



RESIDENT'S GUIDE TO STUDENT REGISTRATION

UTICA CITY SCHOOL DISTRICT
UTICA, NEW YORK

REGISTRATION HOURS
MONDAY THROUGH FRIDAY
8:30 AM – 4:00 PM

929 York Street, Utica, NY 13502
Administration Building Entrance

For assistance, please call (315) 368-6047
8:30 am - 4:00 pm

Or visit our website at www.uticaschools.org
FAX: 315-624-9322

<u>Building</u>	<u>Address</u>	<u>Phone</u>
Albany Elementary Grades K-6	1151 Albany St. Utica, NY 13501	(315) 368-6500
Christopher Columbus Elementary Grades K-6	934 Armory Drive Utica, NY 13501	(315) 368-6520
Conkling Elementary Grades K-6	1115 Mohawk St. Utica, NY 13501	(315) 368-6800
General Herkimer Elementary Grades K-6	420 Keyes Rd. Utica, NY 13502	(315) 368-6600
John F. Hughes Elementary Grades K-6	24 Prospect St. Utica, NY 13501	(315) 368-6620
Thomas Jefferson Elementary Grades K-6	190 Booth Street Utica, NY 13502	(315) 368-6700
Hugh R. Jones Elementary Grades K-6	2630 Remington Road Utica, NY 13501	(315) 368-6740
Kernan Elementary Grades K-6	929 York St. Utica, NY 13502	(315) 368-6760
Martin Luther King Elementary Grades K-6	211 Square St. Utica, NY 13501	(315) 368-6720
Watson Williams Elementary Grades K-6	107 Elmwood Place Utica, NY 13501	(315) 368-6780
James H. Donovan Middle School Grades 7-8	1701 Noyes St. Utica, NY 13502	(315) 368-6540
John F. Kennedy Middle School Grades 7-8	500 Deerfield Dr. East Utica, NY 13502	(315) 368-6640
Thomas R. Proctor High School Grades 9-12	1203 Hilton Ave. Utica, NY 13501	(315) 368-6397

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Enrollment and Registration Instructions

Welcome to the Utica City School District. New students moving into the District or students who will be starting kindergarten begin their registration process at Central Registration, 929 York Street, Utica, NY 13502. Please contact (315) 368-6960 for home school information. Upon enrollment, your child (ren) will be enrolled and begin attendance the next school day or as soon as practical. Within three business days of initial enrollment, your documentation will be reviewed to make a residency determination or determination of your possible qualification under the McKinney-Vento Act. If a determination on non-residency is made, you will be notified in writing. If you relocate to the Utica City School District during the summer months, please do not wait until September to register. Central Registration is open during the week throughout the summer.

The district has updated its enrollment registration materials as to reflect the current state of the law regarding immigration status and new legal requirements in the registration process. The District will make no inquiries into immigration or citizenship status or national origin at the time of enrollment.

Also, the District accepts multiple forms of proof for both age and residency in accordance with New York Education Law 32218 and 100.2 (y) of the Commissioner's Regulations. To prove residency, you will need to provide documentation such as a deed, lease or homeowner's/landlord's affidavit of residency. Copies of these forms are included in this manual. If you are unable to provide evidence of these documents, the staff will recommend alternate proofs of residency. Please note that all students between the ages of five and twenty-one, regardless of their English language proficiency, are entitled to attend a daytime academic program at a district school that allows such students to obtain credit toward a high school diploma.

In connection with the registration of your child, you are required to provide evidence of your child's date of birth and proof that the child resides with the parent or person in parental relation. The child's age may be documented by providing either an original birth certificate or record of baptism. If neither is available, a passport (including a foreign passport) may be provided. In the event that you cannot provide any of the aforementioned documentation, the staff may request alternative documentation to establish your child's age. Proof of residency with a parent may be documented by an affidavit of the parent(s) or person(s) in parental relation indicating that they are the parent(s) or person(s) in parental relation and indicating that they are the parent(s) with whom the child lawfully resides.

Children entering the District, who have been classified by the Committee on Special Education, are required to provide a copy of their current Individualized Education Plan (IEP).

Please note that the goal of the Utica City School District is to ensure that children who reside within the District receive an education promptly. Therefore, staff will be available to assist you if you have difficulty obtaining the necessary documentation. If necessary, they can assist you in obtaining alternate documents needed to complete the process.

Thank you for your cooperation in participating in the registration process and once again, welcome to our District!

Registration Instructions for Parents/Persons in Parental Relation Seeking to Register a Student in the Utica City School District.

The following instructions should provide you with an understanding of the registration and enrollment process for the Utica City School District.

All registrations will take place at the Utica City School District Administration Building at 929 York Street, Utica, NY 13502. Prior to arriving to register your child, please refer to this ***Checklist*** to ensure that you have the proper documentation to start the registration process. Upon entering the District Administration Building you will be directed by security to the Central Registration Office to meet with the receptionist.

The receptionist will introduce herself, have you sign in and ask you for the purpose of your visit. If you do not speak English and the receptionist does not speak your home language, she will seek assistance from another District employee who speaks your language. They will answer any questions that you may have about the registration and enrollment process, with the assistance of a translator, if needed. A District employee will review your registration packet to make sure it is complete and will also make copies of the required documentation.

The documents you will need to provide to the staff at registration will include:

A. Proof of District Residency - To establish that the student you are registering lives in the Utica City School District, the following proof of residency shall be required:

1. Homeowners May Provide:

A mortgage or closing statement or a deed or tax bill to prove ownership, or a *Homeowner's affidavit* or any two of the following:

- Pay Stub
- Income Tax form
- Utility or other bills
- Membership documents (e.g. library cards) based on residency
- Tax bill from the City of Utica
- Telephone Bill
- Water Bill
- Oil Company Bill
- Insurance Bill
- Official driver's license, learner's permit or non-driver identification
- Bank Statement
- Voter Registration documents
- DSS Declaration
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal office of Refugee Resettlement)
- State or other government issued identification
- Other original documents evidencing residency)
- State or other government issued identification
- Other original documents evidencing residency

2. Renters May Provide:

A *Renter's Affidavit*, lease, or any two of the following:

- Pay Stub
- Income Tax Form
- Utility or other bills
- Membership documents (e.g. library cards) based on residency
- Tax Bill from the City of Utica
- Telephone bill
- LIPA bill
- Water bill
- Oil Company Bill
- Insurance bill
- Official driver's license, learner's permit or non-driver identification
- Bank Statement
- Voter Registration documents
- DSS Declaration:
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal office of Refugee Resettlement)
- State or other government issued identification
- Other original documents evidencing residency

3. In addition to the above, a person other than a natural parent, but in parental relation, must present one of the following:

- Court issued legal guardianship papers
- Court order granting custody
- Court appointment as a foster parent
- Parental Affidavit provided by the person in parental relationship assuming legal responsibility for the student
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal office of Refugee Resettlement)

Students claiming emancipation shall be required to submit their own affidavit and an affidavit from their parent, where deemed appropriate, unless they have been deemed as an unaccompanied youth according to the stipulations under the McKinney-Vento Act.

A copy of all proofs of residency provided for resident students shall be made part of the student's permanent record and a copy maintained in the student's file.

B. Proof of Age

When available, a certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate) giving the date of birth will be used to determine a child's age. If either document is available, the District will not require any other document to determine a child's age. If these documents are not available, a passport (including a foreign passport) may be used to determine a child's age. If a passport is not available, the District will consider other documentary or recorded evidence in existence for at least two years to determine a child's age. Other evidence may include, but not be limited to, the following:

- Official driver's license
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement)
- Court orders or other court issued documents
- Native American tribal document; or
- Records from non-profit international aid agencies and voluntary agencies.

If the above documents originate from a foreign country, the District may request verification from the appropriate foreign government or agency, but that will not be your responsibility. It will not delay enrollment. The District will not demand that you translate any documents or verify proof of age, beyond providing the above documents.

Please note: If you cannot provide proof of age, your registration will not be delayed. However, documentation establishing the student's age must be provided **within three (3) days** of starting the registration process.

C. Health Records: (Proof of Immunizations)

New York State Law Section 2164 requires certain immunizations to attend school. Please check with your health care provider as soon as possible to make sure that your child has all of the needed immunizations. Please bring proof of immunizations with you at the time of registration.

Proof of immunizations must be any one of the three items listed below:

- An immunization certificate signed by your health care provider.
- For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.
- A blood test or lab report that proves your child is immune to the diseases.

Please Note: If you do not have a *record of immunization*, you must provide it **within fourteen (14) days** of registration, unless the student is transferring from out of state or from another country and can show a good faith effort toward obtaining the necessary certification or other evidence of immunizations. In such cases, the time to submit evidence of immunizations may be extended to no more than thirty (30) days from the date of registration. The failure to provide a record of immunizations shall not delay initial registration and/or initial enrollment.

D. School Records: (If your child had already attended school)

- Official transcripts or other school records of previous schools.
- Most recent report card.
- Most recent Individual Education Plan (IEP) if your child has been receiving Special Education Services.
- See attached forms

Elementary students require a transfer card or report card. Special Education students require a copy of the IEP (Individual Education Plan). Secondary students require a transcript of grades and courses completed. The District will assist in verifying the student's school records, even if the records are written in a foreign language or originate from a foreign country.

Please note: The failure to provide school records shall not delay registration and/or enrollment.

If the student requires testing for English proficiency or any other testing, the secretary at the time of registration will ensure that the testing occurs as soon as practical (but usually not more than one to two school days from the time of registration).

Once the registration process is completed, transportation will be set up, if the residence location qualifies. District employees will notify the school that your child is registered and enrolled.

Once you arrive at your child's new school, you will first be met by security at the school who will request that you provide photo identification. If you do not have photo identification, you will still be allowed to sign in and proceed to the Main Office. Once in the Main Office, the secretary will direct you to the Principal's office.

At the Principal's office, you will likely meet the school principal. The Principal or the principal's designee will escort the student into his/her new class (for students at the Elementary level). Students at the Secondary level will be seen by a guidance counselor in the Guidance Office so the student can have a class schedule created.

Once this process is completed, the student is registered and enrolled as a student in the Utica City School District.



Utica City School District Office of Student Registration
929 York Street, Utica, NY 13502
Phone: (315) 368-6960 Fax: (315) 624-9322

School Transcript Request/Authorization to Acquire Student Records

School: _____

Attention: Guidance/Registrar

Phone: _____

Fax: _____

Email (if applicable): _____

To Whom It May Concern:

_____	_____	_____	_____
Student Name	Grade	Date of Birth	Date Requested
_____		_____	
Parent Name (Print)	Parent Signature		

The above-named student formally attended your school and is seeking enrollment in the Utica City School District in Utica, New York. According to the Family Educational Rights and Privacy Act (FERPA) of 1976, *school officials and teachers in an educational institution in which a student may intend to enroll may receive records without written consent for such release.*

Please forward the student's complete transcript, including course names, grades, credits, report card awarded and Regents exam scores as well as health, attendance, discipline records, NYSESLAT (ELL) scores and student IEP if applicable.

Thank you,
Central registration, Utica City School District

E. APPEALS FROM A REGISTRATION/ENROLLMENT DECISION

If the Board of Education or its designee makes a decision to reject your application for registration or terminate your enrollment with the Utica City Schools, this determination will be made in accordance with Section 100.2(y) of the Commissioner's Regulations, and you will be provided written notice of such determination. You also have the right to appeal pursuant to New York State Education Law Section 310. For more detailed information, please refer to the New York State Education Department website at <http://www.counsel.nysed.gov/appeals/general>

F. QUESTIONS/CONTACT CONCERNING REGISTRATION AND ENROLLMENT CAN BE SENT TO:

Mr. Edward Simpson, Administrator for Student Registration
Utica City School District, Administration Building
929 York Street
Utica, NY 13502
Phone: (315) 368-6960
Fax: (315) 624-9322
Email: esimpson@uticaschools.org

Mr. Jack (Jay) Boak, Jr.
Enrollment Monitor
8857 Parker Hollow Road
Barneveld, NY 13301
Phone: (315) 368-6960
Email: jack.boak@hotmail.com

Office of the NYS Attorney General
Civil Rights Bureau
120 Broadway, 23rd fl. New York, NY 10271
Phone: (212) 416-8520 or (800) 771-7755
Fax: (212) 416-8074
Email: civil.right@ag.ny.gov

NYS Dept. of Education
Office of Bilingual Education & World Languages
55 Hanson Place, Room 594
Brooklyn, NY 11217
Phone: (718) 722-2445
Email: OBEFLS@nysed.gov
Website: www.oag.state.ny.us

G. STUDENT APPLICATION SECTION (Complete *all* of the following forms)

- ☐ Utica City School District Registration Checklist (this document)
- ☐ Utica City School District Student Registration Form, page 13
- ☐ Student Racial and Ethnic Identification Form (SREI), page 15
- ☐ Student Residency Questionnaire (McKinney-Vento), page 16
 - ☐ STAC-202, page 17 (if applicable)
- ☐ Physical History and Emergency Contact Information, page 19
- ☐ Emergency Information Form, page 20
- ☐ Home Language Questionnaire (HLQ), page 21-22
- ☐ Educational Field Trip Permit and Photo Video Release Form, page 25
- ☐ Internet Terms and Conditions, page 27
- ☐ Family Information Form, page 28
- ☐ Certification of Residency, page 29
- ☐ Homeowner's/Landlord's Affidavit, page 30
- OR**
- ☐ Renter's Affidavit, page 31
- ☐ Parent or Person in Parental Relation Affidavit, page 32-33
- ☐ Authorization for the Release of Medical Records, page 34

Official Use Only:

Entry Date: _____ Program: _____ Regular: _____ Special Ed: _____ ENL: _____
Entered from: _____ Adm. Placement: _____
School: _____ Grade: _____ Room: _____
ID: _____ Teacher/Counselor: _____

UTICA CITY SCHOOL DISTRICT REGISTRATION FORM

STUDENT

Name: _____ Sex: _____ Birth Date: _____
Address: _____ Apt/Floor: _____ Zip: _____
Is this your permanent address? Yes___ No___ If you answered NO, please complete a Student Residency Affidavit
Primary Phone Number: _____ Unlisted: Yes ___ No ___
Languages Spoken: _____
Home Language: _____ Parent Preferred Language: _____
Previous School District(s): Utica? Yes___ No___ Other(s): _____
Has child attend Pre-Kindergarten/Nursery School? Yes___ No___ Where: _____

FAMILY

Pupil resides with: (Circle) Both Parents Mother Father Other - Relationship: _____

**If there is a current Order of Protection or No Contact Order which concerns this child:
please provide documentation and directions for staff.**

Parent One:

Name: _____ Ed Level: 8th/HS/College
Occupation: _____ Employer: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Parent Two:

Name: _____ Ed Level: 8th/HS/College
Occupation: _____ Employer: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Brothers/Sisters:

Name

Birth Date

Grade

School

<u>Others in Household:</u>	<u>Relationship:</u>



Utica City School District
929 York Street
Utica, NY 13502

Student Racial and Ethnic Identification

To the Parent/Guardian: The Utica City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Utica City School District **in accordance with the federal categories and definitions.**

The information will be used to:

- Report information to the State and Federal Education Departments
- Plan educational programs and make sure that they are readily available to all students
- Analyze differences in academic performance, attendance and completion of school

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the next page. Put a check mark in the box for the category or categories which best describe your child. The Utica City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Confidentiality Procedures and Regulations

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) FERPA, prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete form on the next page.



Utica City School District
929 York Street
Utica, NY 13502

Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed, or national origin, sec citizenship, handicapping condition, or immigration status.

Name of Student _____ Date of Birth (MM/DD/YY) _____

Directions to Parents/Guardians:

Please answer **both** questions (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

- [For question (1) check the box that best describes your child.] Check only one box.

1. Is the student Hispanic, Latino or of Spanish Origin? [Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.]

☐ Yes, Hispanic

☐ No, Not Hispanic

2. Select one or more races from the following five racial groups.

- For question 2 check all groups that apply to your child, YOU MUST CHECK AT LEAST ONE line regardless of your answer to question 1.

☐ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

☐ WHITE: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Signature

Date

Relationship to Student (please check one below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify) _____

Utica City School District
929 York Street
Utica, NY 13502

STUDENT RESIDENCY QUESTIONNAIRE

NOTE TO SCHOOLS: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Name of School: _____

Name of Student: _____

Gender: ☐ Male ☐ Female
Date of Birth: _____ / _____ / _____
Last First Middle
Month Day Year
Grade: _____
(preschool – 12)

Current 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 living? (Please check one box)

- ☐ In a shelter (one night at a time)
☐ In transitional housing (shelter for longer periods of time)
☐ "Doubled-Up" -living with relatives, another family, or other people because of loss of housing or as a result of economic hardship
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ Permanently housed (not eligible for McKinney Vento services)

Is the student an "unaccompanied youth" (not living with a parent or guardian)? Yes ____ No ____

Print name of Parent, Guardian, OR
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, OR
Student (for unaccompanied homeless youth)

Date

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOL: If the student is NOT living in permanent housing, please ensure that a STAC-202 form is completed and sent with this form to Mr. Simpson in Central Registration. Safe Schools coordinators are available to assist with this procedure. Send all documentation related to the student's temporary housing situation to the Office of Pre-K and Student Programs. We do NOT retain copies of these forms in the student's permanent file.

STAC ID				

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
STAC/Medicaid Unit
Room EB 25, Education Building
Albany, NY 12234

STAC-202 HOMELESS DESIGNATION
Rev. 11/2022

Designation of School District of Attendance for a Homeless Child

Submitted by: ☐ Local Dept of Social Services (DSS) ☐ Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD LAST NAME FIRST NAME M.I.
2. DATE OF BIRTH MO / DAY / YR
3. GENDER ☐ FEMALE ☐ MALE ☐ NON-BINARY

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native ☐ Asian or Pacific Isl. ☐ Black ☐ Hispanic ☐ White ☐

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION

DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING

MONTH DAY YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN

MONTH DAY YEAR

10. DATE PLACED IN PERMANENT HOUSING

MONTH DAY YEAR

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

☐ District participating in a Regional Placement Plan OR ☐ District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP AREA CODE TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD DATE
IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE DATE

16. PLACEMENT COUNTY Local DSS use only AREA CODE TELEPHONE NUMBER

INSTRUCTIONS FOR COMPLETING THE STAC-202 FORM
Designation of School District of Attendance for a Homeless Child

Education of homeless children means 1) a child or youth who lacks a fixed, regular, and adequate night-time residence, including a child or youth who is (i) sharing the housing of other persons due to a loss of housing, economic hardship or a similar reason; (ii) living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; (iii) abandoned in hospitals, (iv) awaiting foster care placement; or (v) a migratory child, as defined in § 1309(2) of the Elementary and Secondary Education Act of 1965, as amended, who qualifies as homeless under any of the provisions of clauses (i) through (iv) of this subparagraph or subparagraph two of this paragraph; or 2) a child or youth who has a primary nighttime location that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations including, but not limited to, shelters operated or approved by the state or local department of social services, and residential programs for runaway and homeless youth established pursuant to article nineteen-H of the executive law; or (ii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting.

1. Enter the youth's complete last name and first name.
2. Enter the youth's date of birth.
3. Place a check in the box which identifies the gender of the youth.
4. Item reserved for future use.
5. Place a check in the box which identifies, to the best of your knowledge, the racial/ethnic category with which the youth most closely identifies.

Racial/Ethnic Categories:

American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black – A person having origins in any of the black racial groups of Africa.

Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

6. Enter the grade level for which placement is being sought.
7. Enter the complete last permanent address prior to becoming homeless.
- 7A. Enter the name of the school district that served the area where the child resided prior to becoming homeless.
- 7B. Enter the name of the school district where the student was last enrolled. This will be different from 7A if the student was previously temporarily housed in a different district and enrolled in that district as a non-resident homeless student.
8. Enter the complete address of current temporary housing including the name of the shelter if applicable and the date the student moved to the current location. If the location is confidential (for example, if the student is living in a domestic violence shelter), the name and address of the location do not need to be provided.
- 8A. Enter the name of the school district of current location.
9. Enter the date of designation.
- 9A. Enter the name of the designated school district of attendance. One of four districts may be designated to provide the educational component:
 - District of attendance before becoming homeless,
 - District where last enrolled,
 - District of current location of temporary housing, or
 - District participating in a Regional Placement Plan (RPP).
10. Enter, if applicable, the date the child moved to permanent housing and is no longer eligible as a homeless student.
11. If the student attends school in a district participating in a Regional Placement Plan or the district where last enrolled (7B), and that district is different from both the district of attendance before becoming homeless (7A) and the district of current location (8A), check the corresponding box where the student attends school (either the District participating in a Regional Placement Plan or the District where last enrolled).
12. Print the name and telephone number of the designator. The designator can be the parent, person in parental relation, the unaccompanied youth (a youth who meets the definition of homeless and is not in the physical custody of a parent or guardian), or the director of a residential program for runaway and homeless youth if the student is living in such a program.
13. The signature of the designator and current date.
14. Print the name of the local Department of Social Services or School District representative and title.
15. The signature of the local Department of Social Services or School District representative is required attesting that this child has moved to temporary housing. A telephone number is required in case the STAC & Special Aids Unit has questions relating to the information provided.
16. The name of the local Department of Social Services that has placed the child in temporary housing, if applicable.

NOTE: Copies should be distributed to the following:

1. State Education Department, only if designated district of attendance is entitled to reimbursement for educational services pursuant to N.Y. Educ. Law § 3209(3);
2. Designated School District of Attendance;
3. District of Attendance before becoming homeless;
4. District where last enrolled;
5. Parent/Guardian/Unaccompanied youth/director of a residential program for runaway and homeless youth; and
6. Local Department of Social Services, only if placed in temporary housing by DSS.



Utica City School District
929 York Street
Utica, NY 13502

Physical History & Emergency Contact Information

Name of Child Address DOB/Place

Parent/Guardian Name (s) Place of Employment Home #/Work #

Doctor to be called in case of Emergency
Name, Address, Phone Number _____

PHYSICAL HISTORY

What Diseases has the child had? (GIVE DATES)

Chicken Pox _____ Rheumatic Fever _____ Throat Infection _____
Scarlet Fever _____ Diabetes _____ Heart Disease _____
Pneumonia _____ Ear Infection _____ Epilepsy _____
Other: _____

Does your child have allergies, asthma? Yes _____ No _____
Explain: _____

Does your child take medication? Yes _____ No _____
If yes, give name of medication, dosage, & for what condition _____

Has your child ever had an accident, operation, or x-rays? _____

Does your child have any handicap or limitation that the school should know about? Yes _____ No _____
If yes, what? _____

Is there anything about the eyes, ears, teeth, or general health of your child that the school should know of?

Emergency Care: In case our child is injured or becomes ill during school hours, we will contact you immediately by phone. **If that is not possible**, please state below what action you wish the school to take and the name of the hospital or emergency service to your child.

Name/Telephone of person to contact _____
Name of Hospital/Emergency Room _____
Parent/Guardian Signature _____ Date _____



Utica City School District
929 York Street
Utica, NY 13502

Emergency Information Form

Dear Parents or Guardians: Complete this form so that we may keep this on file for your child. If this information should change during the year, please notify us.

Child's Name: _____ Male ____ Female ____

Date of Birth: _____ Age: _____ (As of August 30th)

Address: _____

Primary Telephone Number: _____ Primary Cell Phone: _____

Mother's Name: _____ Phone #: _____

Occupation: _____ Work #: _____

Father's Name: _____ Phone #: _____

Occupation: _____ Work #: _____

IMPORTANT MEDICAL INFORMATION: EMERGENCY TELEPHONE NUMBERS

(In case we cannot reach you at home, cell, or work)

Contact 1

Name: _____ Relation to Child _____

Telephone #: _____ Work #: _____ Cell #: _____

Contact 2

Name: _____ Relation to Child _____

Telephone #: _____ Work #: _____ Cell #: _____

Baby sitter's Name _____ Phone _____

Address _____ Floor # _____ Circle one: Home/Apt

Other Children in the family (in school)

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<input type="checkbox"/> Guardian(s)		_____
			specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			specify

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: ☐ Parent ☐ 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:

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: ☐ M ☐ F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

Significant Medical/Surgical History: ☐ See attached _____

Allergies: ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: _____ ☐ None

☐ Known or suspected disability: _____ ☐ Please monitor

☐ Restrictions: _____ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: ☐ Asthma Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension
☐ Other: _____

Provider's Signature: _____ Phone: (315)793-8525 (Stamp below)

Provider's Name/Address: J. Shankman, NP. 929 York Street, Utica, NY 13501

Parent Signature: _____ Date: _____

AREA OR SYSTEM	ABNORMAL FINDINGS
Eyes	
Ears, Nose, Throat	
Mouth, Teeth	
Thyroid	
Lymph Nodes	
Skin	
Chest, Lungs	
Heart	
Abdomen	
Genitalia (Tanner) <input type="checkbox"/> Refuse <input type="checkbox"/> Student states both testicles down, no masses	
Musculoskeletal	
Neck, Spine, Posture	
Shoulders	
Arms, Elbows, Hands	
Hips, Thighs	
Ankles, Feet	
ROM, Strength	
Knees	

Smoke:_____ ETOH:_____ Drug:_____

CP, SOB or dizzy with ex:_____

Concussion:_____ Mono:_____

Family History Early Cardiac:_____

Joint or Muscle Problem:_____

Referrals/Recommendation:_____



Utica City School District
929 York Street
Utica, NY 13502

Photo/Video Release Form

Our educational programming includes the documentation and presentation of student work in our buildings through digital media and photographs.

Some photographs and video recordings may capture your child's participation, directly or indirectly.

These media recordings may be used to share student lessons and presentations through public broadcasting in school or may be posted on our website, social media pages, news bulletins, billboards and ads.

STUDENT'S WILL AUTOMATICALLY BE OPTED IN.

If you **DO NOT** wish to have your child appear in school district digital media and/or photographs, this form **MUST** be signed and returned to your child's homeroom teacher.

I DO NOT give permission for the Utica City School District to use images and representations of my child in social related activities including filming, photography and presentation purposes.

Student's Name (print)

School

Teacher

Parent/Guardian (print)

Parent/Guardian (signature)

Date



Utica City School District
929 York Street
Utica, NY 13502

Educational Field Trip Permit Form

While enrolled as a student in the Utica City School District, my child has my permission to participate in any and all educational field trips sponsored by his/her teacher and/or the principal of the school during the school year. The school/district will assume no liability for any injuries, damages or losses received on such trips other than those resulting in negligence of school officials.

I also give permission for my child's teacher or principal to obtain emergency medical care for my child if necessary during such field trips. If you have any questions, please do not hesitate to contact the school office.

Please complete the following information and return to your child's homeroom teacher.

School	Teacher	Grade
Student's Name (print)	Student's Date of Birth	
Address	Home / Mobile Phone	Work Phone
Student's Doctor	Doctor's Phone Number	

Student's Special Medical Condition, if any: _____

*Applicable to trips less than 100 miles from Utica if no overnight stay is planned.

Parent/Guardian (print)	Parent/Guardian (signature)	Date
-------------------------	-----------------------------	------

The Utica City School District requires all parents/guardians, teachers and students to execute the following release-user agreement based on the guidelines listed under the following Internet terms and conditions.

Internet Terms and Conditions:

1. Acceptable Use-

The purpose of the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the Utica City School District. Use of another organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of United States or state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, expressions of bigotry, racism or hate or material produced by trade secret. Use of commercial activities is generally not acceptable. Use of product advertisement or political lobbying is also prohibited.

2. Privileges-

The use of the Internet is a privilege, not a right and inappropriate use will result in a cancellation of those privileges. Each student who receives an account will be responsible for that account and its usage. Therefore, under no circumstances should your account be shared with anyone other than the Technology Department staff. The Building Administrator will deem what is inappropriate use and their decision is final. This may result in a revocation or suspension of specific user accounts.

3. Network Etiquette-

You are expected to abide by the generally accepted rules of network etiquette.

These include but are not limited to the following:

- Be polite. Do not get abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
- Do not reveal your personal address or telephone number.
- Note that electronic mail (email) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- Do not use the network in such a way that you would disrupt the use of the network by other users. All communication and information accessible via the network should be assumed to be property of the Utica City School District.

4. Security-

Security on any computer system is a high priority, especially when the system involves many users. IF you feel you can identify a security problem on the Internet, you must notify a Utica City School District administrator or the Technology Department. Do not demonstrate the problem to other users. Attempts to log onto the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computers systems may be denied access to the internet.

5. Vandalism-

Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses

I understand and will abide by the above Internet User Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked, school disciplinary actions may be taken and/or appropriate legal action.

Student's Name (please print)_____

Student's Signature _____Date_____

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

PARENT OR PERSON IN PARENTAL RELATION

As the parent or person in parental relation of this student, I have read the *Internet User Agreement*. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Utica City School District to restrict access to all controversial materials and I will not hold them responsible for material my child may acquire on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to the Utica City School District to issue an account for my child and certify that the information contained on this form is correct.

Parent/Person in Parental Relation (please print)_____

Parent/Person in Parental Relation (Signature)_____

Date_____

Grade/Class_____

FAMILY INFORMATION FORM

Affidavit Demonstrating Permanent and Total Custody and Control Must Be Submitted

Parent 1:

Last Name: _____ First Name: _____

Birth Date: _____ Home Address (if different from student) _____

Home # _____ Work# _____ Cell# _____ Email: _____

Parent 2:

Last Name: _____ First Name: _____

Birth Date: _____ Home Address (if different from student) _____

Home # _____ Work# _____ Cell# _____ Email: _____

STEP PARENTS/LEGAL GUARDIAN/CUSTODIAL RELATIONSHIP/PERSON IN PARENTAL RELATION (IF APPLICABLE)

Relationship: _____

Last Name: _____ First Name: _____

Birth Date: _____ Home Address (if different from student) _____

Home # _____ Work# _____ Cell# _____ Email: _____

Dept. of Social Services Declaration (if applicable) _____

Billable School District of Residence _____ Agency _____

Caseworker _____ Address _____ Phone _____

Siblings Living at Same Address as Student

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

Name: _____ DOB: _____ Grade: _____ School _____

The submission of false information or false statements in this application to the school district is a violation of the New York State Penal Code 175.30 and is punishable by a fine and imprisonment of up to one year in jail. In addition, the District will pursue an action for tuition reimbursement against anyone who's false information on statements results in enrollment of students into district schools who are not entitled to attend.

Parent/Person in Parental Relation
Print Name

Date

Signature

Student's Name_____ Date of Birth_____

CERTIFICATION OF RESIDENCY

I certify that I do not maintain a residence outside the boundaries of the Utica City School District. I understand that if the above mentioned child is found not to be a legitimate resident of the Utica City School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER YEAR PER CHILD RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING MY CHILD. A false statement made in connection with this application will subject me to liability. I further understand that it is my responsibility to notify the school district if I change my residence. It is impermissible to make false statements.

I have been informed that the Utica City School District may make unannounced home visits for the purpose of residence verification.

If a family enrolling a child is not the owner of the home but someone, such as a daughter and her child(ren) living with a person in parental relation, the persons in parental relation must accept legal responsibility as well.

_____YES, I have read and understand the above.

Parent Name (print)

Parent Signature

Date

Address

Phone #

Cell #

Work #

Student's Name: _____ Date of Birth_____

HOMEOWNER'S/LANDLORD'S AFFIDAVIT

State of New York
Oneida County

1. I _____ (homeowner's name), own a home or apartment building located at _____.

2. I have entered into an arrangement with _____ (tenant) for the period _____ to _____ during which period the tenant shall have possession of ____ home/____ apartment ____ number. The tenants pay rent in the amount of \$ _____.
(attach lease, if one exists).

3. Upon information and belief, _____ (tenant) does in fact reside at the aforementioned home or apartment on a full time basis and has no other residence.

4. The following school aged children (under 21 years of age) seeking to enroll in district, reside at the residence listed in paragraph (1) one:

Name	Relationship to Owner/Tenant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. I make these representations in good faith and not as subterfuge to defeat Utica City School District's right to exclude nonresidents from attendance in the Utica City Schools.

6. I understand that the Utica City School District will rely on the representations herein and I agree to bear legal responsibility, including but not limited to tuition and attorney's fees for any inaccuracy of such representations.

7. I understand that this statement is being made in order for the child(ren) to be admitted to the Utica City Schools as a district resident. I further understand that if the child(ren) is(are) found not to be a legitimate resident of Utica City Schools, that I will be responsible for and will be billed the school district's annual tuition rate per child, retroactive to the first day of admission, along with any costs associated with enrolling the child(ren). I have been informed that the school district may make unannounced home visits for the purposes of residency verification.

Signature: _____ Date _____

Print Name _____

Address _____

Phone Number (s) _____ Cell Number (s) _____

Student's Name: _____ Date of Birth _____

RENTER'S AFFIDAVIT

State of New York
Oneida County

1. I _____ am the Mother/Father, or Person in Parental Relation to the above-named child(ren) and I reside at _____ with my child(ren).

2. The following school aged children (under 21 years of age) seeking to enroll in district, reside at the residence listed in paragraph (1) one:

Name	Relationship to Owner/Tenant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. I make these representations in good faith and not as subterfuge to defeat Utica City School District's right to exclude nonresidents from attendance in the Utica City Schools.

4. I understand that the Utica City School District will rely on the representations herein and I agree to bear legal responsibility, including but not limited to tuition and attorney's fees for any inaccuracy of such representations.

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Signature: _____ Date _____

Print Name _____

Address _____

Phone Number (s) _____ Cell Number (s) _____

PARENT OR PERSON IN PARENTAL RELATION AFFIDAVIT

STATE OF NEW YORK
COUNTY OF ONEIDA

_____ being duly sworn depose and says:
(Name of Parent)

1. I am the _____ of _____
(Relationship to Student) (Name of Student)

2. I reside at _____
(Address of Parent)

3. (Check the one that applies) ____do ____do not have legal custody of the student.
(Attach court/custody papers if parents are separated/divorced.)

4. IF the other parent has legal custody, identify that person by name, address and telephone number and provide a notarized statement from that parent indicating consent to the current arrangement.

5. The student is currently residing with _____ at the following address:
_____.

6. The student's relationship to the person with whom he/she is currently residing: _____.

7. This student began living at the current address on _____ and will continue to reside there until _____.

8. Why is the student living at the current location? _____

9. Will the student reside in your home during weekends, holidays or any other times during his/her stay at the current location? _____

10. Who will claim the student as a dependent for Income Tax purposes? _____

11. During the time the student resides at the current location, who is responsible for:

☐ **If your response for all of the following questions is the same:** please check this box and provide the answer for all questions here: (ex. Both parents, mother, father, etc) _____

- a. Receiving & responding to academic and other reports concerning the student? _____
- b. Making decisions regarding the student's education? _____
- c. Authorizing medical treatment for the student? _____
- d. Payment for medical treatment of student? _____
- e. Releasing records for the student? _____
- f. Providing the necessary consents for the student? _____
- g. Expense of the student's room and board? _____
- h. Expenses of clothing and other necessities? _____

12. Will you provide any other financial assistance to the student ____Yes ____No

If yes, what is the nature and amount of the assistance? _____

13. Other information that would assist the Utica City School District in acting on the application of the student. _____

I certify that all of the information provided on this affidavit is true and accurate.

Signature_____

Date_____



Utica City School District
929 York Street
Utica, NY 13502

Authorization for the Release of Medical Records

I _____ am the Father/Mother, or Person in Parental
Relation to the child(ren) below.

I hereby authorize _____ to
(Name of Health Care Provider)

provide a copy of the health and medical records of:

(Name of Child) DOB _____

to _____ located at
(Name of School)

(Address of School)

Signature of Parent/Guardian: _____

Print Name _____

Date _____