



Mohonasen Central School District

2072 Curry Road, Schenectady, New York 12303

518-356-8222 Phone 518-356-8247 Fax vgannon@mohonasen.org

Private or Parochial Registration Information

Mohonasen CSD provides Health and Welfare Services to your child while they are attending private or parochial schooling. As a resident of the district, the information listed is required to register. The Central Registration Office is located in the District Offices at 2072 Curry Road. Completed packets may be left in the dropbox located outside the office doors, emailed or faxed.

Proof of Residency

One of the following items with your name and address, dated within the last 30 days:

- 1) If you are a renter, **provide a current lease** which includes the landlord's name, address and contact number.
- 2) If you are a renter **without a current lease**, provide a current rent receipt with the landlord's name, address and phone number as we will need to call and speak with them.
- 3) If you are a homeowner, provide a current tax bill, deed or mortgage statement.
- 4) If you have just had your closing, closing documents and realtor information
- 5) **If you are moving in with someone else and you do NOT own the home**, that individual must provide one of the documents listed above and sign a notarized statement regarding residency. **The homeowner and parent must sign separate documents and have them notarized** and you must provide the items listed below.

License and vehicle registration with your current address.

Two of the following items with your name and current address dated within the last 30 days. THESE ITEMS ARE REQUIRED EVEN IF YOU RECENTLY MOVED:

- 1) National Grid or Spectrum bill
- 2) Current pay stub
- 3) Bank and/or credit union statement
- 4) Income tax forms
- 5) Homeowners or renters insurance
- 6) Documents issued by federal, state or local agencies
- 7) Completed change of address document from the post office

Continued on back page

Students proof of age

Provide one of the following documents to show proof of age:

- 1) Child's birth certificate
- 2) Passport
- 3) Baptism certificate

OTHER MANDATORY STUDENT INFORMATION

- 1) Immunization records and current physical. The registration packet may not be processed without this!
- 2) Custody paperwork if applicable. If the student is not your biological child, an official court generated document that proves a permanent and total transfer of custody and control of the student to you must be provided.

Current proof of residency is required and needs to be presented at the time the paperwork is turned in even if you have another child in the district.

Incomplete packets cannot be processed

Feel free to contact the District Registrar, Mrs. Gannon, at 518-356-8222 with any questions

Mohonasen Central School District New Student Registration Form

*Please print **clearly**, all information is entered into the students School Tool account from this paperwork. School Year: _____

Student Data:

Student Name **as listed on birth certificate:** _____

Alternate Student Name or Nickname: _____

Date of Birth: ____/____/____ Circle one: Male Female Non-Binary

Address: _____

Is this for a pre-school evaluation? YES ____ NO ____

Grade at Entry: _____ School(Circle one): Bradt(K-2) Pinewood(3-5) Draper(6-8) High School(9-12) Private/ Parochial---Name of school: _____

Is the student a: Foreign Exchange Student, Refugee or Immigrant: Yes/No Country: _____

Student lives with(check all that apply):

___ Mother ___ Father ___ Guardian ___ Step-Mother ___ Step-Father

___ Siblings ___ Grandmother ___ Grandfather ___ Foster Parent (attach DSS 2999 form)

___ Other _____

Please list all children living in the home:

Name: _____ DOB/sex: _____ Grade: _____ School: _____

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Name: _____ DOB/sex: _____ Grade: _____ School: _____

Name: _____ DOB/sex: _____ Grade: _____ School: _____

Name: _____ DOB/sex: _____ Grade: _____ School: _____

Family Data:

Parent/Guardian: _____

Spouse/Other: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: (If there is one, if not leave blank)

Home Phone: _____

Work phone#: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Occupation: _____

Occupation: _____

New Student Registration form continued

Special Needs of the Child:

Is your child identified by the Committee on Special Education? YES ____ NO ____

Does your child have a 504 plan or an IEP? YES ____ Circle one: IEP/504 NO ____

Are there any legal or custodial restrictions? YES ____ NO ____

*If yes, a court document is required and must be attached.

Is there any other relevant information? YES ____ NO ____

*If yes, please explain: _____

Previous information that is required:

Previous address: _____

Previous school attended with name, address and phone number for the school:

Other schools attended if prior school is less than 3 years: _____

Has the student repeated a grade: YES ____ NO ____ If YES, which grade? ____

Parent Statement: I certify that the above information is true and correct. Any misinformation regarding residency could result in being billed the tuition and exclusion from attending Mohonasen Central Schools.

Parent signature: _____ Date: _____

Office use only: Proof of Residency:

One of the following:

School Taxes/Deed/Mortgage Statement ____ Lease Agreement ____

Notarized Statement from Homeowner ____ w/ 1 proof ____

Notarized Statement from Parent ____

And at least two of the following documents:

Utility Bill ____ Insurance Bill ____ Paycheck ____ Bank Statement ____

Change of Address ____ Other ____ Other ____

AND

Vehicle Registration ____ License ____ Current Address? Yes/No

Registered by: _____ Date: _____ Expected Start Date: _____

Notes/Comment section:

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; and 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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other :	<input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached	Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> 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	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				

System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
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Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name: _____	DOB: _____
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SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

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

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY

Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports

Student is at Tanner Stage: I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

Record Attached Reported in NYSIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

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

Rotterdam-Mohonasen Central School District
RESIDENCY QUESTIONNAIRE

Name of LEA: Rotterdam-Mohonasen CSD

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Current Address: _____ Phone: _____

Previous Address: _____

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 permanent housing (this includes apartments with a rental agreement)
- In a shelter
- With another family or other person (sometimes referred to as "doubled-up") due to a loss of housing, economic hardship, or similar reason
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

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

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

Date

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

Mohonasen Central School District
Student Racial and Ethnic Identification Form

Student Name: _____

Date of Birth: _____

Grade: _____

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 America, or other Spanish Culture of origin regardless of race.

YES, Hispanic

NO, not Hispanic

2. Select one or more of the races from the following 5 racial groups. Check **all** groups that apply, but you **must** check at least one.

American Indian or Alaskan 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, 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

Date

Relationship to Student (please mark one below)

____ Mother ____ Father ____ Guardian ____ Other: _____