



MARION CENTRAL SCHOOL DISTRICT

Marion's Expectations: Be Respectful, Be Responsible, Be Engaged, and Accept Others' Differences!

REGISTRATION PACKET

Welcome to Marion Central School District! To facilitate a seamless registration process, please ensure you have the following documents and forms ready for submission.

Required Documents:

1. Two proofs of residency (see residency requirements below)

<u>RENTER RESIDENCY REQUIREMENTS:</u> <input type="checkbox"/> Current Signed Lease and <input type="checkbox"/> One Utility Bill Documents must list name and address on them	<u>HOMEOWNER RESIDENCY REQUIREMENTS:</u> <input type="checkbox"/> Mortgage Statement or School Tax Bill and <input type="checkbox"/> One Utility Bill Documents must list name and address on them	<u>LIVING WITH A MARION RESIDENT REQUIREMENTS:</u> <u>Subject to District Residency Official's Approval</u> *The district will provide a statement of residency form. This form requires the signature of the homeowner, witnessed by a Notary Public.* Along with the statement of residency, please provide: 1. Proof of Homeowner's Residency 2. The parent/ guardian of the student also must provide proof of residency at the current address. (Example: a cell phone bill, a Credit Card Bill, an Insurance bill or a Driver's License with the new address printed on it, not handwritten on the back).
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2. Photo Identification of Parent/Guardian (Driver's license or other government-issued ID)

3. Proof of Student's Date and Place of Birth

- Certified Birth Certificate (from any country)
- Baptismal record (from any country)
- A Passport (from any country)

4. Legal Custody Documents and/or Court Documents/Orders

(This is only required if the parents do not live in the same household) If there is no legal documents then the parent affidavit form in the packet needs to be completed and notarized.

REGISTRATION PACKET FORMS:

- ☐ Housing Questionnaire
- ☐ Student Enrollment Form
- ☐ Demographic and Emergency Form
- ☐ Home Language Questionnaire
- ☐ Student Racial and Ethnic Identification
- ☐ Parent Affidavit (if applicable)
- ☐ Written Notification Regarding Use of Public Benefits (if appropriate)

HOUSING QUESTIONNAIRE

Name of LEA: Marion Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: _____ Date of Birth: ____/____/____ Grade: _____ ID# _____ (Office Use)
Month Day Year
☐ Male
☐ Female
☐ Non-binary

Address: _____ Phone: _____

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 do not 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: _____

STUDENT ENROLLMENT DATA FORM

Grade: _____

Student #: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date: _____ Birth City: _____ Birth State: _____ Gender: ☐ Male ☐ Female ☐ Non-binary
(MM/DD/YYYY)

Has the student ever been identified as having a disability (CSE or CPSE)? _____ Yes or _____ No

If yes, please describe _____

CUSTODY INFORMATION

Custody? ☐ Yes ☐ No

If Yes, please indicate type & provide documentation

Type of Custody: ☐ SOLE ☐ JOINT ☐ TEMPORARY ☐ EMPANCIPATED MINOR ☐ FOSTER ☐ COURT ORDER
☐ PROTECTION ORDER ☐ OTHER _____

PRIOR SCHOOLS ATTENDED BY STUDENT

(Please include most recent Grade & School – District Name, Building Name, Grade Level(s), and School Year)

PARENT/GUARDIAN INFORMATION

(Last Name, First Name) ☐ Parent ☐ Stepparent ☐ Guardian ☐ Other: _____

(Last Name, First Name) ☐ Parent ☐ Stepparent ☐ Guardian ☐ Other: _____

Military Service: Are any parents/guardians on active duty in the Armed Forces?

☐ Yes ☐ No Who: ☐ Parent ☐ Step-Parent ☐ Guardian ☐ Other

SIBLINGS (Birth to 18/21) at this Residence

Name (Last, First, Middle Name)	Relation	Date of Birth	Gender	Birth City & State	Grade/School

PREVIOUS MARION CENTRAL ENROLLMENT

Has this child PREVIOUSLY ATTENDED Marion Central? ☐ Yes ☐ No If YES, Date/Grade/Building: _____

Was child ENROLLED at Marion with a Different Name? ☐ Yes ☐ No If YES, please note below:

Last Name: _____ First Name: _____ Middle Name: _____

Residential Address: _____

PRIOR Mailing Address in MCSD: _____

DEMOGRAPHIC & EMERGENCY CONTACT INFORMATION FORM

Student Name (Last, First, Middle)

Gender

DOB: (MM/DD/YYYY)

Grade

Student ID# (Office Use)

	PARENT/GUARDIAN INFORMATION	
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Name (Last, First, MI)		
Maiden Name		
Relationship to Student		
Home Address		
Mailing Address (if different from above)		
Home Phone #		
Cell Phone #		
Email Address		
Occupation		
Employer's Name		
Employer's Address		
Work Hours		
Contact Allowed w/Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receives Mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALTERNATE PERSONS TO CONTACT IN AN EMERGENCY

(Please list below any persons OTHER THAN PARENT/GUARDIAN who are authorized to pick up and sign out this student)

	Contact #1	Contact #2	Contact #3
Name			
Relationship			
Home Phone #			
Cell Phone #			

The Undersigned Affirms That the Information Provided Herein Is True and Accurate As Stated

Name: _____ Signature: _____ Date: _____

Relationship to Student: ☐ Parent ☐ Guardian ☐ Other (Please specify)

STUDENT RACIAL AND ETHNIC IDENTIFICATION

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.	
<input type="checkbox"/> YES, Hispanic	<input type="checkbox"/> 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):
<input type="checkbox"/> 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. E.g. Cherokee, Mohawk, Inuit.
<input type="checkbox"/> 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.
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN: 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 important message to Parents/Guardians and Confidentiality Procedures and Regulations on next page.

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian:

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

- Report information to the State and federal Education Departments
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions included in this packet. Put a check (✓) in the box for the category or categories which best describes your child. The Marion 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 district will be required to identify the group to which the student appears to belong, identifies with, or is regraded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY 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 prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Written Notification Regarding Use of Public Benefits or Insurance to Pay for Certain Special Education and Related Services

INTRODUCTION You are receiving this written notification to give you information about your rights and protections under the federal Individuals with Disabilities Education Act (IDEA), so that you can make an informed decision about whether you should give your written consent to allow your school district to use your or your child's public benefits or insurance to pay for special education and related services that your school district is required to provide at no cost to you and your child under IDEA.

Funds from a public benefits or insurance program (for example, Medicaid funds) may be used by your school district to help pay for special education and related services, but only if you choose to provide your consent, as explained below.

Before your school district can ask you to provide your consent to access your or your child's public benefits or insurance for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. This notification is intended to help you understand these rights and protections, including the type of consent your school district will ask you to provide. If you choose not to provide your consent, or later decide to withdraw your consent, your school district has a continuing responsibility to ensure that your child is provided all required special education and related services under IDEA at no charge to you or your child.

PARENTAL CONSENT Beginning on July 3, 2013, before your school district can use your or your child's public benefits or insurance for the first time to pay for special education and related services under IDEA, it must obtain your signed and dated written consent. Your school district is only required to obtain your consent one time. This consent requirement has two parts. .

1. **Consent to share records about your child:** Your school district is required to obtain your written consent before disclosing [sharing] personally identifiable information about your child (such as your child's name, address, social security number, individualized education program (IEP), and evaluation results) from your child's education records. In asking for your consent, the district will (1) identify the records [or information] about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for special education and related services); and (3) identify the agency to which your school district may disclose the information (for example, the Medicaid agency).

2. **Consent to bill your public insurance program (for example, Medicaid):** Your consent must include a statement specifying that you understand and agree that your school district may use your or your child's public benefits or insurance (e.g., Medicaid) to pay for some of your child's special education services.

If your school district has on file your consent that you provided before July 3, 2013 to release your child's records and to use your or your child's public benefits or insurance to pay for special education and related services, your school district is required to request a new consent from you only when there is a change in any of the following: the type of services to be provided to your child (for example, physical therapy or speech therapy), the amount of services to be provided to your child (for example, hours per week lasting for the school year), or the cost of services (that is, the amount charged to the public benefits or insurance program).

If your child is Medicaid eligible, please complete this consent form including your child’s CIN number.

If your child is NOT Medicaid eligible, please disregard and initial here._____

Parental Consent to Bill Medicaid

This is to ask your permission (consent) to bill your or your child’s Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district /county’s Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____
(Print Parent’s Name) (Print Child’s Name)

have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that providing consent will not affect my child’s/my Medicaid coverage; upon request, I may review copies of records disclosed pursuant to this authorization, services listed in my child’s IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child’s CIN. I have the right to withdraw consent at any time; and the school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/ information about my child to the State’s Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child’s IEP. The following records will be shared.

Records to be shared (e.g. records or information about services your child receives, student demographic information):
<ul style="list-style-type: none">• IEP• Written Order/Referral• Evaluation Reports• Session Notes• Medication Administration Report• Special Transportation Log• Other Personally Identifiable Information• Any Other Specific Records Pertaining to the Student’s Services or Program

Student’s CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child’s right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child’s IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name

Date



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 (HLG)

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:

<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth:		Gender:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Parent/Person in Parental Relation Info:

Last Name	First Name	Relation To
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Language Background (Please check all that apply)

1. What language(s) is (are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	
3. What is the Home Language of each parent/guardian?	Parent 1 <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Specify if other _____	Parent 2 <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Specify if other _____	Guardian(s) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Specify if other _____
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ Specify	<input type="checkbox"/> Does not write

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

School District Name and Address:

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 _____ PROFICIENCY LEVEL _____

ADMINISTRATION: _____ ACHIEVED ON NYSITELL: _____

MO. DAY YR.

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING