CORNWALL
CENTRAL SCHOOL DISTRICT

# STUDENT REGISTRATION OFFICE

*www.cornwallschools.com*

## *Welcome to the Cornwall Central School District!*

Attached is the Cornwall Central School District enrollment packet (grades K - 12) for you to complete. (One per child)

**PRINT SINGLE SIDED**

Along with this packet, the following documents are **required** at time of registration:

- Online Pre Registration – must be completed prior to submitting any registration paperwork.
  Please visit the link below to create a new student account (top left of page)
  https://st10.schooltool.com/cornwall/onlinepreregistration/
- Proof of residency:
  - If you **own** your home, provide a current tax bill **OR** a current mortgage statement **AND** a current utility bill.
  - If you **rent** your home, provide a current lease **AND** a current utility bill.
  - If you are residing with family, please call the Registrar for a CCSD Resident Affidavit.
- Birth Certificate (the registrar will make a copy)
- Most recent report card
- Immunizations up-to-this date
- Your child will need a physical completed in **New York State** within the year of starting school.
  Your child has 15 days after his/her first day of school to provide a **NYS** physical to the school nurse.

If you have any questions, do not hesitate to call or email me.

*Crystal O'Brien*
*Central Registrar*
*Cornwall Central High School*
*10 Dragon Drive*
*New Windsor, NY 12553*
*Phone: 845-534-8009 x7803*
*cobrien@cornwallschools.com*

# CORNWALL CENTRAL SCHOOL DISTRICT
# ENROLLED STUDENT INFORMATION FORM

**STUDENT'S NAME:** _____ **GRADE:** _____
*First Middle Last*

**DATE OF BIRTH:** _____ **GENDER:** ☐ **Male** ☐ **Female**

**PLACE OF BIRTH:** _____
*City & State / Country if not USA*

**DATE OF ENTRY INTO THE USA:** _____ **YEARS IN USA SCHOOLS:** _____

**IS EITHER PARENT OR LEGAL GUARDIAN AN ACTIVE DUTY MEMBER OF THE ARMED FORCES? IF YES, PLEASE SPECIFY BELOW:**

**Name:** _____ **Branch of Service:** _____ **Entry Date:** _____ **Exit Date:** _____

**Name:** _____ **Branch of Service:** _____ **Entry Date:** _____ **Exit Date:** _____

**ETHNICITY:** ☐ **Yes**, Hispanic/Latino ☐ **No**, Not Hispanic/Latino
*Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.*

**RACE:** ***You may choose one or more***

☐ **Am Indian/Alaska Native** - A person having origins in 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 origins of the Far East, Southeast Asia, or the Indian subcontinent.
☐ **Native Hawaiian/Pacific Islander** - A person having origins in Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **Black/African American** - A person having origins in any of the Black racial groups of Africa.
☐ **White** - A person having origins in Europe, North Africa or the Middle East.

_____ _____
*Signature of Parent / Guardian* *Date*

*** This information is gathered pursuant to New York State and Federal requirements, but is not used to make a determination with respect to a student's right to register and enroll in the Cornwall Central School District.*

**CORNWALL CENTRAL SCHOOL DISTRICT**

**STUDENT REGISTRATION OFFICE – 10 DRAGON DRIVE, NEW WINDSOR, NY 12553**
**PHONE: 845-534-8009 x7803**

**STUDENT'S NAME** _____ **GENDER:** MALE ☐ FEMALE ☐ **GRADE:** _____
*First Middle Last*

**DATE OF BIRTH:** _____

**PARENT MARITAL STATUS** _____ **Is there a custody issue with this child?** _____ **If yes, who has custody?** _____

**ORDER OF PROTECTION** _____ ***If an order of protection exists, please submit a copy to your child's principal at time of student enrollment.***

| SIBLINGS RESIDING AT HOME | | | |
|---|---|---|---|
| **NAME OF SIBLING** | **DATE OF BIRTH** | **GRADE** | **SCHOOL ATTENDING** |
| | | | |
| | | | |
| | | | |
| | | | |

| STUDENT'S EDUCATIONAL BACKGROUND | | |
|---|---|---|
| **SCHOOL NAME** | **CITY/STATE** | **ATTTENDED: GRADE / YEAR** |
| | | |
| | | |
| | | |
| | | |
| | | |

**Has your child been retained (repeated a grade)?** ☐ Yes ☐ No **If yes, what grade?** _____

**Has your child received:** ☐ Counseling ☐ Speech ☐ Remedial Math ☐ Remedial Reading ☐ Other _____

**Does your child have an Individual Education Plan (IEP)? Yes** _____ **No** _____ **At what were services provided?** _____

## CORNWALL CENTRAL SCHOOL DISTRICT

**EMERGENCY CONTACTS: Local person who have agreed to care for your child in an emergency when parents cannot be reached:**

*In an emergency situation, Administration will take any action it deems necessary and appropriate, including taking your child to the hospital.*

#1 _____ _____ _____

*Name* | ***Relationship to child*** | *City/State* ***(MUST BE LOCAL)***

_____ _____ _____ _____

*Home Phone #* | *Cell Phone #1* | *Cell Phone #2* | *Work Phone #*

#2 _____ _____ _____

*Name* | ***Relationship to child*** | *City/State* ***(MUST BE LOCAL)***

_____ _____ _____ _____

*Home Phone #* | *Cell Phone #1* | *Cell Phone #2* | *Work Phone #*

_____ _____ _____

***Signature of Parent, Guardian*** | ***Relationship*** | ***Date***

_____ *Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camp ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement*_____ *(living arrangements). If box is checked, please complete STAC-202 form. The answer you give 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 do not 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.*

**Is this a foster placement**: _____ Yes _____ No If yes, name of county: _____

***If Yes, copy of DSS 2999 Form required***

# Cornwall Central School District

## COMPUTER USE AND PHOTO PERMISSION FORM

Cornwall Central School District wishes to provide students, educators and community with a useful computer information system. Our computer network, e-mail system, internet access policy and district website serve to help our staff and students conduct research, produce material and communicate. All Students have access to this system. Abuse or misuse of the computer system may subject a student to have use rights removed as per the Code-of-Conduct.

To highlight the accomplishments and or engagement of our students, there are often occasions when a building administrator or teacher will want to publish photographs and/or videos of students engaged in school-related activities while on School District property or at School District sponsored functions to the School District's website or to select social media sites monitored and edited by the School District such as Facebook or Twitter. **Student's name will not be included.**

If you do not want the District to use your child's image or likeness on the District's website or sponsored social media sites, please sign and return the slip below.

If you have any questions or concerns, please contact your child's principal.

---

_____ **NO, I do not want my child's picture to be posted on the School District's website, district sponsored social media forums i.e., Facebook, Twitter**

_____ **YES, I give CCSD permission to post my child's picture.**

_____ _____ _____

**CHILD'S NAME** **BUILDING** **DATE**

_____ _____

**PRINT PARENT / GUARDIAN'S NAME** **PARENT / GUARDIAN SIGNATURE**

**STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:*
*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.*

**STUDENT NAME:**

*First* *Middle* *Last*

**DATE OF BIRTH:** *Month* *Day* *Year*

**GENDER:** ❑ Male ❑ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

*Last Name* *First Name* *Relation to*

**HOME LANGUAGE CODE**

## *Language Background*
***(Please check all that apply.)***

| | | | | |
|---|---|---|---|---|
| **1. What language(s) is(are) spoken in the student's home or residence?** | ❑ English | ❑ Other | *specify* | |
| **2. What was the first language your child learned?** | ❑ English | ❑ Other | *specify* | |
| **3. What is the Home Language of each parent/guardian?** | ❑ Parent 1 *specify* | ❑ Parent 2 *specify* | | |
| | ❑ Guardian(s) *specify* | | | |
| **4. What language(s) does your child understand?** | ❑ English | ❑ Other | *specify* | |
| **5. What language(s) does your child speak?** | ❑ English | ❑ Other *specify* | ❑ Does not speak | |
| **6. What language(s) does your child read?** | ❑ English | ❑ Other *specify* | ❑ Does not read | |
| **7. What language(s) does your child write?** | ❑ English | ❑ Other *specify* | ❑ Does not write | |

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

| SCHOOL DISTRICT INFORMATION: | STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM: |
|---|---|
| Cornwall Central School District Cornwall, NY | |
| *District Name (Number) & School:* *Address:* | |

# 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:** ❑ Parent ❑ Other:_____

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

NAME: Crystal O'Brien POSITION: Central Registrar

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: ❑ NO ❑ YES

**DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

# CORNWALL CENTRAL SCHOOL DISTRICT

## SCHOOL TRANSPORTATION REQUEST FORM – PUBLIC SCHOOL

Today's Date: _____ **SCHOOL YEAR:** _____ **START DATE:** _____

Student's Name: _____
First Middle Last

DOB: _____ Gender: _____ M _____ F

Home Address: _____
(Street address, city, state, zip code)

Mailing Address (if different from above): _____
(Street address, city, state, zip code)

Parent/ Guardian Name(s): _____

Home Phone: _____ Cell/Work: _____

Email: _____

School: HS◯ MS◯ CES◯ WAE◯ COH◯ Grade: _____

☐ NEW STUDENT ☐ NEW ADDRESS **(SEE BELOW)** ☐ NEW CHILDCARE ☐ CHANGE IN SCHOOL

OTHER (please explain): _____

**CHANGE OF ADDRESS WILL REQUIRE PROOF OF RESIDENCY AND MUST BE PRESENTED TO:**
**Central Registrar, Crystal O'Brien** PH: 845-534-8009 x7803 Email address: cobrien@cornwallschools.com

**REQUEST:**

_____ Transportation to/from **HOME** address.
_____ Transportation with **CHILDCARE** arrangements.
_____ **WALKER/PARENT TRANSPORT** - transportation not required.

**CHILDCARE TRANSPORTATION (within CCSD)**

**A.M. PICK UP:**

Check: ____Home ____Childcare Provider ____Walker

Providers Name: _____

Providers Address: _____

_____

Providers Phone: _____

**Days:** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

**P.M. DROP OFF:**

Check: ____Home ☐ Childcare Provider ____Walker

Providers Name: _____

Providers Address: _____

_____

Providers Phone: _____

**Days:** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs. ☐ Fri

Does your child have any medical concerns we should know about, ie, allergies, etc.? Please explain:

_____

**Parent Signature:** _____ **Date:** _____

**Return to: Transportation Coordinator**
*PH: 845-534-8009 x7100 FAX: 845-534-9032 Email address:* transportation@cornwallschools.com

**** PLEASE NOTE TRANSPORTATION CHANGES TAKE APPROX 48 HOURS or longer during the first week of school****

**FOR OFFICE USE ONLY:** NEW STUDENT: _____ (YES OR NO) STUDENT ID#: _____ Parent Notified: _____

BUS RUN #: _____ A.M. P/U TIME: _____ Location: _____ P.M. D/O TIME: _____ Location: _____

# Cornwall Central School District

## STUDENT HEALTH OFFICES

**(845) 534-8009**

| High School | Middle School | Cornwall on Hudson Elementary | Cornwall Elementary | Willow Avenue Elementary |
|---|---|---|---|---|
| **Ext. 5010** | **Ext. 4010** | **Ext. 1010** | **Ext. 2010** | **Ext. 3010** |

Student's Name: _____ Gender: _____ Date of Birth: _____

Parent email: _____ Grade: _____

Home Address: _____ Home phone #: _____

Parent/Guardian : _____ Cell #: _____ Work #: _____

Parent/Guardian: _____ Cell #: _____ Work#: _____

## Student's Medical History

**Has your child <u>ever</u> had the following Communicable <u>Diseases</u>:**

| | Yes | No | Date | | Yes | No | Date |
|---|---|---|---|---|---|---|---|
| Chicken Pox | ___ | ___ | _____ | Scarlet Fever | ___ | ___ | _____ |
| Mumps | ___ | ___ | _____ | Whooping Cough | ___ | ___ | _____ |
| German Measles | ___ | ___ | _____ | | | | |

1) Is your child presently under treatment for any physical problem? Yes_____ No_____

If so, explain: _____

2) Does your child take medication on a regular basis? Yes_____ No_____

If so, name of medication and reason _____

**If your child needs to take medication during the school day, you must contact the Health office in person. Specific forms must be filled out and signed by your Physician before <u>ANY</u> medication can be administered.**

3) Has your child ever had surgery? Yes_____ No_____ Explain: _____

4) Has your child had any serious medical problems? Yes_____ No_____ Explain: _____

5) Has your child had a serious accident or injury? Yes_____ No_____ Explain: _____

6) Has your child ever been hospitalized? Yes_____ No_____ Explain: _____

7) Does your child have any allergies to food, medication or insects/bee stings? Yes_____ No_____

If yes, please list: _____

8) Does your child wear glasses or contacts? Yes_____ No_____ Other visual difficulties, please explain:

_____

9) Does your child have any:

| | | | |
|---|---|---|---|
| Ear problems? | Yes_____ | No_____ | |
| Hearing loss? | Yes_____ | No_____ | |
| Frequent ear infections? | Yes_____ | No_____ | |
| Tubes in ears? | Yes_____ | No_____ | At what age?_____ |

Explain: _____

10) Does your child have any speech difficulties? Yes_____ No_____ If yes, please explain: _____

_____

11) Does your family have any history of diabetes or tuberculosis? Yes_____ No_____

**<u>Family Physician</u>**: _____

Name City/State Phone #

***<u>In emergency situations, Administration will take any action it deems necessary & appropriate, including taking your child to the hospital.</u>***

**Parent / Guardian Signature:** _____ **Date:** _____

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

**TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

## STUDENT INFORMATION

| Name: | Sex: ☐ M ☐ F | DOB: |
|---|---|---|
| School: | Grade: | Exam Date: |

## HEALTH HISTORY

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes, indicate type | Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached |
| **Asthma** ☐ No ☐ Yes, indicate type | ☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached |
| **Seizures** ☐ No ☐ Yes, indicate type | Type: ☐ Medication/Treatment Order Attached Date of last seizure: ☐ Seizure Care Plan Attached |
| **Diabetes** ☐ No ☐ Yes, indicate type | Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached |

**Risk Factors for Diabetes or Pre-Diabetes:** *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

**BMI**_____kg/m2

**Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

**Hyperlipidemia:** ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

## PHYSICAL EXAMINATION/ASSESSMENT

**Height:** **Weight:** **BP:** **Pulse:** **Respirations:**

| Laboratory Testing | Positive | Negative | Date |
|---|---|---|---|
| TB- PRN | ☐ | ☐ | |
| Sickle Cell Screen-PRN | ☐ | ☐ | |
| **Lead Level Required Grades Pre- K & K** | | | **Date** |
| ☐ Test Done ☐ Lead Elevated ≥5 µg/dL | | | |

**List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)**

☐ **System Review and Abnormal Findings Listed Below**

| | | | | |
|---|---|---|---|---|
| ☐ HEENT | ☐ Lymph nodes | ☐ Abdomen | ☐ Extremities | ☐ Speech |
| ☐ Dental | ☐ Cardiovascular | ☐ Back/Spine | ☐ Skin | ☐ Social Emotional |
| ☐ Neck | ☐ Lungs | ☐ Genitourinary | ☐ Neurological | ☐ Musculoskeletal |

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list) ICD-10 Code*

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

| Name: | DOB: |
|---|---|

**Vision & Hearing SCREENINGS** - Required for Pre-K or K, 1, 3, 5, 7, & 11

| **Vision** (w/correction if prescribed) | **Right** | **Left** | **Referral** | **Not Done** |
|---|---|---|---|---|
| Distance Acuity | 20/ | 20/ | ☐ Yes ☐ No | |
| Near Vision Acuity | 20/ | 20/ | | |
| Color Perception Screening ☐ ☐ | | | | ☐ |
| Notes | | | | |

| **Hearing** Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. | | | **Not Done** |
|---|---|---|---|
| Pure Tone Screening | **Right** ☐ Pass ☐ Fail | **Left** ☐ Pass ☐ Fail | **Referral** ☐ Yes ☐ No |
| Notes | | | |

| **Scoliosis** Screen Boys in grade 9, and Girls in grades 5 & 7 | **Negative** | **Positive** | **Referral** | **Not Done** |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ Yes ☐ No | |

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

**MEDICATIONS**

**Order Form for Medication(s) Needed at School Attached**

**IMMUNIZATIONS**

☐ Record Attached ☐ Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

**Please Return This Form To Your Child's School When Completed.**

# CORNWALL CENTRAL SCHOOL DISTRICT - CORNWALL, NY
## ** REQUEST FOR STUDENT RECORDS **

*District Phone Number (845) 534-8009*

**PRIOR SCHOOL:** _____

**Address:** _____

**City, State, Zip:** _____

**Phone:** _____ **Fax:** _____

**Student's Name:** _____ **Student's DOB:** _____

**The above named student has enrolled in the Cornwall Central School District. Please forward to us the items listed below and any other pertinent information which will assist us in placing and supporting this student. Thank you.**

- **Official Transcript**
- **Health / Immunization Records**
- **Standardized Test Scores**
- **School Profile**
- **Course Selections/Recommendations for the new school year**
- **Discipline Records**
- **RCT Scores**
- **Copy of last Report Card**
- **Graduation Requirements**
- **Withdrawal Grades for current year**
- **Copy of I E P**
- **Behavior Intervention Plan or 504**
- **Psychological Reports (if any)**
- **Speech Evaluations (if any)**
- **OT / PT Evaluations (if any)**
- **Vision Evaluation (if any)**
- **Other:** _____

**Please send records listed above to the attention of** _____

_____ **Cornwall Central High School**
10 Dragon Drive
New Windsor, NY 12553
**Email: CCHSrecords@cornwallschools.com**

_____ **Cornwall Elementary School**
99 Lee Road
Cornwall, NY 12518
**Fax: 845-534-0569**

_____ **Cornwall Central Middle School**
122 Main Street
Cornwall, NY 12518
**Email: amilani@cornwallschools.com**

_____ **Willow Avenue Elementary School**
67 Willow Avenue
Cornwall, NY 12518
**Fax: 845-314-9424**

_____ **Cornwall on Hudson Elem. School**
234 Hudson Street
Cornwall on Hudson, NY 12520
**Fax: 845-534-2284**

_____ **Office of Pupil Personnel Services**
10 Dragon Drive
New Windsor, NY 12553
**Fax: 845-314-8640**

**I hereby authorize the release of the records listed above.**

_____ _____ _____

***Signature of Student (if over 18)*** ***Signature of Parent / Guardian*** ***Date***

# Cornwall Central School District

Megan Argenio
*Superintendent of Schools*

John Fink
*Assistant Superintendent for Business*

## THIS FORM MUST BE RETURNED WITH PHOTO IDENTIFICATION

Dear Parent / Guardian:

The Cornwall Central School District is introducing the Parent Portal of our SchoolTool Student Management Information System to Parents/Guardians. You will have access to view the following information for your child: emergency contact information, schedule, attendance, report card grades including progress reports, past assessment scores/past exam grades.

To create an account for viewing this information, please complete the bottom portion of this letter and either bring it to the main office of your child's school or return the form to school with a copy of your current photo ID with your child. Once the form is received at the school and processed, an account will be created. You will receive an email with your first SchoolTool password and instructions on how to access your portal account. Please note that this process only needs to be completed once, not every year. One form will cover all children in your family. SchoolTool is a secure internet site, however, parents/guardians are responsible for protecting their password.

If you have any questions or concerns, please contact the main office your child's building.

---

***Please keep top portion of this letter for your records.***

Parents/Guardians must provide valid picture identification. Accounts will not be created without proper identification.

Name of Parent/Guardian: _____

Parent/Guardian **email address**: _____

**PLEASE PRINT LEGIBLY**

Name of child(ren):

| | | | |
|---|---|---|---|
| _____ | | _____ | |
| Child's name | Grade/School | Child's name | Grade/School |
| _____ | | _____ | |
| Child's name | Grade/School | Child's name | Grade/School |

Signature of Parent/Guardian: _____

**BUILDING VERIFICATION**

**Type of Photo ID:** _____ **Date:**_____ **Date form received:** _____

**Photo ID received by:** _____ **Date account created:** _____

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

# IDENTIFICATION & RECRUITMENT PARENT SURVEY

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 a few minutes to complete this questionnaire.***

## 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.)

***If you answered YES, please provide your contact information below:***

Parent/Guardian Name: _____

Home address: _____

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

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

**To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**

# 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.***

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

_____ **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 and must be accompanied by supporting documentation (i.e. police report, DASA report, etc)*

_____ **Return to School District of Residence (RSDR)** (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.*

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

_____ **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.***

_____ ***Other Transfer Exemption:*** _____

**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 intent to main 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: _____

## 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 I name & address)** _____

**(Parent II name & address)** _____

Name of Sending School _____

Did student participate in athletics at sending school? Yes No

The undersigned herby 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 |
|---|---|---|---|---|---|---|
| 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: 4/2016**