

Northern Adirondack Elementary School



Lisa Silver, Principal

POB 164, 5572 Rte. 11

Ellenburg Depot, NY 12935

PH: (518) 594-3986 FAX: (518) 594-7255

E-Mail: lsilver@nacs1.org

Dear Parent/Guardian,

Welcome to Northern Adirondack Elementary School. Our district has residency requirements for parents and students entering our school district. Residency is the home of the parent/legal guardian. It requires both physical presence in the district and the intent to remain there.

If you have older children already attending school in the district, proof of residency will not be required.

Please bring with you two (2) pieces of evidence verifying residency in our district when registering your child.

The following types of documents may be presented to the principal for verification:

- A statement from the local post office that you are receiving mail at a physical address in the district
- A deed or other proof of real property ownership
- A lease or rental agreement
- A utility bill in the parent/guardian's name which shows an address within the district
- The address on the parent/guardian's driver's license
- A record of the parent/guardian's voter registration
- A recent income tax return showing the parent/guardian's name and address within the district
- A current paycheck stub showing the parent/guardian name and address within the district
- Documentation illustrating the parent/guardian is receiving public assistance benefits at an address within the district

The district requires this documentation at the time of registration. If you have any questions, please contact the elementary office at 594-3986.



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Authorization To Release Student Records

I, _____, hereby authorize

Previous School Name: _____

Address: _____

Phone: _____ Fax: _____

To release all records including academic, IEP, health and confidential information from the file of:

<u>Name of Child/Children</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send these records to: **Northern Adirondack Elementary School**

ATTENTION: STUDENT RECORDS

POB 164

Ellenburg Depot NY 12935

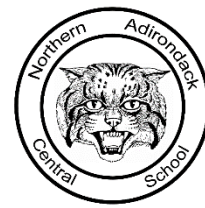
Signature of Parent/Guardian

Date

For Office Use:

Last date your student(s) attended your school: _____

NORTHERN ADIRONDACK ELEMENTARY SCHOOL
P. O. BOX 164
ELLENBURG DEPOT, NY 12935
(518) 594-3986



Dear Parent/Guardian: Please fill in **ALL** parts of the registration form for our records. Date: ___ / ___ / ___

Child's Last Name _____ First _____ Full Middle (no initials) _____ M / F
 Sex (please circle)

Exact 911 Address (to aid in transportation) _____ City & Zip _____ PO Box _____

Telephone Number _____ Child's Date of Birth _____ Place of Birth (City & State) _____

Father's Last Name _____ First Name _____ Middle Initial _____

Mother's Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Signature of Person Completing This Form _____ Relationship to Child _____

Please check any pre-school programs your child has attended:

_____ Headstart Program _____ Nursery School
 _____ Speech Clinic _____ Early Intervention Program
 _____ BOCES Pre-School _____ Other: _____

Special academic services that the student has been receiving:

_____ Guidance _____ Math _____ Reading _____ AIS
 _____ Resource Room _____ Speech _____ OT _____ PT
 _____ BOCES _____ Special Education Services (IEP)

Student lives with:

_____ Both Parents _____ Mother (primary custody)
 _____ Father (primary custody) _____ Joint (shared custody)
 _____ Grandparents _____ Step-Parent: _____
 _____ Other: _____

Custody Orders to be Filed in Main Office:
 ___ Yes ___ No

Dominant Language:

_____ English
 _____ Spanish
 _____ French
 Other: _____

For New York State Education Reporting - Please answer BOTH questions.

1.) **Ethnicity:** _____ Hispanic/Latino _____ NOT Hispanic/Latino
 2.) **Race:** _____ White/Caucasian _____ Asian _____ Pacific Islander
 _____ Black/African American _____ American Indian

Does this child have a severe allergy that requires an Epi Pen? ___ Yes ___ No

Physician's Orders are required with the Epi Pen.

Northern Adirondack Central School

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: Northern Adirondack Central School

Name of School: Northern Adirondack Elementary

Name of Student: _____
Last First Middle

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

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 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 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

Health Questionnaire

Name of Child: _____

Date of Birth: _____ Name of Physician: _____

Address of Physician: _____

Does your child have any allergies (including bee stings)? Please list: What are the results of contact with the allergen? (Anaphylaxis, contact rash, difficulty breathing, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Does your child have any health concerns (including ear conditions, headaches, vision problems, operations, serious injuries)? Describe:

Does your child take any medications at home or school?

How Often?

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

If it is necessary for your child to take medication during school hours, a doctor's order with a bottle of the medicine, prescription or over the counter, is required by state law in order for the nurse to dispense it.

Medications CANNOT be transported by your child at any time.

Please list any learning disabilities that your child **may** have genetically inherited by either parent (i.e. dyslexia, color blindness, ADD, ADHD, etc):

Please note any other information that you feel would be helpful for us to know about your son/daughter.

Does your child have any of the following:

- | | | | | | |
|---|-----|----|--------------------|-----|----|
| 1. Frequent headaches | Yes | No | 7. Eye defect | Yes | No |
| 2. Asthma/allergies | Yes | No | 8. Wear glasses | Yes | No |
| 3. Frequent nosebleeds | Yes | No | 9. Diabetes | Yes | No |
| 4. Hearing defect | Yes | No | 10. Epilepsy | Yes | No |
| 5. Speech difficulty | Yes | No | 11. Heart problems | Yes | No |
| 6. History of earaches
or ear infections | Yes | No | | | |

If your child wears glasses, when, who prescribed them and where were they obtained? _____

Has your child had any of the following?

When?

- | | | | |
|--|-----|----|-------|
| 1. Operations (list) | Yes | No | _____ |
| | | | _____ |
| | | | _____ |
| 2. Serious injury (list) | Yes | No | _____ |
| | | | _____ |
| | | | _____ |
| 3. Frequent colds and/or
sore throats | Yes | No | _____ |
| 4. Chicken Pox | Yes | No | _____ |
| 5. Communicable disease
(measles, rubella, mumps) | Yes | No | _____ |
| 6. Anemia | Yes | No | _____ |
| 7. Pneumonia | Yes | No | _____ |
| 8. Rheumatic fever | Yes | No | _____ |
| 9. Tuberculin Test | Yes | No | _____ |

Is there any physical handicap that the school should be aware of? **(please be specific)**_____

Anyone with questions should feel free to contact one of our faculty members listed below, at your convenience. We will be happy to assist you. We can be reached at (518) 594-3986.

- | | |
|----------------------|---------------------------------------|
| Ms. Lisa M. Silver | Elementary Principal |
| Mr. Al Pageau | Registered Nurse, Elementary Building |
| Mrs. Tricia Brassard | Elementary Secretary |
| Mrs. Mae Guay | Elementary Secretary |

NORTHERN ADIRONDACK CENTRAL SCHOOL
5586 Rte. 11 – PO Box 164
Ellenburg Depot, NY 12935
(518) 594-3986
Health Office



Elementary School – ext. 2611
Middle/High School – ext. 3611

**NEW YORK STATE IMMUNIZATION REQUIREMENTS
SCHOOL K – 12**

Diphtheria and Tetanus Toxoid Containing Vaccine	5 doses (Gr. K-5)
*If 4 th dose received at four years of age or older only four doses are required	
And Pertussis vaccine (DTP, DTaP, Tdap)	3 doses (Gr. 6-12)
Tetanus and Diphtheria Toxoid Containing Vaccine	1 dose (Gr. 6-12)
And Pertussis vaccine booster (Tdap) (Booster age 7 or older)	
Polio vaccine – (IPV)	4 doses (Gr. K, 1, 6, 7)
*If 3 rd dose received at four years of age or older only three doses are required	
Measles, Mumps, Rubella vaccine	2 doses (Kindergarten)
Hepatitis B	3 doses (Gr. K-12)
Varicella (Chicken Pox)	2 doses (Gr. K & 1)
.....	1 dose (Gr. 2-5 & 7-12)

Changes to Grades 8 through 12 School Entrance Immunization Requirements

- Students enrolling in grades 8 through 12 in the 2015-16 school year are in this cohort, including new entrants in subsequent years into the cohort's current grade levels (e.g. 2016-2017 grades 9-12; 2017-2018 grades 10-12; 2018-2019 grades 11-12; 2019-2020 12th grade)
 - Must meet immunization requirements of regulations in effect prior to July 1, 2014
 - Do not need to have intervals assessed for immunizations
 - Students are compliant for 2015-2016 through graduation, if they meet requirements in effect June 30, 2014 which were:

DTaP/DTP	3 doses
Tdap	1 dose
Polio	3 doses
MMR	2 doses, or 2 doses of measles,
.....	1 dose of mumps, and 1 dose of
	rubella
Hep B	3 doses

I understand that if my child transfers from a school district within New York State that I have two weeks from the date of admission or 30 days if transferred from outside New York State, to produce an official record of my child's immunization or in lieu of this, either of the following:

- a) A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.
- b) New York State licensed physician's certificate stating that the listed immunizations are detrimental to the child's health. This MUST specify which vaccine is detrimental and the length of time for the exemption.

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y. S. Public Law, Section 2164. I further understand that, under the law, if the school **DOES NOT** receive the evidence of immunization within the specified period, my child **WILL BE EXCLUDED** from school until such time as the evidence is received.

Student Name

Signature of Parent/Guardian

Date