HANCOCK CENTRAL SCHOOL
REGISTRATION FORM

PLEASE PRINT ***PLEASE PRINT***

OFFICE USE ONLY

STUDENT ID# _____ BUILDING_____ SCHOOL YEAR_____ GR. 9 ENTRY_____

GRADE_____ HOME ROOM_____ ENTRY DATE_____ DATE APPROVED_____ LAWYER REVIEWED ___

STUDENT NAME _____ SEX: ____
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/IV) (M/F)

DOB _____ BIRTHPLACE_____
(MM/DD/YYYY) (CITY) (STATE)

HISPANIC/LATINO ____ YES _____ NO

SELECT ONE OR MORE: ____ AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN _____ WHITE

____ BLACK OR AFRICAN AMERICAN ____ NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER

Primary Language

_____

LAST SCHOOL ATTENDED

NAME _____
ADDRESS_____ PHONE # _____
_____ DATE LEFT_____
_____ LAST GRADE COMPLETED _____

STUDENT RESIDENTIAL ADDRESS

ADDRESS _____

APT # _____ CITY _____

STATE_____ ZIP CODE _____

HOME PHONE _____

STUDENT MAILING ADDRESS (if different than Residential)

ADDRESS _____

APT # _____ CITY _____

STATE_____ ZIP CODE _____

HOME PHONE _____

If student is not living with both parents, who has legal custody?

☐ **Mother** ☐ **Father** ☐ **Other _____ Custody Documentation Received (Y/N)_____**

GUARDIAN

NAME _____
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/ IV)

ADDRESS _____ APT #_____

CITY_____ STATE_____ ZIP CODE _____

HOME _____ CELL _____ WORK_____

NAME & ADDRESS OF EMPLOYER _____

_____

Receive Mailings

YES / NO

Relationship to student

_____

Living with Student

YES / NO

Date: _____

G U A R D I A N

NAME ____
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/ IV)

ADDRESS ____ APT #_________

CITY__________________ STATE_________ ZIP CODE ________________

HOME _____________________ CELL __________________ WORK____________________

NAME & ADDRESS OF EMPLOYER ____

____

Receive Mailings

YES / NO

Relationship to student

____

Living with Student

YES / NO

ADDITIONAL EMERGENCY CONTACT OTHER THAN GUARDIAN

NAME____
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/IV)

ADDRESS____ APT # _____________ CITY _______________________

STATE _________ ZIP _____________ RELATION TO STUDENT ____

HOME PHONE __________________ CELL PHONE ___________________ WORK PHONE ______________________

EMERGENCY INFORMATION

PHYSICIAN________________________ PHONE _____________________ HOSPITAL CHOICE ___________________

ALLERGIES:
____

SIBLING INFORMATION:

NAME ________________________ SCHOOL ________________ SEX_____ DOB ________________ AT RESIDENCE_______
(FIRST, MIDDLE, LAST) (M/F) (MM/DD/YY) (Y/N)

NAME ________________________ SCHOOL ________________ SEX_____ DOB ________________ AT RESIDENCE_______
(FIRST, MIDDLE, LAST) (M/F) (MM/DD/YY) (Y/N)

NAME ________________________ SCHOOL ________________ SEX_____ DOB ________________ AT RESIDENCE_______
(FIRST, MIDDLE, LAST) (M/F) (MM/DD/YY) (Y/N)

NAME ________________________ SCHOOL ________________ SEX_____ DOB ________________ AT RESIDENCE_______
(FIRST, MIDDLE, LAST) (M/F) (MM/DD/YY) (Y/N)

ADDITIONAL INFORMATION:

____
____
____

SIGNATURE OF PARENT/GUARDIAN:____ DATE: ________________

SIGNATURE OF SCHOOL OFFICAL WHO REGISTED CHILD: ______________________________ DATE: _______________

Date: __________________

HANCOCK CENTRAL SCHOOL
MEDICAL EMERGENCY INFORMATION FORM

2023-2024

Complete All Information

Student's Name_____
Last *First* *Middle*

Date of Birth _____ Grade _____

Mother/Guardian Name: _____

Home Address:_____

Mailing address (if different than home:) _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Work Place: _____ Work Phone: ( ) _____

Email: _____

Father/Guardian Name: _____

Home Address:_____

Mailing address (if different than home:) _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Work Place: _____ Work Phone: ( ) _____

Email: _____

Name of other adult(s) in household: _____

Phone number to call when student is absent: ( ) _____

Emergency Contacts: In case parent can't be reached.

1: Name: _____Phone: ( ) _____ Relationship_____

2: Name: _____Phone: ( ) _____ Relationship _____

3: Name: _____ Phone: ( ) _____ Relationship _____

Preferred health care provider: _____Phone: ( )_____

Preferred hospital: _____Phone: ( ) _____

Name of Dentist: _____ Phone: ( ) _____

Signature of Parent/Guardian_____

Please check here if you have a new address ____

Please update information with our Health Office

September 2023

Hancock Central School

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalized	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Dental Injuries
☐ Diabetes
☐ Ear Infections
☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
☐ Scoliosis
☐ Single Organ (☐kidney, ☐testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

Is there any condition that would prevent your child from participating in physical education or sports?
☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

_____

I give permission for the nurse to put this information on a list, and give to school personnel who need to know.

Parent/Guardian Signature: _____ Date: _____

Please return to the Health Office ASAP

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	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: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
☐ Mental Health	☐ 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:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	**With Correction** ☐Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: 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	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes	☐

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

☐ ***Family cardiac history reviewed –** required for Dominick Murray Sudden Cardiac Arrest Prevention Act

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

If Restrictions Apply – Complete the information below

☐ **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

☐ **Other Accommodations*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

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

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	**IMMUNIZATIONS**
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:	
Provider Name: *(please print)*	
Provider Address:	
Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

QUESTIONNAIRE – STUDENT RESIDENCE WITHIN THE SCHOOL DISTRICT

(Form 82)

Please complete and return the following questionnaire to the Guidance Office of the Hancock Central School or to the Elementary Office, including address and telephone number, within 10 calendar days. If the question does not apply, place N/A (not applicable) next to the question.

1) Student's name.

2) Student's birthdate.

3) Student's present age.

4) a) Student's present residence address and telephone number.

b) State date when student first began living at this address.

5) a) Student's previous residence addresses and telephone numbers.

b) State the dates when student lived at these addresses.

6) Name of student's father.

7) a) Father's present residence address and telephone number.

b) State date when father first began living at this address.

c) If it is claimed that the father is a resident of the school district, attach the following: driver's license, vehicle registration, voter registration, extract of New York State tax return showing address, and any other relevant papers.

8) a) Father's previous residence addresses and telephone numbers.

b) State dates when father lived at these addresses.

9) If applicable, state the date of death and last residence of the student's father.

10) Name of student's mother.

11) a) Mother's present residence address and telephone number.

b) State date when mother first began living at this address.

c) If it is claimed that the mother is a resident of the school district, attach the following: driver's license, vehicle registration, voter registration, extract of New York State tax return showing address, and any other relevant papers.

12) a) Mother's previous residence address and telephone number.

b) State dates when mother lived at these addresses.

13) If applicable, state the date of death and last residence address of student's mother.

14) Does the student present reside with his/her (check the appropriate response):

a) ___ Mother

b) ___ Father

c) ___ Both mother and father

d) ___ Neither mother nor father

15) a) Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree?

b) If so, attach a certified copy thereof as it pertains to the student's custody.

16) Does the student receive any of the following items? (check the appropriate responses):

a) ___ Aid to families with dependent children

b) ___ Medicaid

c) ___ Home relief

d) ___ Food stamps

e) ___ Unemployment compensation

f) ___ Worker's compensation

g) ___ Disability benefits

h) ___ Social Security

i) ___ Other public assistance (specify): _____

_____

_____

For each item above that the student is receiving, state the dollar amount per week, relevant file number , the state, county, city and town where the student first qualified and attach hereto copies of the notice received by or on behalf of the student indicating the student's eligibility for each item, and a copy of the student's last check.

17) a) Has the student lived with his parents or either of them for any period of time within the last six months?

b) If so, list all dates between which the student lived with his parents or either of them.

18) a) Has the student received financial or other support from his parents during the past year?

b) If so, state dates, approximate dollar amount or other support received each week.

19) a) Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance?

b) If so, give particulars, including the name of the individual who is insured under the plan or insurance contract.

20) Attach a copy of the student's current driver's license, motor vehicle or motorcycle registration and insurance card.

21) a) Is the student listed as an exemption in anyone's state and federal tax return?

b) If so, specify the person and attach the portion of the federal tax form confirming this information.

22) Attach copies of that portion of both parents' completed state and federal income tax forms for the last three years stating and listing their dependent exemptions.

23) Attach copies of the student's completed state and federal income tax forms for the last three years if such tax forms had been filed.

24) Attach a copy of the student's Selective Service Registration Card.

25) a) Has the student registered to vote in any primary or general election within the past year?

b) If so, indicate the state, county, city, town or village in which the student is registered.

26) a) Has the student voted in any special election or public school district vote within the past year?

b) If so, state the place at which the student voted.

27) a) Does the student reside with a person or persons other than his parents?

b) If so, state in full and complete detail how the student came to reside with such person, the name of such person and attach copies of all documentation relating thereto.

28) a) Does the student receive financial or other support from the person or persons referred to in paragraph 27?

b) If so, state the approximate dollar amount for other support received each week.

29) a) Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance purchased by the person or persons referred to in paragraph 27?

b) If so, give particulars.

30) a) Is the student or has the student been employed?

b) If so, state for each employment:

1) Name and address of employer

2) Starting date of employment

3) Ending date of employment

4) Average weekly earnings

31) What is the name, mailing address and telephone number of the public, private, parochial or other school attended by the student before his request for admission to the school district?

32) Indicated the dates between which the student attended the schools referred to in paragraph 31.

33) Specify the reasons why the student desires to attend this school district: _____

_____

Dated: _____ _____

Student

Dated: _____ _____

Student's Father

Dated: _____ _____

Student's Mother

Dated: _____ _____

Person with Whom Student Resides

Note: You may attach, or schedule a meeting with the school district representative to present, additional information regarding residency.

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

Lissette Colón-Collins, Assistant 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 Guardian:
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.

Please write clearly when completing this section.

STUDENT NAME:		
First	*Middle*	*Last*

DATE OF BIRTH:			GENDER:
Month	*Day*	*Year*	❑ Male ❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to Student*

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?	❑ Mother _____ *specify*	❑ Father _____ *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:		STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	*Address*	

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: ❑ Mother ❑ Father ❑ 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:

2024-2025

HANCOCK CENTRAL SCHOOL
Hancock, New York

PREKINDERGARTEN ENROLLMENT/RECRUITMENT FORM

Child's Name _____

Father's Name _____ Mother's Name _____
Age _____ Age _____

Address _____ Address _____
_____ _____

Phone _____ Phone _____

Education Level _____ Education Level _____

List all household members:

Name	Birthdate	Social Security Number

Do you feel your child is ready to enter the prekindergarten program? _____
Is your child potty trained? _____
Does your child have any special needs? _____

Housing: Do you _____ Rent _____ Own Home
Single Parent _____ Yes _____ No

Income Information: *(Eligibility information is included on back)*

_____ I understand I am not income eligible and choose not to include the income information. I would like to be placed on a waiting list should openings occur.

	Monthly		Monthly
Wages	$ _____	Child Support	$ _____
Social Security	$ _____	Unemployment/Disability	$ _____
Public Assistance	$ _____	Other	$ _____
Veteran Pension	$ _____		

Previous Year Tax Return or W-2 Annual $ _____
(please enclose with enrollment form)

Check if you are receiving any of the following:

_____ Medicaid _____ WIC
_____ Food Stamps _____ Other: _____

I certify that all the above information is true and correct.

_____
Parent/Guardian Signature Date

2024 Income Eligibility Standards *

The following are in the income standards, adjusted by family size scale, which should be used in determining eligibility for the 2024-2025 New York State Prekindergarten Program.

If your family falls between the 100% and 200% yearly income standards you are considered eligible for this program.

	Your Income Must Fall Between:	
Family Size	100% Income Standard	200% Income Standards
1	$ 15,060	$ 30,120
2	$ 20,440	$ 40,880
3	$ 25,820	$ 51,640
4	$ 31,200	$ 62,400
5	$ 36,580	$ 73,160
6	$ 41,960	$ 83,920
7	$ 47,340	$ 94,680
8	$ 52,720	$ 105,440

Income must be documented with your W-2 Form

* State income standards, as provided by US Department of Health and Human Services, 2024

Hancock Central School District
67 Education Lane
Hancock, NY 13783
607-637-2511
Fax: 607-637-1380
Email: rappley@hancock.stier.org

Confidential Release of Information

Authorization is hereby granted to the Hancock Central School District to:

☐ obtain information from: ☐ release information to: ☐ BOTH obtain from and release to:

_____ Address: _____
Physician, Agency, Individual, etc. _____
Phone: _____

for the following information pertaining to: _____ DOB: _____
Name of Student

RECORDS (check all that apply)**:**

_____ Evaluation Report (ER) / Re-Evaluation Report

_____ Individualized Education Program (IEP) / 504 Plan

_____ Psychological / Psychiatric Reports

_____ Extracurricular activities, awards, and offices held

_____ Health and Medical Records/Information (Immunizations, Physicals, Appointments)

_____ Birth Certificate, Social Security Card

_____ Permanent Record (name, address, grade level completed, grades, dental, vision, class standing, attendance, standardized achievement scores)

_____ School Observations, FBA's and Rating Scales

_____ Disciplinary Records

_____ Verbal Communication

_____ _____
Parent/Guardian Signature (if student is under 18 years old): Date

_____ _____
Student Signature (if student is 18 years or older) Date

Valid one year from date of signature

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.

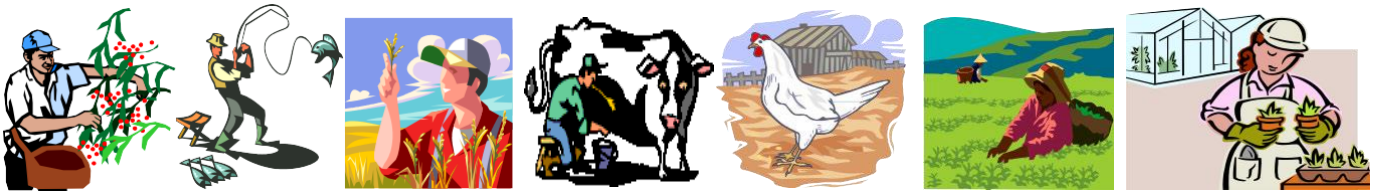
Please take a few minutes to complete this questionnaire.

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 send by mail to NYS Migrant Education Program-Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

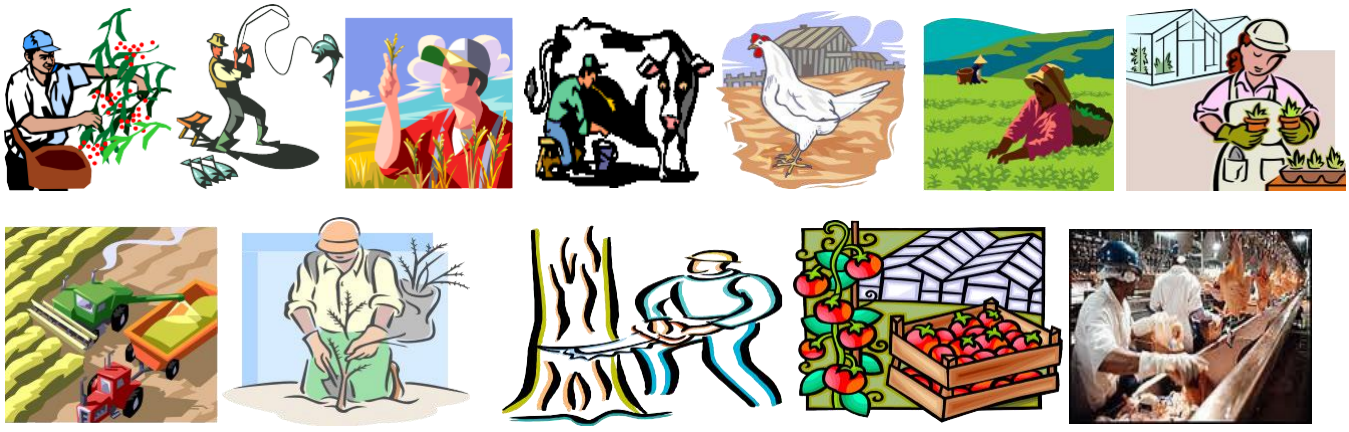
OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de envolvimiento para padres,programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (_____)-_____-_____Mejor tiempo para ser contactado_____AM/PM

Dirección anterior: _____

Nombre del estudiante:_____Edad_____Grado_____

Nombre del estudiante:_____Edad_____Grado_____

Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020

TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:
terryh333@yahoo.com and mcweenej@dcmoboces.com

UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, ***THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.***

Please check one: **(The required supporting documentation must be attached.)**

_____ **Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer and must be accompanied by supporting documentation (i.e. police report, DASA report, etc)*

_____ **Return to School District of Residence (RSDR)** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

_____ **Divorced/Legally Separated Parents** *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.*

_____ **Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

_____ **Residency Change** *NYSPHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency.* ***The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA regulations.***

_____ ***Other Transfer Exemption:*** _____

By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intent to main indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Parent Signature: _____ Date: _____

Print Parent's Name: _____

PART ONE

TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)
(Parent I name & address) _____

(Parent II name & address) _____

Name of Sending School _____

Did student participate in athletics at sending school? Yes No

The undersigned herby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

PART TWO TO BE COMPLETED **BY SCHOOL STUDENT PREVIOUSLY ATTENDED**
AND RETURNED TO STUDENT'S PRESENT SCHOOL

Name of Student _____ Date entered 9th grade _____

Did student repeat any grades? _____ If yes, which ones? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school _____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)

	Year	Sport	Level	APP'd (Sel. Class.)		School
7th Grade						
				Yes	No	
				Yes	No	
				Yes	No	
8th Grade						
				Yes	No	
				Yes	No	
				Yes	No	
9th Grade						
10th Grade						
11th Grade						
12th Grade						

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

revised: 4/2016