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Phone: 518-756-5200 • Fax: 518-756-4561

School Year: \_\_\_\_\_ **RCSCSD STUDENT ENROLLMENT FORM** Anticipated Start Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Gender:**  M  F  
First Middle Last

**Nickname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Location of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ School Year when student first entered Grade 9 (if applicable): \_\_\_\_\_

Please check if applicable:  Student is currently enrolled at RCS (including private school/home school enrollment).  
 Student previously enrolled at or attended RCS.  
 Student's sibling or parent attended RCS. Name: \_\_\_\_\_

Approximate Dates: \_\_\_\_\_

**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.**

Please check if any of the following apply to your child's living situation:

- My child and I are living with a friend, relative, or someone else because we lost our home and cannot afford housing.
- My child and I are staying in a hotel, motel or seasonal campground due to lack of alternative housing accommodations.
- My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.
- My child and I are taking shelter in a vehicle, abandoned building, or public place unintended for sleeping accommodations.
- My child is living with an adult that is not their parent or legal guardian due to family homelessness.
- My child and I are have no fixed location for shelter and are moving from place to place.
- My child and I are living in housing that is lacking running water or electricity.
- I am a student living with a friend, non-parental relative, or someone else because I have been abandoned or denied housing by my parent/legal guardian.

**If you have checked any of the above boxes, please STOP completing this form and contact the registrar (518-756-5200 x6014) for assistance in registering your child.**

None of the above scenarios apply. My child and I are living in a fixed, regular, and adequate residence.

**Student Residence**

Street (& Unit, if applicable)

City

State

Zip

Mailing Address, if different: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ *If there is no landline phone, this may be left blank.*

**Parent/Guardian & Contact Information**

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Last

*Please note: the Primary Contact MUST live with the child at the residence above.*

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

*Email address will be used to create a Parent Portal account UNLESS this box is checked:*

**Other adult contacts living at the SAME address as the child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ *Allow this person to pick up child (with a note):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ *Allow this person to pick up child (with a note):*

**Non-Custodial Parents and Emergency Contacts living at a DIFFERENT address:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Allow this person to pick up child (with a note):*

*Emergency closing drop-off:*  *Babysitter (for transportation):*  *(must be within school transportation boundaries)*  
*Residence Address (if above checked):* \_\_\_\_\_

*Send student-related mail to this person?*  *Mailing address:* \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Allow this person to pick up child (with a note):*

*Emergency closing drop-off:*  *Babysitter (for transportation):*  *(must be within school transportation boundaries)*  
*Residence Address (if above checked):* \_\_\_\_\_

*Send student-related mail to this person?*  *Mailing address:* \_\_\_\_\_

**If additional contacts are needed, please use a blank sheet and provide all relevant information as listed above.**

**For planning purposes, please provide the names of any siblings in the household who are not yet school age:**

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

**Custody Information**

Please note: The Family Education Rights and Privacy Act (FERPA) requires that an educational agency or institution shall give full rights and access to information to **either parent**, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to matters as divorce, separation or custody that **specifically revokes these rights**.

Authority: 20 U.S.C. 1232g

Please check if any of the following apply to your child's custody/guardianship situation:

- Parents/guardians are divorced/separated and share **joint** custody.
- Parents/guardians are divorced/separated and the registering parent has **sole** custody.
- Custody/guardianship has been transferred by the courts (including foster children).
- Custody/guardianship has been transferred by Caregiver Affidavit (not court-ordered).
- Student is a foreign exchange student.
- Student is emancipated.
- One or both parents on the birth certificate are **NOT** listed as contacts on this enrollment form.

Please briefly explain the reason the parent(s) is not listed as a contact, if not already noted above:

\_\_\_\_\_

\_\_\_\_\_

Is there legal documentation preventing the unlisted parent(s) from requesting educational information about the student?  Yes  No

- Other custody arrangement not described above:

\_\_\_\_\_

\_\_\_\_\_

**NOTE: you must also provide documentation to the school district, and update the information regularly.**

- Student lives with both natural/adoptive parents. None of the above custody situations apply.

**Parent Portal Access:**

Parents and guardians can sign up for Parent Portal access to view student attendance, schedules, contact information, and grades. Please list the contacts who can be **allowed** to sign up for a Parent Portal account for this student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: these contacts will still need to complete the application form that can be found at [www.rcscsd.org](http://www.rcscsd.org).

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**Student Information**

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Is the student Hispanic, Latino, or of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish origin?  Yes  No

Select all of following racial groups that apply to your child:

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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What language(s) is spoken in the student's home or residence?  English  Other: \_\_\_\_\_

What is the first language your child learned?  English  Other: \_\_\_\_\_

What is the home language of each parent/guardian? Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Other Guardian(s): \_\_\_\_\_

What language(s) does your child understand?  English  Other: \_\_\_\_\_

What language(s) does your child speak?  Child does not speak.  English  Other: \_\_\_\_\_

What language(s) does your child read?  Child does not read yet.  English  Other: \_\_\_\_\_

What language(s) does your child write?  Child does not write yet.  English  Other: \_\_\_\_\_

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Please check any of the following services that your child currently receives, or has received in the past:

<b>Service</b>	<b>Dates of Service (Years)</b>	<b>Providing School(s)</b>
<input type="checkbox"/> Reading/Language Arts AIS	_____	_____
<input type="checkbox"/> Math AIS	_____	_____
<input type="checkbox"/> Science or Social Studies AIS	_____	_____
<input type="checkbox"/> Gifted and Talented Programming	_____	_____
<input type="checkbox"/> English as a Second Language	_____	_____
<input type="checkbox"/> Speech and Language Therapy	_____	_____
<input type="checkbox"/> Occupational Therapy	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Counseling (psychologist or social worker)	_____	_____
<input type="checkbox"/> 504 Plan	_____	_____
<input type="checkbox"/> Special Education (IEP)	_____	_____

*If checked, please select the setting that most closely fits your child's most recent special education placement:*

Consultant teacher  Out-of-District (BOCES)  
 Self-contained Classes  Out-of-District (Private School)  
 Other: \_\_\_\_\_

My child has not received any of the above services.

**Student Health Information**

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check if your child has had any of the following:

- Chicken Pox
- Measles
- Mumps
- German Measles/Rubella
- Pneumonia
- Scarlet Fever
- Tuberculosis (TB)
- Tuberculosis Contact
- Frequent Colds
- Frequent Sore Throats
- Urinary Infections
- Mononucleosis
- Serious Injury or Operation(s): \_\_\_\_\_

- Cystic fibrosis
- Anemia
- Diabetes
- Convulsions/Seizures:
  - with fever
  - without fever
- Heart Disease
- Heart Murmur
- Kidney Disease
- Rheumatic Fever
- Asthma
- Leukemia

- Allergies:
- Bee Sting
  - Food:
  - Other:
  - Vision Problems
  - Speech Problems
  - Hearing Problems
  - Frequent Ear Infections
  - Tubes
  - Learning Disability
  - Orthopedic Condition
  - Cerebral Palsy

None of the above

Please provide any additional details for conditions checked above, or any other special health considerations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any daily medications to be administered at school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yearly Physical/Well-Child Visit Information:**

***NYS Education Law requires that school districts collect a health appraisal form, or other certificate of a physical examination, completed within the past year, from any new students entering the district. If no physical has been conducted by the student's physician, the student's parent or guardian may authorize a screening to be conducted by the school physician or associated nurse practitioner.***

Please select one to indicate how you will fulfill this requirement:

- My child **was** examined by our family physician on \_\_\_\_\_ (date).
  - We have attached the health appraisal form or other certificate of physical examination.
  - We will return the health appraisal form or certificate of physical examination within 30 days.
- My child **will be** examined by our family physician on \_\_\_\_\_ (date), after which we will return the health appraisal form directly to school.
- I give permission to the school physician/nurse practitioner to conduct a health screening in school. (Please note: this is not a full physical examination.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date