Mohonasen Central School District

2072 Curry Road, Schenectady, New York 12303
518-356-8222 Phone 518-356-8247 Fax
scandee@mohonasen.org

To Families Registering Students

The Central Registration Office is located in the District Offices at 2072 Curry Road. Please call or email Mrs. Candee to schedule an appointment. All paperwork should be completed prior to your appointment. Incomplete packets cannot be processed. Thank you for your cooperation.

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

ALTERNATE FORMS OF PROOF OF IF ONE OF THE ABOVE CANNOT BE PROVIDED:

1) Student license or permit
2) State or other government issued identification
3) Hospital or health records
4} Military dependent identification card
5) Documents issued by federal, state or local agencies
6) Court ordered documents
7) Native American tribal documents

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.
3) Child's IEP[Individual Education Plan), if applicable
4) Child's 504 plan, if applicable
5) Last report card or transcript
6) Foster children, DSS-2999 form must be provided

Please call the District Registrar, Mrs. Candee at 518-356-8222 as registrations are by appointment only.

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

Please complete all forms PRIOR to your appointment. If you have questions regarding the paperwork, feel free to call prior to your appointment.

INCOMPLETE PACKETS WILL NOT BE PROCESSED

Mohonasen Central School District New Student Registration Form

*Please print ***clearly***, all linformation 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: _____

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

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

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

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

Family Data:

Parent/Guardian: _____

Relationship to Child: _____

Address: _____

_____

Cell Phone: _____

Home Phone: (If there is one, if not leave blank) _____ Work phone#: _____

Email Address: _____

Occupation: _____

Spouse/Other: _____

Relationship to Child: _____

Address: _____

_____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

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: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ 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	☐	☐		
Sickle Cell Screen-PRN	☐	☐		
Lead Level Required Grades Pre- K & K			**Date**	
☐ Test Done ☐ Lead Elevated ≥5 µg/dL				

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

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

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

Mohonasen Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year	Sex: ☐ Male ☐ Female	Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name | Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.
I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

☐ Yes ☐ No Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No Untreated Caries – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No Dental Sealants Present

Other problems (Specify):_____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH: *Month* *Day* *Year*

GENDER: ☐ Male ☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other _____ *specify*	
2. What was the first language your child learned?	☐ English	☐ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	☐ Parent 1 _____ *specify*	☐ Parent 2 _____ *specify*	☐ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	☐ English	☐ Other _____ *specify*	
5. What language(s) does your child speak?	☐ English	☐ Other _____ *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other _____ *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other _____ *specify*	☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

Mohonasen Central School District
2072 Curry Road
Schenectady, NY 12303

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

*Yes** ☐ *No* ☐ *Not sure* ☐ *If yes, please explain:_____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ No ☐ Yes* **Please complete 10b below*

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
☐ No ☐ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: ☐ Parent ☐ Other:_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ NO ☐ YES

**DATE OF INDIVIDUAL INTERVIEW: _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

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 of more of the races from the following 5 racial groups. Check <u>all</u> groups that apply, but you <u>must</u> 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: _____

Mohonasen Central School District
2072 Curry Road
Schenectady, New York 12303
Phone - 518-356-8222

Mohonasen High School
2072 Curry Rd.
Schenectady, NY 12303
Fax: 518-356-8247
Phone: 518-356-8222

Draper Middle School
2070 Curry Rd.
Schenectady, NY 12303
Fax: 518-356-8359
Phone: 518-356-8351

Pinewood Elementary School
901 Kings Rd.
Schenectady, NY 12303
Fax: 518-356-8434
Phone: 518-356-8431

Bradt Elementary School
2719 Hamburg St.
Schenectady, NY 12303
Fax: 518-356-8404
Phone: 518-356-8401

CONSENT AND AUTHORIZATION FOR RELEASE OF RECORDS

TO: _____

RE: Request and Consent for Release of Records and Information

I, _____, parent of _____, in
(Name of parent) (Name of student)

Grade _____, request and consent to the release of any information pertaining to my child named above to ***Mohonasen School District*** where my child now attends. I also authorize you to discuss my child/children(s) condition, the course of treatment and your recommendations with the following representatives of the Mohonasen School District for the purposes of educational planning.

(List names and titles of authorized individuals in the space provided below)

_____ _____
(Name) (Title)

_____ _____
(Name) (Title)

Please fax the records of the student listed above to the attention of _____ at the above fax number or mail to the address appearing on the letterhead.

Thank you in advance for your cooperation. If you have any questions, please do not hesitate to call the number listed above.

(Signature of Parent) _____

Print Name _____

Relationship to Student/Patient _____

Date _____

This authorization, unless revoked in writing, will remain in effect for one year from the date signed.

Copies to: Pupil Personnel Services _____ School Building _____

*****ATTENTION*****
f your answer is NO,
ut an X on this line ____
ND sign by parent/guardian.

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

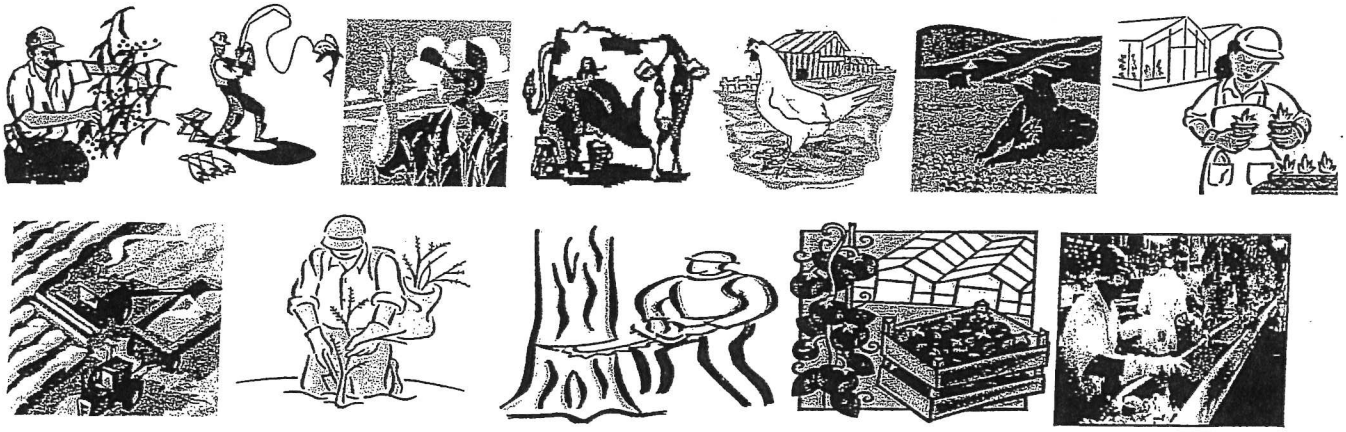
IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade_____

Student name: _____ Age _____ Grade_____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

Mohonasen CSD Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act(provides services and supports students experiencing homelessness).

If you own your home or have a rental agreement or a lease, you do not need to complete this form.

If you do **NOT** own your home or you do **NOT** have a rental agreement or lease, **check all that apply below.** Where is the student currently living?

- ☐ In someone else's house or apartment with another family(due to loss of housing, economic hardship or similar reason)
- ☐ In a shelter or a motel(circle which one)
- ☐ Moving from place to place/couch surfing
- ☐ In a car, park, campsite or similar location
- ☐ Transitional housing
- ☐ In a residence with inadequate facilities(no water, heat, electricity)
- ☐ Other(explain, use back if necessary): _____

Student's name:_____

Student's grade and date of birth: _____

Circle one: Bradt(k-2) Pinewood(3-5) Draper(6-8) Mohonasen High School

- ☐ Student is unaccompanied(not living with a parent or guardian)
- ☐ Student is living with a parent or guardian

Parent/Legal Guardian name: _____

Phone number and address: _____

*Parent/Guardian signature and date:

_____

*I declare under penalty of perjury under the laws of New York State that the information provided is here and true and correct.

****

School personnel only, for data collection purposes and student information coding. Not homeless shelters doubled up hotels/motel other