



**Welcome to:**



# ***Ten Broeck Academy & Franklinville Central School***

## **New Student Check List**

*Please complete the attached registration packet*

***Please provide the following documentation for enrollment, which may not be limited to the items below:***

- Proof of Residency in the Franklinville School District: 1.) a copy of a residential lease or proof of ownership of a house or apartment; 2.) a sworn or unsworn statement by a landlord, owner or tenant from whom the parent leases or with whom the parent shares property within the district; or 3.) a statement by any other party establishing the parent's physical presence in the district.
- Copy of Birth Certificate
- Copy of Custody Papers and/or Order of Protection (*if any*)
- Department of Social Services Foster Placement Form (*if any*)

***Please notify your prior school that we will be contacting them for the following records to complete the enrollment process:***

- Exit Grades for Current Quarter (if transferring mid-quarter)
- Current Class Schedule
- Current Report Card
- Copy of Current Science Labs
- High School Transcripts
- Attendance Record
- Health Record (immunization & last physical exam)
- New York State Test Scores
- Special Education Records
  - ✎ IEP, Transition Plan, Social History, Level 1 Assessment & Psychological Reports
- Copies of records have been routed to
  - ✎ Building Principal
  - ✎ CSE/CPSE Chair (if applicable)
  - ✎ School Counselor
  - ✎ School Psychologist (if applicable)
  - ✎ School Nurse

***Teach, Believe, Aspire ~ Fostering a Culture for Success***  
*"Preparing Students Today for the World Tomorrow"*



Welcome to:



# Ten Broeck Academy & Franklinville Central School

## Registration Form

### Household Information:

Name: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

Mailing Address: \_\_\_\_\_  
*Street (if different)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Area Code Phone #*

Proof of Residency: \_\_\_\_\_

Residence Type:  Own  Rent

Household Language:  English  Other \_\_\_\_\_  
*Please Specify*

Lease  Unknown

### Student Information:

I.E.P.  504 Plan  Custody Papers

Name: \_\_\_\_\_  
*First Name M.I. Last Name*

Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

Student's Age: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

### Parent or Guardian Information:

Name: \_\_\_\_\_  
*First Name Last Name*

Gender:  Male  Female

Relationship to student(s): \_\_\_\_\_

Lives in household:  Yes  No

Home Phone: \_\_\_\_\_  
*Area Code Phone #*

Cell Phone: \_\_\_\_\_  
*Area Code Phone #*

Address: \_\_\_\_\_  
*(if different from "household" address above)*

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
*Area Code Phone #*

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**Parent or Guardian Information:**

Name: \_\_\_\_\_  
*First Name Last Name*

Gender:  Male  Female

Relationship to student(s): \_\_\_\_\_

Lives in household:  Yes  No

Home Phone: \_\_\_\_\_  
*Area Code Phone #*

Cell Phone: \_\_\_\_\_  
*Area Code Phone #*

Address: \_\_\_\_\_  
*(if different from "household" address above)*

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
*Area Code Phone #*

**Emergency Contact Information:**

Name: \_\_\_\_\_  
*First Name Last Name*

Gender:  Male  Female

Relationship to student(s): \_\_\_\_\_

Lives in household:  Yes  No

Address: \_\_\_\_\_  
*Street*

Home Phone: \_\_\_\_\_  
*Area Code Phone #*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
*Area Code Phone #*

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
*Area Code Phone #*

**Emergency Contact Information:**

Name: \_\_\_\_\_  
*First Name Last Name*

Gender:  Male  Female

Relationship to student(s): \_\_\_\_\_

Lives in household:  Yes  No

Address: \_\_\_\_\_  
*Street*

Home Phone: \_\_\_\_\_  
*Area Code Phone #*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
*Area Code Phone #*

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
*Area Code Phone #*

**Siblings:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_  
*First Name Last Name*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_  
*First Name Last Name*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_  
*First Name Last Name*

**Others living in your household:**

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

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

**Optional:** Additional information and comments from parents concerning your child’s health, personal and social adjustment, special interests and abilities, or any other comment(s) which will be helpful to us while working with your child.

**Proof of Residency in Franklinville Central School District (documentation may include, but may not be limited to the following items):**

- A deed or other indicia of real property ownership;
- A lease or rental agreement, (Please fill-in your landlord’s name: \_\_\_\_\_);
- A utility bill in the parent’s name, showing an address within the District;
- Parent’s official driver’s license, learner’s permit, or non-driver identification, showing an address within the District;
- A record of the parent’s voter registration;
- A recent income tax return, showing the parent’s name and address within the District;
- A current paycheck stub, showing the parent’s name and address within the District;
- A membership document based on residency (i.e.: library card)
- Documents issued by Federal, State, or local government agency.
- A document illustrating that the parent is receiving public assistance benefits at an address within the District.
- A statement by any other party establishing the parent’s physical presence in the District.

**Only complete this section if you are homeless:**

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. The answers to this residency information help determine services the student may be eligible to receive.

- 1.) Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
- 2.) Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

If you answered “Yes” to the above questions, please complete the remainder of this form. If you answered “No”, you may stop here.

Where is your student presently living? (Please check one box)

- In a Motel    In a Shelter    Moving from place to place    With more than one family member in a house or apartment  
 In a place not designed for ordinary sleeping accommodation, such as a car, park or campsite

Name of Parent(s) or Legal Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC sec. 25.00 (3) (d).

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please send a copy to the Elementary School Office. Or Fax to: (716) 676-2797

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: \_\_\_\_\_ McKinney-Vento Liaison Signature: \_\_\_\_\_



1. Current Class Schedule
2. Exit Grades for Current Quarter (if transferred before quarter grades were due)
3. Current Report Card
4. Current Science Labs
5. High School Transcript
6. NYS Test Scores
7. Attendance Records
8. Health Records (Immunizations and last Physical exam)
9. Copy of Birth Certificate
10. Discipline Report(s)
11. Special Education Records, if applicable, to include: IEP, Transition Plan, Social History, Level 1 Assessment & Psychological Reports
12. Academic Records
13. \_\_\_\_\_

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**Parent or Guardian:** Please complete the bottom section only.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Previous School Information:**

Previous School Attended: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance at this school:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Current Information:**

Parent or Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the release of above information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_