Registering a Student in the Marcellus School District

Welcome to the Marcellus Central School District! Registration for new students takes place in the Central Offices located in Driver Middle School, 2 Reed Parkway. **Please call ahead for an appointment.** Please come to the door marked Business Office. **Office hours are 8 a.m. to 3:45 p.m.** during the school year and **8:45 a.m. – 3:00 p.m.** during school vacations. Please pre-register at **marcelluschools.org/parents/new student registration**.

Please be sure to have all the necessary documents before coming in to register. If you have any questions, email me (preferable) or call me on the number below.

Sue Larison, Registrar
Tel: 315-673-6000; Fax: 315-673-6034 *slarison@marcellusschools.org*

Forms Needed for Registration

As a parent, you have the right to refer your child for a special education evaluation if you believe they may have an educational disability. For additional information, please contact the Assistant Superintenent for Pupil Services/CSE chairperson, Trish McCarron atpmccarron@marcellusschools.org or 673-6006 or go to the NYSED website at www.p12.nysed.gov/specialed/publications for a copy of a Parent Guide to Special Education.

Documentation Detail	Documents on Website	Pertains to:	Completed By:	Check ✓
Registration Form	Word Format Complete & Print	All Students	Parent	☐
Authorization to Release Records Form	Word Format Complete & Print	All Students *(except Kindergarten)*	Parent	☐
Forms Needed at time of Registration or within three days of Enrollment				
Student Residency Form	Word Format Complete & Print	All Students	Parent	☐
Proof of Residency: (one of each) ➢ Primary Form of Proof ➢ Secondary Form of Proof (see acceptable forms)		All Students who do not have a sibling already in district		☐ ☐
Proof of Age *(birth certificate, passport, health records)*		Entering Kindergarten		☐
Up-to-date Immunization Records		All Students	Physician	☐
Physical Exam Form *(Physical within 1 year of starting)*	PDF Format Print & Complete	All New Students	Physician	☐
Dental Health Certificate (optional)	PDF Format Print & Complete	Students K, 2, 4, 7 & 10	Parent & Dentist	☐
Home Language Questionnaire	PDF Format	All Students	Parent	☐
If Applicable				
IEP/504 Plan		If Special Ed	Outgoing District	☐
Reduced/Free Lunch Form	PDF Format Print & Complete	Those Eligible	Parent	☐
Custody Agreement and/or Court Papers		If parents separated/ divorced	Court/Parent	☐
Statement of Residence	Word Format Complete & Print	If living with another family in district – not in own home	Homeowner with whom student is living	☐
Special Transportation Request	Word Format Complete & Print	If parents using childcare address	Parent	☐

Marcellus Central Schools
Student Registration

Student #:	**Guidance Counselor/ Homeroom:**	**Grade Entering:**	**Date Registered**:
Starting Date:	**Home Language Questionnaire**: ☐	**Proof of Residency** Primary ☐ Secondary ☐ Siblings in District: ☐	**Immunization Records:** ☐
Residency Form: ☐	**Proof of Age**: ☐	**Physical Exam**: ☐ **Dental Exam**: ☐	**IEP/504 Plan**: ☐ NA ☐
Authorization to Release Records: ☐ K = N/A: ☐		**Custody Papers/Affidavits**: ☐ N/A: ☐	**Entered in ST**:

Do not write above this line – office use only

Student's Name	Last	First	Middle	Sex M ☐ F ☐
Date of Birth		E-mail address:		
Address – *House Number & Street*:				
City			Zip	
Special Education	Is this child currently identified as a special education student, receiving special education service? Yes ☐ No ☐		Is this child receiving AIS Services? Yes ☐ No ☐	
Father's Name		DOB	Employer	
Education – Last Grade/Degree			Phone: Home	
Address (if different)			Phone: Cell	
			Phone: Work	
Mother's Name		DOB	Employer	
Education – Last Grade/Degree			Phone: Home	
Address (if different):			Phone: Cell	
			Phone: Work	

Child's Parents are: Married ☐ Separated ☐ Divorced ☐ Never Married ☐

Child is currently living with: √		Father	☐	Mother	☐
Step-Father	☐	Step-Mother	☐	Grandfather	☐
Grandmother	☐	Foster	☐	Legal Guardian	☐

Other, Explain:

Note: Under Marcellus Central School District Policy: Unless court papers are on file with the district, both parents have equal access to their child(ren) and school records.

If parent is not available, in case of illness or emergency, call	
Name:	Phone: Home
Address:	Phone: Cell
	Phone: Work
Relationship to child:	

Physician		Phone Number:

Please list brothers and sisters

Name	Education	Birth Date	Sex: M/F

If this child is transferring from another school, please give the name and address of the former school.		
Name:	Address:	
Grade Level student will be entering in Marcellus:		
Has the student ever attended Marcellus in the past?	Yes ☐	No ☐
If yes, when?		

Preventive and Control Measures

Additional health examinations and date of same:	Chest X-ray	
Hearing Eyes	Dental	Other
Is He/She Attending Nursery School/Day Care?	Yes ☐	No ☐
Name of School:		
Number of Days Attending:	Telephone #	

Health History

Native Language Spoken in the Home:

State approximate year in which your child had any of the following:

Chicken Pox	Rheumatic Fever	Tuberculosis
Diphtheria	Scarlet Fever	Contact with TBC
German Measles	Whooping Cough	Measles
Asthma, Allergies	Diabetes	Ear Conditions
Heart Disease	Seizures	Frequent Colds
Mumps	Pneumonia	Operations
Poliomyelitis	Birth Injury	Serious Injuries

Were there any problems with labor and delivery?	Yes: ☐	No: ☐
If yes, please explain:		
Birth Weight:		
Did he/she remain in the hospital after mother's discharge?	Yes: ☐	No: ☐
If yes, please explain:		
Does your child have a health problem (allergies, ear problems, etc.) that school personnel should be aware of?	Yes ☐	No ☐
If yes, please explain:		

Is your child on any regular medication?	Yes ☐	No ☐
If yes, please list:		

Has your child been hospitalized at all since birth?	Yes ☐	No ☐
If yes, what was the reason?		

Has your child had any serious illness or injury that did not require hospitalization?	Yes ☐ No ☐
If yes, please explain:	

Has your child had other screening or evaluation by other health professionals (i.e. speech therapist, neurologist, psychiatrist, etc)?	Yes ☐ No ☐
If yes, date and results:	

Do you have any concerns regarding your child that you would like to bring to the attention of his/her teacher or school nurse?	Yes ☐ No ☐
If yes, please elaborate:	

I certify that the above information is accurate to the best of my knowledge and that I have legal custody of the above-named child.

Signature of parent/guardian: Date:

By completing this part of the form, you will help us to receive any additional state aid that will be made available to our district based on these factors.

Please answer both questions 1 and 2. Please read them before you respond.

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. Please check √ the box that best describes your child.

   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. You must check at least one box.

American Indian or Alaska 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.* ☐

Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.* ☐

Native Hawaiian or Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pactific 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* ☐

Marcellus Central School District
2 Reed Parkway
Marcellus, NY 13108
(315) 673-6000

Authorization to Release Records

Permission is hereby given to the school named below:

Name of Previous School:

Address:

Phone No. of School: Fax No. of School:

To release information to Marcellus Central Schools regarding:

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

The specific nature or purpose is to obtain information for the student(s) enrolling in our district.

The Marcellus Central School District is released from all legal responsibility that may arise from this act.

I, the undersigned, have read the above and authorize the staff of the facility to disclose such information as herein contained.

Signature:	Date:

Student Residency

Name of Student:

The following questions are asked in accordance with the McKinney-Vento Act 42 U.S.C. 1134a [2] and Education Law 3209 (1)(a). The answers to the following residency questions will provide information to help the Marcellus Central School District determine the services a student may be eligible to receive. 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.

Is the student in temporary living arrangements due to the loss of housing or economic hardship?	Yes ☐ No ☐

If the answer to the above question is yes, please complete the following:

The student is currently living …	**Please check √**
In a household with the custodial parent and/or legal guardian	☐
In a shelter	☐
With more than one family or relatives in a house or apartment	☐
In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus, etc)	☐
In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing	☐
In an abandoned apartment/building	☐
In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement	☐
As a migratory child by moving from place to place	☐
As an unaccompanied youth for whom no parent or person in parental relation is available	☐

Please answer the following questions. This will help determine whether you are residents of the Marcellus Central School District.

Is the current address and living arrangement in Marcellus the student's actual and only address/residence?	Yes ☐	No ☐
As the parent or legal guardian, is the place you claim as your residence, the place where you and your child sleep, reside, and use as a base of operation?	Yes ☐	No ☐
Does the student intend to remain permanently in the district?	Yes ☐	No ☐
Does the student live with the adult having physical custody (custodian parent or guardian) of the student?	Yes ☐	No ☐

I certify that the information above is correct. I realize that any misrepresentation may lead to the student(s) being denied enrollment in the Marcellus Central School District.

Signature of parent or guardian:

Registrar: If answer to first question is "yes" please give to Liaison. Date: Initial:

AGE AND RESIDENCY REQUIREMENTS

Acceptable Proofs of Residency

It will be necessary for you to provide one form of Primary Proof and at least one form of Secondary Proof. ***All forms of proof must be dated within three (3) months of presentation.***

Primary proof – show you own or rent property in the district

OWN your home:

► Residential tax bill for improved residential real property within the district, in the name of parent or legal guardian
► Copy of signed purchase agreement for improved residential real property within the district
► Residential mortgage instrument, or deed, duly recorded in the Onondaga County Clerk's Office in the name of parent or legal guardian, which describes real property with a residential address within the district.

OR….RENT your home:

► Lease agreement and Rental Receipt in the name of parent or legal guardian, for improved residential real property within the district, with name, address, and telephone number of Landlord for verification purposes.
►Notarized letter from owner of the house stating the parent or legal guardian and student(s) are residing with them. Include the address of the property and utility bill of the owner.

Secondary proof – show you actually reside in the district

► Utility bill (electricity, telephone, or natural gas or propane) or letter indicating service to begin within 30 days for service at a residential address within the district being billed in the name of Parent or Legal Guardian
► Bank statement in the name of Parent or Legal Guardian, addressed to a residential address within the district.
► Social Services correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
► Social Security correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
► U.S. Postal Service verification of change of address to a residential address within the district, in the name of Parent or Legal Guardian
► Federal or NYS income tax documentation with preprinted name and address addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district, such as a W2 form, preprinted label from government, or income tax return check with preprinted address.
► A policy or binder of homeowner's or residential renter's insurance for residential real property within the district addressed and/or issued in the name of Parent or Legal Guardian.
► Document issued by federal, state or local agencies (e.g. Federal Office of Refugee Resettlement)
► Other proof acceptable to a district administrator that would demonstrate that the child actually resides (defined as the primary place where the child predominately sleeps, has a physical presence as an inhabitant, changes clothes, and has a base of operations for their care, custody, and living arrangements in the school district).

Acceptable Proofs of Age

►Birth Certificate
►Passport
►State or other government issued identification
►Hospital or health records
►Consulate identification card
►Native American tribal document
►record from non-profit international aid agencies
►Official driver's license
►School photo identification with date of birth
►Military dependent identification card
►Court order or other court issued documents
►Document issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement)

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 & 10, sports, working permits and triennially for the Committee on Special Education (CSE)

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ **Date of Birth:** _____

School: _____ **Gender:** ❑ **M** ❑ **F** **Grade:** _____

IMMUNIZATIONS / HEALTH HISTORY

❒ Immunization record attached
❒ No immunizations given today
❒ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ❒ Positive ❒ Negative ❒ Not done Date: _____
PPD: ❒ Positive ❒ Negative ❒ Not done Date: _____
Elevated Lead: ❒ Yes ❒ No ❒ Not done Date: _____
Dental Referral ❒ Yes ❒ No ❒ Not done Date: _____

Significant Medical/Surgical History: ❒ See attached _____

Allergies: ❒ **LIFE THREATENING** ❒ Food: _____ ❒ Insect: _____ ❒ Other: _____
❒ Seasonal ❒ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

			Referral
Body Mass Index: _____ _____ . _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th	Vision - Near Point	R	L	
❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher	Hearing ❑ Pass 20 db sc both ears or:	R	L	

❒ **EXAM ENTIRELY NORMAL** Tanner: I. II. III. IV. V. Scoliosis: ❒ Negative ❒ Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): ❒ None ❒ Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed ❒ Yes ❒ No Student may self carry and self administer medication ❒ Yes ❒ No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

❒ **Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:**

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

❒ **Specify medical accommodations needed for school**: _____ ❒ None

❒ **Known or suspected disability:** _____ ❒ Please monitor

❒ **Restrictions:** _____ ❒ Please monitor

❒ **Protective equipment required:** ❒ Athletic Cup ❒ Sport goggles/impact resistant eyewear ❒ Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: ❒ Asthma Diabetes: ❒ Type 1 ❒ Type 2 ❒ Hyperlipidemia ❒ Hypertension
❒ Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with the NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.