



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

Welcome to Cincinnati 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.

Cincinnati 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 <input type="checkbox"/> | Remedial Math <input type="checkbox"/> | Speech <input type="checkbox"/> |
| Physical Therapy <input type="checkbox"/> | Occupational Therapy <input type="checkbox"/> | Other <input type="checkbox"/> |
| Remedial Reading <input type="checkbox"/> | Academic Enrichment Program <input type="checkbox"/> | IEP/504 <input type="checkbox"/> |

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 Cincinnati: 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: <input type="checkbox"/> M <input type="checkbox"/> F
Physical address Street:			Mailing Address Street (if different from Physical Address):		
City:	State:	ZIP Code:	City:	State:	ZIP Code:
Student Lives With:			Student Lives With:		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name:	First:	Home Phone: () -	Relation to Student: _____
Parent/Guardian Address Street:		Cell Phone: () -	Authorized to Pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	ZIP Code:	Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Work Phone: () -	
		Email:	

Parent/Guardian Last Name:	First:	Home Phone: () -	Relation to Student: _____
Parent/Guardian Address Street:		Cell Phone: () -	Authorized to Pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	ZIP Code:	Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Work Phone: () -	
		Email:	

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 vegetables)?

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**



Home Language Questionnaire (HLQ)

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME / POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____ *specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
3. What language(s) does the student understand? English Other _____ *specify*
4. What language(s) does the student speak? English Other _____ *specify*
5. What language(s) does the student read? English Other _____ *specify* Does Not Read
6. What language(s) does the student write? English Other _____ *specify* Does Not Write

7. In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Date _____

Month: _____ Day: _____ Year: _____

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 _____

Epilepsy _____ Contact TBC _____ Kidney/Urine _____ Whooping _____

German _____ Problem _____ Cough _____

Measles _____ Pneumonia _____ Chest X-Ray _____ Operations _____

Ear _____ Serious _____ Hepatitis _____ Sore Throat _____

Cond. _____ Injuries _____ Concussion _____ Rheumatic _____

Frequent _____ Asthma _____ Environment _____

Colds _____ Allergic to: Bee Sting Medication

Skin _____ (please check) Food Environment

Cond. _____

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# _____