

Campbell-Savona Central School

Pupil Enrollment Information

Today's Date: _____

Office use only	
Proof of Residency _____	Immunization* _____
Birth Cert. _____	
Custody Info _____	Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No
	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID Number _____	LEP eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
	Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Legal Name:

* Nurse will verify and enter in SMS

Last _____ First _____ Middle _____
 Student's Current Grade: _____ Gender: ☐ Male ☐ Female

Student's Home Address: _____ Mailing Address: (If different) _____

Street _____ City _____ State _____ Zip _____ Street _____ City _____ State _____ Zip _____

School district in which student's home residence is located, if NOT CSCS: _____

Student's Home Phone: _____ Student's Birth date: _____ / _____ / _____
 Mo Day Year

First Date of Entry in Grade 9 _____ / _____ / _____ if applicable for students grades 9-12
 Mo Day Year

Previous School attended (if not CSCS): _____

School Name _____

Previous School Address _____ City _____ State _____ Zip _____ Phone _____

CHECK YES OR NO ON ALL THAT APPLY BELOW

☐yes ☐no 1. Are there restrictions regarding custody?
 If yes, please explain and provide documentation to school office. _____

☐yes ☐no 2. Is the student enrolled in special education (including speech therapy) classes?
 If yes: ☐ IEP ☐ 504 ☐ speech therapy

☐yes ☐no 4. Student's name, address and phone number may be published in the CSCS School District Directory. (Note: At the high school level, this gives military recruiters access to this information).

☐yes ☐no 5. Student's picture may be published in the newspaper, CSCS Newsletter and/or placed on the CSCS website. (A child's picture would be used only for acknowledging honors awarded, or while they are in classrooms or hallways, or school events they have participated in such as sports, musicals, etc.)

Is English the primary language spoken in the home? ☐yes ☐no

If no, please answer below

- What is primary language spoken in the home? _____
- What language(s) does the student understand? _____
- What language(s) does the student speak? _____
- What language(s) does the student read? _____
- What language(s) does the student write? _____
- In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understand English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH INFORMATION:

Does your child have any health needs/concerns? ☐yes ☐no If yes, please explain: _____

(Examples might include diabetes, heart disease, eating disorders)

DOES YOUR CHILD:

Have a history/diagnosis of Scoliosis ☐yes ☐no

Have a known speech, hearing or vision problem ☐yes ☐no

Please explain _____

Have history of epilepsy/seizures ☐yes ☐no

Have any known allergies ☐yes ☐no

Please list allergies and treatment necessary. _____

Take any type of medication at home or school ☐yes ☐no

Please explain _____

Polio: First Inoculation Date _____
 Month _____ Day _____ Year _____

PARENT(S)/GUARDIAN(S) ADDRESS AND PLACE OF EMPLOYMENT (Please fill out all that apply):

Mother's Name: _____

Address: _____

Student resides at this address ☐ Yes ☐ No
Correspondence sent to this address ☐ Yes ☐ No
Employer: _____
Home Phone: _____
Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

Stepmother's Name: _____
Address: _____
Student resides at this address ☐ Yes ☐ No
Stepmother's Employer: _____
Home Phone: _____ Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

Guardian's Name: _____
Address: _____
Student resides at this address ☐ Yes ☐ No
Guardian's Employer: _____
Home Phone: _____ Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

Father's Name: _____

Address: _____

Student resides at this address ☐ Yes ☐ No
Correspondence sent to this address ☐ Yes ☐ No
Employer: _____
Home Phone: _____
Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

Stepfather's Name: _____
Address: _____
Student resides at this address ☐ Yes ☐ No
Stepfather's Employer: _____
Home Phone: _____ Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

Guardian's Name: _____
Address: _____
Student resides at this address ☐ Yes ☐ No
Guardian's Employer: _____
Home Phone: _____ Work Phone: _____
Alternate/Cell #: _____
E-mail address: _____

LOCAL EMERGENCY CONTACTS IF PARENT/GUARDIAN UNAVAILABLE (e.g. stepparents, grandparents):

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Emergency School Closing Location (Specific destination within the district, if the school closes early):

Name	Address	Phone
_____	_____	_____

Doctor's Name: _____ Doctor's Phone: _____
Dentist's Name: _____ Dentist's Phone: _____
Hospital Preference: _____
Day Care Provider: _____

Name	Address	Phone
_____	_____	_____

LIST ANY CHILDREN AGES 0 – 21 WHO LIVE IN YOUR HOME

Name	Sex	Age	DOB	Grade	Teacher	Building or district
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

My signature indicates that I understand that some or all of the information listed on this enrollment form will be shared with appropriate CSCS staff

Parent/Guardian Signature

Date

Campbell-Savona Central School
STUDENT RACIAL AND ETHNIC IDENTIFICATION

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.

Student Name: Last, First, Middle	Date of Birth (Month/Day/Year): / /
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; you must check at least ONE box).

_____ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

_____ **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, NOT OF HISPANIC ORIGIN:** A person having origins in any of the black racial groups of Africa

_____ **WHITE, NOT OF HISPANIC ORIGIN:** 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): _____

Student Residency Questionnaire

Campbell Savona Central School District

Name of Student: _____ Sex: ☐ Male
Last First Middle ☐ Female

Birth Date ____ / ____ / ____ Age: ____
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ In a motel
☐ In a shelter
☐ With more than one family in a house or apartment
☐ Moving from place to place
☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Matthew Burns, Homeless Liaison at the Guidance Office.
Fax: 607-527-9861

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Updated 8/31/2016

Campbell-Savona Central School

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Parent/Guardian Name: _____

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

_____ NO

_____ YES

If you answer YES, please provide your contact information below:

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____