

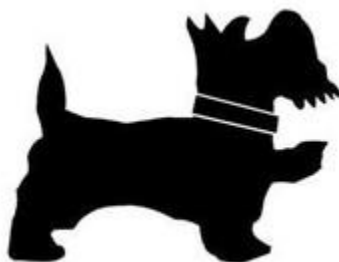
Student Registration Packet

Welcome to

Ballston Spa Central School District

Home of the Scotties

The Scottie dog became the Ballston Spa mascot in the 1960's. It was in honor of William B. Scott, a longtime district teacher, coach and Athletic Director. His teams were referred to as "Scottie's Boys" so the Scottie dog became the logo that was utilized as the team mascot.



## Registration Instructions

New Students are registered by appointment at the District Office, 70 Malta Avenue, Ballston Spa. Parents should obtain and complete a registration packet prior to scheduling an appointment with the Registration Office at 518-602-0256, or email to [akavanaugh@bscsd.org](mailto:akavanaugh@bscsd.org). **A parent/legal guardian must be present at the time of registration.**

### PARENTS MUST PROVIDE THE FOLLOWING TO COMPLETE REGISTRATION

- **Parent/Legal Guardian photo identification**

- **Proof of Residency**

As required by New York State Law, all new students must provide the proper documentation to establish residency. **It is necessary for you to provide TWO (2) acceptable forms of proof:**

Acceptable:

- A copy of a residential lease; deed; or mortgage statement;
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (either sworn or unsworn);
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.

The District will also accept:

- Pay stub; Income tax form; Utility or other bills;
- Membership documents based upon residency; Voter registration document(s);
- Official driver's license, learner's permit, or non-driver ID;
- State or other government issued identification;
- Documents issued by federal, state, or local agencies; Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

- **Birth Certificate**

An original birth certificate with a raised seal or a valid passport will be accepted.

If a Birth Certificate is not available, you may provide the following:

- Student's official driver's license; State or other government issued identification
- School photo identification with date of birth; Military dependent identification card;
- Consulate identification card; Documents issued by federal, state, or local agencies;
- Hospital or health records; Native American tribal documents;
- Court orders or other court-issued documents;
- Records from non-profit international aid agencies and voluntary agencies

- **Proof of Immunization**

Must be signed or stamped by a State licensed health care provider. Proof may be faxed to (518) 884-8180 directly from the physician's office.

- **School Records**

Most current Report Card, standardized testing results, and contact information, including phone and fax numbers, for the last school attended.

Most current Individualized Education Program (IEP) if applicable

- **Special Circumstances**

Please provide appropriate documents, if applicable, detailing legal guardianship situations, temporary living situations, name changes, and/or custody agreements.

New Student Registration Form

FOR OFFICE USE ONLY
Malta Avenue [ ] Gordon Creek [ ] Milton Terrace [ ] CPSE [ ] Student ID # [ ]
Wood Road [ ] Middle School [ ] High School [ ] SPED [ ] Family ID # [ ]

STUDENT INFORMATION

Last Name [ ] First Name [ ] Middle Name [ ] Gender [ ]
Home Phone Number [ ] Grade [ ] Date of Birth [ ] Nick Name/Preferred Name [ ] Language Spoken at Home [ ]

Home Address

Mailing Address (If different from Home Address)

Street [ ] Street/P.O. Box [ ]
City [ ] Zip Code [ ] City [ ] Zip Code [ ]

MCKINNEY-VENTO ASSISTANCE ACT

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.

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

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date \_\_\_\_\_

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Relationship to Student [ ]

[ ]

Last Name

[ ]

First Name

[ ]

Home Phone

[ ]

Cell Phone

[ ]

Email Address

[ ]

Employer

[ ]

Employer Phone

Parent/Guardian #2 (in same household)

Relationship to Student [ ]

[ ]

Last Name

[ ]

First Name

[ ]

Home Phone

[ ]

Cell Phone

[ ]

Email Address

[ ]

Employer

[ ]

Employer Phone

Parent/Guardian Not Residing with Student - Relationship to Student

[ ]

[ ]

Last Name

[ ]

First Name

[ ]

Home Phone

[ ]

Cell Phone

[ ]

Email Address

[ ]

Address

[ ]

Employer Phone

Can this person receive mail for student? [ ] Yes [ ] No Can this person pick student up from school? [ ] Yes [ ] No

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.

[ ] Please check here if the student has a parent on Active Duty in the Armed Forces. Branch of service: \_\_\_\_\_

Please provide the name and contact information for a responsible party other than a parent or guardian who will transport your child should the need arise (e.g. sent home for illness, discipline reasons, etc.).

Emergency Contact #1

Relationship to Student [ ]

[ ]

Last Name

[ ]

First Name

[ ]

Home Phone

[ ]

Cell Phone

[ ]

Employer

[ ]

Employer Phone

Emergency Contact #2

Relationship to Student [ ]

[ ]

Last Name

[ ]

First Name

[ ]

Home Phone

[ ]

Cell Phone

[ ]

Employer

[ ]

Employer Phone

## EDUCATIONAL HISTORY

Has your child previously attended BSCSD?

 Yes

 No

Are there siblings attending BSCSD?

 Yes

 No

Does your child have an IEP (Individual Education Plan)?

 Yes

 No

504 Plan?

 Yes

 No

Has your child participated in any of the following programs?

 Academic Intervention Services

 Reading

 Math

 Other \_\_\_\_\_

Please check any special programs that your child has been assigned in the past:

 Consultant Services

 Resource Room

 Bilingual Education

 Special Classes/Other

 Occupational Therapy

 Speech Therapy

 Physical Therapy

 Counseling

Please provide the last date your student attended school:

### Other School Districts Attended

*(List most recent first)*

1

School Name

Year

Grade

Street Address

City

State

Zip Code

2

School Name

Year

Grade

Street Address

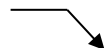
City

State

Zip Code

### Brothers and Sisters

Please check the box to indicate if the sibling lives at home




Name

School of Attendance

Birth Date

Gender

Grade



Name

School of Attendance

Birth Date

Gender

Grade



Name

School of Attendance

Birth Date

Gender

Grade



Name

School of Attendance

Birth Date

Gender

Grade

**HEALTH INFORMATION**

Are there any health problems/matters the District should be aware of to transport your child safely?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is your child under the care of a physician for a current health problem?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Child's Physician:

Phone:

Child's Dentist:

Phone:

Date of Last Physical Exam:

Please provide information on the following:

Allergies:

Physical Limitations:

Other Illnesses or Serious Injuries:

Please indicate if your child has had any of the following conditions by entering a date:

Date		Date		Date	
_____	Arthritis	_____	Ear Tubes	_____	Rheumatic Fever
_____	Asthma	_____	Head Injuries/Concussion	_____	Scoliosis
_____	Blood Disorder	_____	Heart Disorder	_____	Seizure Disorder
_____	Blood Transfusion	_____	Hepatitis	_____	Skin Conditions
_____	Braces/Capped Teeth	_____	History of PKU	_____	Speech Problems
_____	Chicken Pox	_____	Kidney Problems	_____	Tonsillitis
_____	Diabetes	_____	Migraines	_____	Tuberculosis
_____	Ear Conditions	_____	Pneumonia	_____	Vision Problems

**ADDITIONAL STUDENT INFORMATION**

Is the student a foster child?      Yes      No      If yes, attach form DSS-2999

**Ethnicity**       Hispanic/Latino       Non-Hispanic

**Race**       American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White

**PHOTO RELEASE**

Yes      No  
     

I hereby grant the Ballston Spa Central School District the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references me and/ or my children, in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations of school programs and may appear in printed material, video presentation, news coverage (both print and television) and/or on the district's web site.

Furthermore, I waive the right to inspect or approve the finished product, or any text that accompanies it. I release the Ballston Spa Central School District from any claims and demands connected with the use of the materials.

I hereby warrant that I am of legal age and have the right to contract for myself and/or my minor child. I have read the above authorization and fully understand the contents.

**STUDENT RECORD UPDATES**

It is very important that the school district receive updates to any of the information provided in this Student Registration Packet. Please contact the school your student is attending with new or changed information.

**PARENT CERTIFICATION AND SIGNATURE**

By signing this form, I acknowledge the responsibility of providing the district with accurate information. I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date