Cincinnatus Central School
2809 Cincinnatus Road
Cincinnatus, NY 13040
(607) 863-3200
Fax (607) 863-3023

Welcome to Cincinnatus Central School

Please be prepared to present the following when you come to register your child:

- **Birth Certificate** (preferred) or record of baptism

  If birth certificate is not available the following can be presented:
  - Passport
  - Official driver's license
  - 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
  - Court orders or other court-issued document
  - Native American tribal document
  - Records from non-profit international aid agencies and voluntary agencies

- **Immunization Record**

- **Proof of Residency**

  Such documentation may include:
  - Copy of residential lease, a deed or mortgage statement
  - Statement by a third -party landlord
  - Pay stub
  - Income tax form
  - Utility or other bill
  - Membership documents (e.g. library cards) based upon residency
  - Voter registration document(s)
  - Official driver's license, learner's permit or non-driver ID
  - Documents issued by federal, state or local agencies
  - Evidence of custody of the child

- **Complete Registration Packet**

It would be helpful if a copy of your child's most recent report card is included with the registration packet. If your child special education services, please bring a copy of a current IEP/504 plan.

Parents/Guardians may also want to provide existing custody agreements and/or court orders.

To schedule an appointment, please call 607.863.3200, Ext. 1. Office hours are from 8 a.m. - 3 p.m. and 8:00 am to 2:00 pm during the summer.

Cincinnatus Central School Student Registration Form

Child's name: _____ _____ _____
Last First Middle

Child's address: _____ **County:** _____

Child resides with: _____

Gender: (please check) **Male** ☐ **Female** ☐ **Is this child homeless? Yes** ☐ **(see back) No** ☐

Date of Birth: Month _____ **Day** _____ **Year** _____ **Place of Birth:** _____

Is this 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 ☐ **or NO, not Hispanic** ☐

Select one or more races from the following five racial groups. Check all groups that apply to your child: check at least ONE box.

- ☐ **American Indian or Alaska Native** (origin of North, South, or Central America and who maintains tribal affiliation or community attachment)
- ☐ **Asian** (origin of the Far East, Southeast Asia, or the Indian subcontinent)
- ☐ **Native Hawaiian or other Pacific Islander** (origin of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **Black or African American** (origin of the Black racial groups of Africa)
- ☐ **White** (origin of Europe, North Africa, or Middle East)

Anticipated Start Date: _____ **Entering Grade:** _____

Last School Attended and Address: _____

Phone: _____ **Fax:** _____

Special Services Is this student receiving any of the following: (Please check)

Resource Room	☐	**Remedial Math**	☐	**Speech**	☐
Physical Therapy	☐	**Occupational Therapy**	☐	**Other**	☐ _____
Remedial Reading	☐	**Academic Enrichment Program**	☐	**IEP/504**	☐

_____ _____ _____
Father's Name **Residence** **County**

_____ _____ _____ _____
Mailing Address **Home Phone** **Work Phone** **Cell Phone**

_____ _____ _____
Mother's Name Ms. ☐ **Mrs.** ☐ **Residence** **County**

_____ _____ _____ _____
Mailing Address **Home Phone** **Work Phone** **Cell Phone**

_____ _____ _____
Legal Guardian Mr. ☐ **Ms.** ☐ **Mrs.** ☐ **Residence** **County**

_____ _____ _____ _____
Mailing Address **Home Phone** **Work Phone** **Cell Phone**

Date Moved into Present Address: Month _____ **Day** _____ **Year** _____

Do you have Legal Custody of this student:	**Yes** ☐	**No** ☐		
Is this student a Foster Child:	**Yes** ☐	**No** ☐	**Date Placed:**	_____
Has this student ever attended Cincinnatus:	**Yes** ☐	**No** ☐	**When:**	_____
Dominant Language spoken in the home:	**English** ☐		**Other:**	_____

Please list Siblings: (living in the home, school age and younger)

Name	Date of Birth	Grade

_____ _____ _____
Parent/Guardian Signature **Date** **Relationship to Student**

Homeless information

The definition of *homeless* is per Education Law §3209 and 100.2(x) of the Regulations of the Commissioner of Education and the McKinney-Vento Homeless Education Assistance Act (42 USC. Sections 11431 et seq), (McKinney-Vento Act) or one of the following:

- A migratory child who qualifies as homeless because he or she is living in circumstances as described below.
- An unaccompanied youth is a homeless child for whom no parent or person in parental relations is available. (8 NYCRR §100.2[x][1].
- (42 USC §11434a [2]; Education Law §3209 [1][a]; 8 NYCRR §100.2[x][1].

Except as otherwise proved by law, a homeless child is a child who does not have a fixed, regular, and adequate nighttime residence or whose primary nighttime location is in a public or private shelter designated to provide temporary living accommodations, or a place not designed for, or ordinarily used as, regular sleeping accommodations for human beings. This definition includes a child who is:

- sharing the housing of relatives or other persons due to loss of housing, economic hardship or similar reason (sometimes referred to as doubled-up);
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings;
- abandoned in hospitals;
- temporarily housed in a shelter awaiting foster care placement

Please indicate where the child is staying: _____

For Office Use Only **Date Received**_____

Student # _____ **BC** _____ **SS** _____ **#2999** _____ **Start Date:** _____

Bus Route _____

Proof of Residency _____

Immunizations Due: _____ **Physical Due:** _____

Placement: _____ **Administrator's Signature:** _____

CINCINNATUS CENTRAL SCHOOL
STUDENT DATA CARD

(Please Print)

Student's Last Name: First: Mid Initial: Birthdate: / / Grade: Sex: ☐ M ☐ F

Physical address Street:

City: State: ZIP Code:

Student Lives With:

Mailing Address Street (if different from Physical Address):

City: State: ZIP Code:

Student Lives With:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name: First:

Parent/Guardian Address Street:

City: State: ZIP Code:

Employer:

Home Phone: ( ) -

Cell Phone: ( ) -

Work Phone: ( ) -

Email:

Relation to Student: _____

Authorized to Pickup? ☐ Yes ☐ No

Custody? ☐ Yes ☐ No

Parent/Guardian Last Name: First:

Parent/Guardian Address Street:

City: State: ZIP Code:

Employer:

Home Phone: ( ) -

Cell Phone: ( ) -

Work Phone: ( ) -

Email:

Relation to Student: _____

Authorized to Pickup? ☐ Yes ☐ No

Custody? ☐ Yes ☐ No

Alternate Person(s) to Contact in the Event Parent is Not Available:

Name:	Relationship:	Home Phone: ( ) -	Work Phone: ( ) -	Authorized to Pickup? Y N Cell Phone: ( ) -
Name:	Relationship:	Home Phone: ( ) -	Work Phone: ( ) -	Authorized to Pickup? Y N Cell Phone: ( ) -

Primary Doctor: _____ Phone: _____

List any special health conditions, allergies or daily medications:

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The Migrant Education Outreach Program

…is a federally funded program that provides a variety of services to families who work in agriculture. This program is **free** to all eligible families and includes education assistance, assistance with medical expenses, free lunch programs and special activities all year round. Participation is voluntary, and a family may choose what serves them best. The program is for students from migrant (**meaning families who have moved from one school district to another within the past 3 years regardless of their nationality**) and either the worker or worker's children are under age 22 or the student or parent has performed temporary or seasonal farm work. If you would take a few minutes to complete this questionnaire it might help us locate prospective students eligible for the program.

1. Has anyone in your family **worked, or looked for work** at the following occupations within the last three (3) years:

Please indicate the activities that apply to your family.

Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?

Work related to logging, timber growing or harvesting?

Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegtables)?

If you checked any of the activities under question 1, you may be eligible for services.

If you would like a program recruiter to call,
Please provide contact information below

Parent/Guardian/Eligible Person's Name_____

Children's' names (and ages) _____

_____

Address_____

Home Phone_____ If no phone, how can we contact you?

Name of school where your children attend?_____

Please mail this form or you can also call The Migrant Office @SUNY CORTLAND B 105 VANHOESEN HALL CORTLAND, NY 13045
877-717-1945

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

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH: *Month* *Day* *Year*

GENDER: ❑ Male ❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other *specify*	
2. What was the first language your child learned?	❑ English	❑ Other *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother *specify*	❑ Father *specify*	❑ Guardian(s) *specify*
4. What language(s) does your child understand?	❑ English	❑ Other *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other *specify*	❑ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

*Yes** *No* *Not sure*
❑ ❑ ❑ *If yes, please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ No ❑ Yes* **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
❑ No ❑ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
❑ Birth to 3 years (Early Intervention) ❑ 3 to 5 years (Special Education) ❑ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ❑ No ❑ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: ❑ Mother ❑ Father ❑ Other:_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

**DATE OF INDIVIDUAL INTERVIEW: _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Cincinnatus Central School Student Health Information

Student Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone :** _____

Address: _____ **School last attended:** _____

Immunizations: Please provide (Mo/Day/Yr) and **Proof** (Doctor or Clinic Records)

Oral Polio #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

MMR #1 _____ #2 _____ **Tetanus** _____ **HIB** _____

Tine Test _____ **Results** _____ **Lead Screening** _____ **Results** _____

HepB #1 _____ #2 _____ #3 _____

Varicella #1 _____ **(Immunization)** **Date of Disease:** _____

History of Illness: Indicate year in which child had any of the following diseases or conditions

Anemia _____	Heart Disease _____	Scarlet Fever _____	Chicken Pox _____
Measles _____	Tuberculosis _____	Diabetes _____	Mumps _____
		Kidney/Urine	Whooping
Epilepsy _____	Contact TBC _____	Problem _____	Cough _____
German Measles _____	Pneumonia _____	Chest X-Ray _____	Operations _____
Ear Cond. _____	Serious Injuries _____	Hepatitis _____	Sore Throat _____
Frequent Colds _____	Asthma _____	Concussion _____	Rheumatic Fever _____
Skin Cond. _____	Allergic to: (please check) Bee Sting ☐ Food ☐	Medication ☐ Environment ☐	

Date of last physical exam: (Mo/Day/Yr) _____ **A copy must be filed with the school health office.**

Is your child on any medications/if so please provide name and dosage? _____

Please describe any current medical conditions or other concerns: _____

Has your child ever been seen by a doctor or emergency room for a head injury? Yes ☐ No ☐

Did the child ever lose consciousness? Yes ☐ No ☐

After the injury did the child experience problems such as: difficulty concentrating, remembering, reading, writing, calculating, poor judgment, changes in getting along with others, etc? (Please explain) _____

Does the child have any other significant illnesses such as (brain tumor, cancer, meningitis, encephalitis, leukemia, etc.)?

_____

Complete the following for incoming pre-kindergarten and kindergarten students only

Were there any unusual circumstances during pregnancy or birth? Please give problem: _____

Birth weight _____ **Forceps Used** _____ **Caesarian Section** _____

Prolonged Labor _____ **Incubator at Birth** _____

At what age did your child: Sit up _____ **Crawl** _____ **Feed Self** _____ **Talk** _____ **Toilet trained** _____

Is your child right or left handed? _____

Does your child have any special fears or habits? _____

Has your child ever been hospitalized overnight? (why) _____

_____ _____ _____

Parent/Guardian Signature **Date** **Relationship to Student**

Cincinnatus Central School
Physical Examination Form

Health Office
2809 Cincinnatus Road
Cincinnatus, NY 13040
607-863-3200
Fax: (607) 863-4148

Student's Name: _____ **DOB:** _____ **Age:** _____ **Gender: M**____ **F**____

Address: _____ **Grade:** _____

_____ **Phone #:** _____

_____

Pertinent Health Information

Skin and Hair _____
Eyes and Eyelids _____
Ears and Eardrums _____
Nose and Throat _____
Teeth and Gums _____
Chest and Heart _____
Abdomen _____
External Genitalia _____
Bones and Joints _____
Scoliosis _____
Feet _____
Other Observations _____
_____
Recommendations _____
_____
_____

***LOSS* or seriously *IMPAIRED FUNCTION* of any organ(s): Yes ☐ No ☐**
If yes, please give more information: _____
_____
_____

Allergies
Medication _____
Food _____
Other _____

Approved for Sports Yes ☐ No ☐

Physician's Name: (print) _____

Address: _____

_____

_____

Blood Pressure _____**P**_____**R**_____
Urinalysis
Glucose _____
Protein _____

Height _____ **% ile** _____
Weight _____ **% ile** _____

Vision: Corrected _____ **Uncorrected** _____
Right _____ **Left** _____
Color: Pass _____ **Fail** _____
Phoria: Pass _____ **Fail** _____

Hearing
Right _____ **Left** _____

Immunizations
DPT _____ _____ _____ _____ _____
IVP _____ _____ _____ _____ _____
Measles: _____ **Mumps:** _____ **Rubella:** _____
MMR #1 _____ **MMR #2** _____
Tine Test _____ **Results** _____
HIB #1 _____ **HIB #2** _____ **HIB #3** _____
Lead Screening _____ **Results** _____
HEP B #1 _____ **HEP B #2** _____ **HEP B #3** _____
Varicella #1 _____ **Date of Disease** _____
Tetanus _____

Signature: _____

Phone: _____

Date: _____

CINCINNATUS CENTRAL SCHOOL
TRANSPORTATION INFORMATION FORM

** Please use HOME information – Not care giver **

Student name: _____DOB_____ Grade____
_____DOB_____ Grade____
_____DOB_____ Grade____
_____DOB_____ Grade____

Parent/ Guardian_____
Home Phone# _____ Cell# _____

RESIDENCE

House # _____ Road name _____
Township_____ County _____

DESCRIPTION OF HOUSE

(Example: color of house, landmark, distance from road, previous owner)

_____
_____
_____
_____

ADDITIONAL COMMENTS

_____
_____

Parent/Guardian Signature _____

For office use only:

Route # _____ Teacher _____
Start Date _____ am / pm Room# _____