

**JEFFERSON CENTRAL SCHOOL
JEFFERSON, NEW YORK
REGISTRATION / HEALTH FORM**

Date Completed _____

Child's Name: (Last) _____ (First) _____ (Middle) _____ Child's Social Security Number _____

Name Used _____

Male / Female _____

Grade _____

Date of Birth _____

Place of Birth _____

Mailing Address _____

Zip Code _____

Location of home (for bus route purposes) _____

Phone Number _____

List previous schools attended (name, address, etc.) _____

Brothers/Sisters Name

Date of Birth

Other Members of Household

Child Lives With: Both Parents Mother Father Guardian Foster Parents
 Stepfather Stepmother Grandparents Other _____

Father's Information

Mother's Information

Name: _____
Date of Birth: _____
Place of Birth: _____
Address: _____
Occupation: _____
Employer: _____
Work Phone: _____

EMERGENCY INFORMATION

Family Physician's Name: _____

Phone Number _____

Family Dentist Name: _____

Phone Number _____

Relative's name to contact in event I am unavailable (relationship) _____

Phone Number _____

Friend/Neighbor to contact in event I am unavailable _____

Phone Number _____

JEFFERSON CENTRAL SCHOOL
1332 State Route 10
Jefferson, NY 12093

Student's Name _____

Health History:

Please check if your child has or had any of the following, and the date. If your child requires medication for any of the following conditions, please note.

_____ Chicken Pox	_____ Pneumonia
_____ Measles	_____ Tuberculosis
_____ German Measles	_____ Whooping Cough
_____ Mumps	_____ Ear/Hearing Problems
_____ Diphtheria	_____ Rheumatic Fever
_____ Scarlet Fever	_____ Heart Disease
_____ Frequent Sore Throat	_____ Fever over 103
_____ Diabetes	_____ Epilepsy/Convulsion
_____ Serious Injury	_____ Operations

Other _____

Does your child have asthma? Yes ___ No ___
If yes, does he/she take prescribed medication? Yes ___ No ___
Name of medicine and dosage: _____
Does he/she need to take medicine at school? Yes ___ No ___

Does your child have any allergies? Yes ___ No ___
If so, what kind of allergies? (e.g., bee stings, food, etc.) _____

Does he/she need to take medication for the allergy? Yes ___ No ___
How often, name of medicine, and dosage: _____

Does your child require immediate medical attention for any allergy?

Has your child had any diagnostic testing? Yes ___ No ___
If so, please state what and the results if you know them (i.e., EEG, EKG, neurological, psychological, etc.) _____

Is your child presently under treatment for any other physical problems, or on daily medication? Yes ___ No ___
If so, please explain: _____



JEFFERSON CENTRAL SCHOOL

1332 State Route 10 • Jefferson, New York 12093

(607) 652-7821 • Fax (607) 652-7806

www.jeffersoncs.org

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian,

The Jefferson Central School has adopted a policy which requires the collection and recording of the ethnic identity of students in the Jefferson Central School District in accordance with the federal categories and definitions. The information is used to:

Report information to the State and Federal Education Departments.

Plan education programs and make sure they are readily available to all students.

Analyze differences in academic performance, attendance and completion of school.

We need your help to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check box for the category which best describes your child. The Jefferson Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIAL PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below:

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM



JEFFERSON CENTRAL SCHOOL
STUDENT RACIAL AND ETHNIC IDENTIFICATION

FORM
SREI

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.

Name of School: _____

School District Student Identification Number: _____

Date of Birth (Month/Day/Year):
 / /

Student Name: Last, First, Middle: _____

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; check (√) at least ONE box.]:

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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 OR AFRICAN AMERICAN: 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.

Signature of Parent/Guardian/Other _____

Date _____

Relationship to Student (please check one box below):

- Mother
- Father
- Guardian
- Other (Specify): _____

See reverse for important message to
 Parents/Guardians and Confidentiality Procedures and
 Regulations.

Student Residency Questionnaire

JEFFERSON CENTRAL SCHOOL

Name of Student: _____ Sex: M or F
Last First Middle

Birth Date : _____ Age: _____ Social Security #: _____
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.)

- 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 _____

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



Release of Student Information & Photo Release "Opt Out" Form

*This form should be filled out **ANNUALLY** and kept on file with the child's school **ONLY IF PARENTS CHOOSE AN OPT-OUT OPTION.***

Student's Name: _____ Grade: _____

School: **Jefferson Central School** School Year: _____

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Parents and eligible students have a right to opt out of the inclusion of information about the student as directory information, photo/image, and student work. **If you wish to opt out, you must check the box(es) below and return this form no later than September 18 or ten days following the student's enrollment in the District, whichever is later. This election is good for the remainder of the current school year.**

Parent, please check all that apply:

PLEASE DO NOT INCLUDE MY STUDENT'S INFORMATION IN **DIRECTORY INFORMATION** THAT MAY BE RELEASED WITHOUT MY CONSENT INCLUDING, BUT NOT LIMITED TO:

- YEARBOOKS
- NEWSLETTERS
- BROCHURES
- AWARDS
- DISTRICT CALENDAR

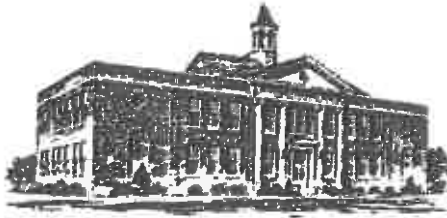
PLEASE DO NOT RELEASE MY STUDENT'S DIRECTORY INFORMATION TO THE **ARMED FORCES.**

PLEASE DO NOT PUBLISH MY STUDENT'S **PHOTO/IMAGE AND STUDENT WORK.**

Parent/Guardian's Name (Please Print)

Date:

Parent/Guardian's Signature



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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

STUDENT NAME: _____ DATE: _____

TO: _____

Please forward the following records as soon as possible:

- Testing Records
- Grade Reports
- Discipline Records
- Behavioral Observations
- Immunizations/Health Records
- Transcripts
- Birth Certificate/Social Security Number
- CSE/IEP Information
- Other: _____

Thank you for your prompt attention to this request.

Sincerely,

William Clooney
Principal

AUTHORIZATION:

As the parent/legal guardian of the above named student, I give permission for the release of records.

Signature: _____ Date: _____

*Parental permission is no longer required when records are requested by authorized personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24,673)