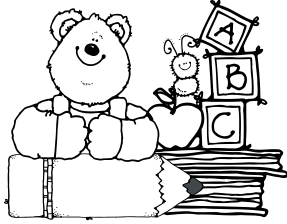


No. # \_\_\_\_\_



South Colonie Central School District

Universal Pre-K (UPK) Program

2017 - 2018

APPLICATION

Child's Name \_\_\_\_\_

Home address: \_\_\_\_\_

DOB \_\_\_\_\_ (date range 12/2/12-11/30/13 only)  Male  Female

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mother's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Are any custody papers in effect for your child? Yes \_\_\_ No \_\_\_

Name of custodial parent or guardian \_\_\_\_\_

If child does not reside with both parents, please list which parent the child resides with \_\_\_\_\_

Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

NO TRANSPORTATION IS PROVIDED

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*



*Applications will be accepted through May 17, 2017 at 4:00 p.m.*

*at the District Office ( No exceptions)*

*APPLICATION MUST BE COMPLETELY FILLED OUT*



\*\* More information about the Universal Pre-K Program can be found on our district's webpage at [www.southcolonieschools.org](http://www.southcolonieschools.org) \*\*



# South Colonie School District

## Pre-K Registration Form

102 Loralee Drive, Albany, NY 12205 (518) 869-3576 ext. 2454

Student name/address: \_\_\_\_\_

\_\_\_\_\_ Telephone # \_\_\_\_\_

**A. Former School: (PreSchool or Pupil Service if applicable)**

Name \_\_\_\_\_

Address \_\_\_\_\_

**B. Student Number \_\_\_\_\_ (Office use)**

**C. Does the child receive Special Education Services? Yes No (Please circle one)**

**D. Is English the primary language spoken at home? Yes No (Please circle one)**

What other languages are spoken at home? \_\_\_\_\_

- Birth Certificate or passport, immunization records, and 3 proofs of residency of legal guardian of the child must be submitted with this form to complete initial screening.
- Final screening will take place at the child's school. Pupil Services will contact you to finalize registration.
- All questions above must be answered. Omitting or falsifying information will result in denial of admission and possible legal action.

I hereby agree that should South Colonie Central School District admit my child (ren) to its schools and later determine that said child(ren) is not a resident of the district, I shall be responsible to reimburse the District for tuition for the period of attendance at said schools. I understand that should I fail or refuse to reimburse the South Colonie Central School District for the tuition, that South Colonie Central School District shall take necessary legal steps to obtain said tuition.

---

Signature

Date

Below is for Office use only: Acceptable forms for proof of residence (3 required)

Tax Bill Utility Bill Phone Bill Mortgage Statement Lease Agreement Current Pay Stub

Bank/Credit Union Statement Voter Registration Card Homeowner/Tenant Insurance Real Estate Closing Documents

DSS Benefit Document Current Court Documents Water Bill Government Documents Home/Renter Insurance



# South Colonie

CENTRAL SCHOOL DISTRICT

102 Loralee Drive  
Albany, New York 12205  
Phone (518) 869-3576 ext 2454  
Fax: (518) 869-0538

## Enrollment Form

### Residency Questionnaire

#### McKinney-Vento Assistance Act

The McKinney-Vento Assistance Act of 1987 is a federal law that provides money for homeless shelter programs.

#### CONFIDENTIAL INFORMATION

Name of LEA South Colonie Schools

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Where is the student currently living? (Please check one given below.)

In an emergency or transitional shelter

With another family or other person due to loss of housing or economic hardship

With an adult who is not a parent or guardian or alone without an adult

In a hotel/motel

In a car, park, bus, train, campsite, public place, abandoned building

Other temporary living situation (Please describe) \_\_\_\_\_

**No, the student is residing in permanent housing.**

Print name of Parent, Guardian, or Student

Signature of Parent, Guardian, or Student

Date \_\_\_\_\_

**If the student is not living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.**

#### NOTE TO SCHOOLS/LEAS:

If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



# South Colonie

CENTRAL SCHOOL DISTRICT

102 Loralee Drive  
Albany, New York 12205  
Phone (518) 869-3576 ext 2454  
Fax: (518) 869-0538

### Parent/Guardian Information

#### Parent 1

Name Prefix:

Dr. Mr. Mrs. Ms. Other (Indicate)

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

Relationship to Student:  Father  Mother  Step-Father  Step-Mother  Relative  Non-Relative

Legal Guardian:  Yes  No Gender:  M  F

Address: \_\_\_\_\_  
(If Different from Student)

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Phone numbers  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home: \_\_\_\_\_ Pager: \_\_\_\_\_

Spoken Language: \_\_\_\_\_  
Written Language: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Work Email: \_\_\_\_\_

#### Can this person: Yes No

Receive mail about this student?  Yes  No

Pick this student up from school?  Yes  No

### Parent 2

Name Prefix:

Dr. Mr. Mrs. Ms. Other (Indicate)

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

Relationship to Student:  Father  Mother  Step-Father  Step-Mother  Relative  Non-Relative

Legal Guardian:  Yes  No Gender:  M  F

Address: \_\_\_\_\_  
(If Different from Student)

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Phone numbers  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home: \_\_\_\_\_ Pager: \_\_\_\_\_

Spoken Language: \_\_\_\_\_  
Written Language: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Work Email: \_\_\_\_\_

#### Can this person: Yes No

Receive mail about this student?  Yes  No

Pick this student up from school?  Yes  No

#### Parent 3

Name Prefix:

Dr. Mr. Mrs. Ms. Other (Indicate)

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

Relationship to Student:  Father  Mother  Step-Father  Step-Mother  Relative  Non-Relative

Legal Guardian:  Yes  No Gender:  M  F

Address: \_\_\_\_\_  
(If Different from Student)

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Phone numbers  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home: \_\_\_\_\_ Pager: \_\_\_\_\_

Spoken Language: \_\_\_\_\_  
Written Language: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Work Email: \_\_\_\_\_

#### Can this person: Yes No

Receive mail about this student?  Yes  No

Pick this student up from school?  Yes  No

Is there a custody issue?  Yes  No

If yes, who has custody? \_\_\_\_\_

Is there an order of protection?  Yes  No

If yes, the school district must have a copy.

**Important:** The District shall presume that either parent of the student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order, decree of divorce, separation or custody that indicates the non-custodial parent does not have the right to obtain such release.



# South Colonie

CENTRAL SCHOOL DISTRICT

102 Loralee Drive  
Albany, New York 12205  
Phone (518) 869-3576 ext 2454  
Fax: (518) 869-0538

## Emergency Contacts

List a relative and a neighbor who will be responsible for your child in case of illness/accident and you can not be reached

	Name & Address	Phone
Relative:	_____	_____
	_____	_____
Neighbor:	_____	_____
	_____	_____
Emergency Drop Off:	_____	_____
	_____	_____

## Automated Telephone Notification

In the event of an emergency (e.g. early dismissal) both numbers listed below (Primary, Emergency) will be called. For non-emergency situations (e.g. community outreach) only the first number listed below (Primary) will be called.

Please Note: This system cannot dial extensions. Therefore, please use numbers that will reach you directly.

Primary: \_\_\_\_\_

Emergency: \_\_\_\_\_

## Student Race and Ethnicity

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) Select the box that best describes your child.] Select only ONE box.

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 racial groups.

[For question (2) you may select all groups that apply to your child. Select at least ONE box.]

- 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 for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian/Other 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.

## Other Information

Has family moved within past 3 years to obtain migratory employment? Yes No (Please circle one)

\* If yes, complete migrant worker form.

Home Language (If other than English): \_\_\_\_\_

\* Requires completion of the Home Language Questionnaire.

For Immigrants Only: (Must answer all 3)

Initial Date of Entry into U.S.: \_\_\_\_\_

Years in U.S. schools: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

## Siblings in same household

Name:	Date of Birth:	Gender (Circle One)	Grade
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

### Internet Permission

My son/daughter has permission to use the internet at school:

YES  NO

Signature of person filling out form

Relationship