



Corinth Central School District

105 Oak Street, Corinth, New York 12822 • Phone: 518-654-2601 • Fax: 518-654-6266 • Corinthcsd.org

Mark R. Stratton, Ed.D., Superintendent

Welcome to Corinth Central School District

Step #1:

Before beginning the registration process, the district must establish residency. As required by NYS law and District policy, **all** students must provide the proper documentation to establish residency. **Two** proofs are required to establish residency. Both proofs must be from the following list:

| | |
|-------------------------------|---|
| Driver's License/Permit | Auto Insurance Policy |
| Landlord's Affidavit | Property Tax Bill (<i>Homeowners</i>) |
| House Deed (<i>Renters</i>) | Rental/Lease Agreement |
| Water, Gas, or Telephone Bill | House Purchase/Closing Agreement |
| Voter Registration Document | State or Government Issued ID |

If you live with a District resident and do not pay rent, a notarized affidavit will be needed. If you are in a temporary housing situation, please let us know immediately.

Step #2 and #3 cannot be started without two acceptable proofs of residency (from the list above).

Step #2:

Once two proofs of residency are submitted, you will then be asked for the second set of necessary paperwork. This includes:

| | |
|---------------------------|-------------------------------|
| Proof of Immunization | Signed School Records Release |
| Copy of Birth Certificate | Completed Student Data Form |

We will contact your former school district for records, once the Records Release is signed.

Step #3:

Once all the paperwork is submitted and collected, your child will be assigned a class and/or schedule. A school counselor or the principal (and/or their designee) will contact you with the necessary information about your child's starting date and schedule, etc.

The transportation department will contact you directly with the necessary information.

Please contact one of the following individuals for more information about registration:

Mrs. Amie Cole, Registrar: (518) 654-9005, ext. 3400

Mrs. Lynne Jenkins, Director of Guidance: (518) 654-9005, ext. 3450

Corinth Central School District
Student Registration
and Student Data Form

For Office Use Only: Date Enrolled: _____
New Student: _____ Re-entry: _____
Health/Immunization: _____ Year entered HS: _____
Proof of Residency (2 forms): _____
Social History: _____ NYSSISS #: _____

Student Name: _____ Gender: M F Date: _____
Date of Birth: _____ Current Grade: _____ Date Student Entered 9th Grade: _____

Ethnicity/Race: Please indicate ethnicity. If you choose not to enter this information, New York State requires the district to choose.

- | | |
|--------------------------------|-------------------|
| Hispanic | Pacific Islander |
| White | Asian |
| American Indian/Native Alaskan | Black/Multiracial |

Student's Address: _____
(Street, including house or apartment number)

(City, State, zip Code)

Home Number: _____ Cell Number: _____ Work Number: _____

Place of Birth (City, State, and Country): _____
Previous School Attended: _____
(Name of School)

(Address: Street, City, State, Zip Code)

Name of School Counselor or Principal at previous school: _____

Date last attended class at previous school: _____

Has the student ever attended Corinth Central School District? ___Yes ___No

This section of the questionnaire addresses the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine services the student may be eligible to receive.

Living Arrangements: Are you living in a shelter; with relatives/others due to lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car, other similar situation due to lack of alternative, adequate housing; or temporarily housed in a shelter awaiting an Office of Children and Family Services permanent foster care placement? ___Yes ___No

If yes, is the current address a temporary living arrangement? ___Yes ___No

Is this living arrangement due to loss of housing and/or economic hardship? ___Yes ___No

Where is the student presently living? (please check)

- In a motel
- With more than one family in a house or apartment
- Moving from place to place
- In a shelter
- In a place not designated for ordinary sleeping accommodations

Corinth Central School District
Pre-Admittance Application
Please print all information

Name of child: _____

Name of person with whom the child will live: _____

Relationship of person to child: _____

Custody limitations ___Yes ___No Legal papers filed in district ___Yes ___ No
 (Custody documents **must** be on file with school)

School District of residence for the individual whom the child will live:

| District Name | District Address | District Phone Number |
|---------------|------------------|-----------------------|
| | | |

Which school and grade level does your child wish to enroll?

Elementary: (k-5)

Middle: (6-8)

High: (9-12)

Has your child ever been repeated a grade: ___Yes ___No

If yes, which grade? _____

Has your child ever been identified as limited English Proficient? ___Yes ___No

If yes, please complete the Home Language Questionnaire (available on our website).

Does your child currently receive free or reduced price lunch? ___Yes___ No

If yes, please complete a Free & Reduced Price Meal Application (available on our website).

Does the student have a parent/guardian who is an Active Duty military member? ___ Yes ___ No

Is your child **currently** receiving special education services (IEP/504)? ___Yes ___ No

Has your child received special education services **in the past**? ___ Yes ___ No

Please mark the services you child receives

| | |
|--|--|
| <input type="checkbox"/> Speech Services | <input type="checkbox"/> Testing Accommodations |
| <input type="checkbox"/> Occupational Therapy Services | <input type="checkbox"/> Declassification Accommodations |
| <input type="checkbox"/> Physical Therapy Services | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Special Class Program | <input type="checkbox"/> Consultant Teacher |
| <input type="checkbox"/> Program outside my last district (ex; BOCES, private placement by CSE) | <input type="checkbox"/> Counseling Services |

Information regarding the special education referral and evaluation process can be found in; "A Parent's Guide to Special Education" at;

<http://www.p12.nysed.gov/specialed/parentpubs.htm>

Parents with questions regarding the special education referral process can also call Jill Bovee the Director of Special Education at (518) 654-9005, ext. 3441.

Please list all former addresses where the child has lived:

| Address | Dates | Name of person child resided with |
|---------|-------|-----------------------------------|
| | | |
| | | |
| | | |

Do the child's parents own property in the Corinth Central School District? Yes No

Does either parent maintain another residence elsewhere? Yes No

If you are moving into the District, please indicate the date you plan to move. _____

Does either parent have a driver's license? Yes

No

If yes, which parent and what state was it issued? _____

Is the child covered by health insurance? Yes No

If yes, in whose name is the policy issued or coverage provided? _____

If the parent/guardian has any other children, please provide the following information:

| Student Name | Parent/Guardian | Date of Birth | School |
|--------------|-----------------|---------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

If there is a non-custodial parent who should receive school mailings or be contacted in case of an emergency involving this child, please list the name, address and phone number, if known:

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |

Emergency contact information:

| Name | Phone Number | Relationship |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Is there any significant information you would like to discuss with a staff? ___Yes ___No

Staff position or person you would like to speak with: _____

Please provide any additional information you feel would be helpful for the enrollment of your child in the Corinth Central School District.

Request for Records

Name of Previous School

 Fax # _____

Student

Student _____
 Grade: _____ DOB: _____
 Date of Registration: _____

The above student has enrolled at the Corinth CSD in grade _____. Please forward the following checked information at your earliest convenience:

| Academic and Health Records | Special Education Records |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Cumulative Health/Immunization Records | <input type="checkbox"/> Special Education Records, including the most recent IEP or 504 Plan |
| <input type="checkbox"/> Student Transcript | <input type="checkbox"/> Supplemental Evaluations |
| <input type="checkbox"/> Report Cards (including previous years) | |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> Record of labs completed for Regents Level Science Courses | |
| <input type="checkbox"/> Standardized Test Results (ex; 3-8 testing, Regents, PLAN, SAT ACT, AP, STAR) | |
| <input type="checkbox"/> Any records necessary to facilitate placement | |

I hereby authorize the release of these records to the Corinth Central School District

- Corinth Elementary School 264 Center Street, Corinth, NY 12822
 Phone: (518) 654- _____ Fax #: (518) 654 6235
- Corinth Middle/High School 105 Oak Street Corinth NY 12822
 Phone; (518)654-9005 Fax# (518) 654-6749

Parent/Gaurdian

Signature _____ Date: _____

Relationship to Student: _____

Corinth CSD Official Requesting Documents

Signature _____ Date: _____

**Affidavit of Residence
Landlord/Owner Statement**

1. I am the owner or property manager of one or more apartments or other residential units located at _____, within the Corinth Central School District. (Attach a copy of your proof of residence for premises.)

2. I understand that _____ seeks to enroll the following (full name of parent/guardian) children as resident students of this District:

3. I attest that these children and their parents reside at the above address, with/without a written lease. This living arrangement began on _____, 20__ and is expected to continue until _____.

4. Which of the following applies (please choose one):

___ I am permitting this family to reside at the above address without payment of rent. I pay for the utilities at this address (attach copy of most recent utility bill).

4. ___ The above named parent/guardian pays monthly rent in the amount of \$_____. I pay for the utilities at this address (attach copy of most recent utility bill).

5. ___ The above named parent/guardian pays monthly rent in the amount of \$_____. They also pay their own utilities.

I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

Print Name _____

Phone Number _____

Signature _____

Sworn to before me this ___ day of _____, 20_____.

Signature _____

Notary Public - State of New York

