _____

Date _____

Relationship to Student (please check one box below):

- Mother Father Guardian Other (Specify): _____

See reverse for important message to
Parents/Guardians and Confidentiality Procedures and
Regulations.

Hartford Central School District
P.O. Box 79
4704 State Route 149
Hartford, NY 12838



Transportation Form

Important Sitter Information

If this form is not received by the Transportation Department, we will schedule your child(ren) for transportation from their home address.

Hartford Central School District
Transportation Department
P.O. Box 79
Hartford, NY 12838
Phone: 518-632-5191
Fax: 518-632-5221

Dear Parent / Guardian:

Please complete the form below for sitter information and/or changes of address and phone numbers so that we may update our files to provide accurate information in scheduling your child(s)'s transportation needs. This information must be provided on an annual basis or as soon as there are any changes to your information. Once completed, please return the form to the Elementary Office.

Student Name _____ Grade _____

Parent / Guardian Name _____

Primary Home Address _____ Home Phone Number _____

Father's Work Number _____ Father's Cell Number _____

Mother's Work Number _____ Mother's Cell Number _____

Please Note: sitters are any location other than the primary home address

Name of Sitter / Childcare Provider _____ Effective Date _____

Address _____

Phone Number _____

Please Indicate which days your child will be picked up at the sitter's _____ M T W R F

Please indicate which days your child will be dropped off at the sitter's _____ M T W R F

If your student is in kindergarten through grade 5, please provide information the names and telephone numbers of those individuals who are authorized to release your child to at the bus stop in your absence.

Name _____ Phone _____

Name _____ Phone _____

Additional Notes:

Parent / Guardian Signature

Date

Hartford Central School District
New Student Registration: Residency Verification Form

Student Name(s) _____

Parent/Guardian Name(s) _____

Address of Primary Residence (Domicile)

Do You: Own Your Own Home Rent Other

- Shelter;
- With another family or other person because of loss of housing or as a result of economic hardship;
- Hotel / Motel; or
- Car, Park, Bus, Train, or Campsite

Please Note: the answer provided above will help the district determine what services 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 do not have the required documentation.

Pursuant to Education Law sections 207, 305, 3202, 3205 and 3717 and Subdivision (y) of section 100.2 of the Regulations of the Commissioner of Education, if the enrolling student(s) does not qualify under the McKinney-Vento Act, the district is obligated to obtain documentation and/or information establishing physical presence of the parent(s) or guardian(s) for the enrolling student. Examples of accepted documentation may include:

- A copy of residential lease or proof of ownership of a house such as a deed or mortgage statement;
- A statement by a third-party landlord, owner, or tenant;
- Pay stub;
- Income tax form;
- Utility bill;
- Voter Registration document;
- Official driver's license, learner's permit or non-driver identification;
- Documents issued by federal, state, or local agencies; or
- Judicial custody papers

Proper Documentation Provided? Yes No

At any time during the school year, the Hartford Central School District Board of Education, or its designee, may inquire as to the student's residency and determine that the student is not a district resident. Prior to making this determination, the student's parent will have the opportunity to submit information concern the child's right to attend school.

Parent/Guardian Signature

Date



Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.

STUDENT NAME:		

<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>
_____	_____	_____

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
		<i>specify</i>	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
		<i>specify</i>	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write
		<i>specify</i>	

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>
_____	_____

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:

UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

_____ **Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer.*

_____ **School District of Residence (SDR)** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

_____ **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 months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge. (proof required)* _____ Parent(s) Signature

_____ **Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

_____ **Other:** Refer to By-Law #30 and state applicable exemption.

_____ **Residency Change** *NYSPHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent 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.*

By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intend to remain indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Parent Signature: _____ Date: _____

Print Parent's Name: _____

Please check one: **(The required supporting documentation must be attached.)**

PART ONE
TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)

(Parent #1's name & address) _____

(Parent #2's name & address) _____

Name of Sending School _____

Did student participate in athletics at sending school? Yes No

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 or to avoid discipline at the sending school.

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 _____

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

Name of Student _____ Date entered 9th grade _____

Did student repeat any grades? _____ If yes, which ones? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school _____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)

	Year	Sport	Level	APP'd (Sel. Class.)		School
				Yes	No	
7th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
8th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
9th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
10th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
11th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____

12th Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

revised: 7/2016