



Alexander Central School District  
Student Enrollment Form

Date Enrolled: \_\_\_\_\_ Student ID# \_\_\_\_\_

Student's Name:	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>

Address:	_____	_____	_____
	<i>House/Apt. Number &amp; Street</i>	<i>Town</i>	<i>Zip Code</i>

Birthdate:	_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:	_____	

Student's Current Grade Level:	_____		
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Name of last school student attended:	_____	School Phone Number:	_____
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If the student has attended ACS previously, enter the dates the student was enrolled:	_____		
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Does the student receive Special Education Services?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (if yes, see below)
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If yes, classification? \_\_\_\_\_  
Services: \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_ Relationship to student: \_\_\_\_\_

<b>Father</b> or other person in parental relationship	<b>Mother</b> or other person in parental relationship
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to student: _____	Relationship to student: _____
Home Address: _____	Home Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Phone: _____	Phone: _____
<i>Home</i> <span style="margin-left: 150px;"><i>Cell</i></span>	<i>Home</i> <span style="margin-left: 150px;"><i>Cell</i></span>

Please list all siblings <u>living in the home</u> :	Please list others living in the home:
Name: _____ DOB: _____	Name: _____
Name: _____ DOB: _____	Relationship to student: _____
Name: _____ DOB: _____	Name: _____
Name: _____ DOB: _____	Relationship to student: _____

Emergency Contact Information (in the event we are unable to reach the parent/guardian):	Name: _____ Relationship to student: _____ Phone Number: _____
	<i>Home</i> <span style="margin-left: 150px;"><i>Cell</i></span>

### Medical Information

*Does your child have or has he/she ever had any of the following? (If yes, give date)*

	Y	N	Date		Y	N	Date		Y	N	Date
Hepatitis				Heart Disease				Fainting			
Kidney Disease				Dizziness				Chickenpox			
Migraine				Rheumatic Fever				Head Injury			
Scarlet Fever				Hemophilia				Diabetes			
Mononucleosis				Hernia				Asthma			
Jaundice				Frequent Ear Infections				Sickle Cell Anemia			
Joint Disease				Convulsive Disorder				Anemia			
								Pneumonia			

If applicable, please provide dates of the following occurrences:

Allergies:	
Fractures/Dislocations:	
Serious Injuries:	
Hospitalizations and/or Surgeries:	

*Difficulty with... (check all that apply)*

Speech	Walking	Vision	Hearing	Swallowing	Emotions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### \*Medication

*\*Any medication given at school must be authorized in writing by a parent and physician*

Is the student prescribed medication?	If yes, please describe:
<input type="checkbox"/> NO <input style="margin-left: 100px;" type="checkbox"/> YES	

#### Family Physician

Physician's Name:	
Physician's Address:	
Physician's Phone Number:	
Health Insurance Provider:	

#### Birth Certificate

*Alexander Central School District requests the presentation of an original birth certificate at the time of enrollment.*

#### Physical Examinations

*A medical examination is required of pupils upon entrance to school and at grades Pre-K, K, 2, 4, 7, & 10. A certificate of medical examination shall be submitted to the school nurse upon entrance to school. It is recommended that the required examinations be done by the family physician; however, if that is not possible, the school physician will conduct the examination.*

#### Immunization Information

*State law mandates immunization against diphtheria, polio (3-4 doses), hepatitis B, measles, mumps and rubella (2 doses) before a student may attend school. Two Varicella immunity and a booster for diphtheria/tetanus/pertussis (4-5 doses) is required for students born on or after 1/1/98 and before entrance into 6<sup>th</sup> grade. As of 9/1/16, students entering grades 7 & 12 in NYS schools will also be required to be fully vaccinated against meningococcal disease. Students enrolled in the UPK program must have haemophilus type B (HIB); pneumococcal conjugate (PVC) and lead screening.*

*Immunization information must be verified by "immunization record" signed by a physician.*

#### Consent for Release of Information

I give my permission for the Alexander Central School District to obtain information pertaining to immunizations, physical examinations and medications for \_\_\_\_\_ from my physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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.*

**Please answer questions 1 & 2. Read each question carefully before responding.  
Mark the answer that best describes your child. Mark only ONE answer for question #1:**

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or 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. Mark all groups that apply to the student; AT LEAST ONE group must be marked:
  - AMERICAN INDIAN OR ALASKAN 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 e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*
  - NATIVE HAWAIIAN OR PACIFIC ISLANDER: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
  - BLACK: *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.*

### Home Language Questionnaire (to be completed by parent/guardian)

	English	Other
1. What language(s) is spoken in the student's home or residence?	<input type="checkbox"/>	<input type="checkbox"/>
2. What language(s) are spoken most of the time to the student, in the home or resident?	<input type="checkbox"/>	<input type="checkbox"/>
3. What language(s) does the student understand?	<input type="checkbox"/>	<input type="checkbox"/>
4. What language(s) does the student speak?	<input type="checkbox"/>	<input type="checkbox"/>

	Does Not Read	English	Other
5. What language(s) does the student read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does Not Read	English	Other
6. What language(s) does the student write?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Well	Only a Little	Not at All
7. In your opinion How well does the student understand English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In your opinion How well does the student speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In your opinion How well does the student read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In your opinion How well does the student write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Residency Questionnaire

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.

**1. Where is the student currently living? (Please check ONE box):**

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up").
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (please describe): \_\_\_\_\_
- In permanent housing

*Other temporary living situations may be applied to those students who do not have a "fixed, adequate and regular" nighttime residence. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled up".*

**The information which you have provided on this form is confidential. It will be reported to the State and Federal Education Departments. It is protected by confidentiality regulations. To the best of my knowledge the information provided is accurate.**

Print name of Name/Guardian/\*Student  
(\*if unaccompanied homeless youth)

Signature of Parent/Guardian/ \*Student  
(\*if unaccompanied homeless youth)

\_\_\_\_\_ Date

### FOR OFFICE USE ONLY

School Building: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Country of Birth/Ancestry: \_\_\_\_\_

# of Years Enrolled in Schools Outside of the U.S.: \_\_\_\_\_

Name/Position of School Personnel Completing this Section: \_\_\_\_\_

Determination:

- Student w/Disability     Possible LEP     English Proficient     Homeless