CINCINNATUS CENTRAL SCHOOL DISTRICT
Todd Freeman, Superintendent of Schools
2809 Cincinnatus Road, Cincinnatus, NY 13040
Telephone: (607) 863-4069 Fax: (607) 863-4109

Matthew Priest
Business Official
(607) 863-3200 Ext. 7…2

David Phetteplace
Secondary Principal
(607) 863-3200 Ext. 5

Kimberly Symons
Elementary Principal
(607) 863-3200 Ext. 4

Bridgitte Cook
Director of Pupil
Personnel Services
(607) 863-3200 Ext. 6

Michael Stafford
Director of Facilities
Athletic Director
(607) 863-3200 Ext. 7…6

Carolyn Nowalk
Treasurer
(607) 863-3200 Ext. 7…3

Deborah Lilley
Head Bus Driver
(607) 863-3866

Megan Potter
School Nurse
(607) 863-3200 Ext. 2

Carrie Temple
District Clerk
(607) 863-4069

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
  - State or other government issued ID
  - School photo ID with date of birth
  - Consulate identification card
  - Hospital or heath records
  - Military dependent ID card
  - Documents issued by federal, state or local agencies
  - Court orders or another court-issued document
  - Native American tribal document
  - Records from non-profit international aid agencies and voluntary agencies

- **Immunization Record**

- **Proof of Residency**
  - Pay stub
  - Income tax form
  - Deed or lease to house or apartment
  - Utility or other bills sent to the student's home address
  - Membership documents – such as library cards – based upon residency
  - Voter registration document
  - Official driver's license, learner's permit or non-driver ID
  - State or other government issued ID

- **Completed Registration Packet**

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

Please call (607) 863.3200, option 1, with any questions.

CONNECT * SUPPORT * EDUCATE * INSPIRE

Cincinnatus Central School

UPK – 12 Registration Form

Student Information

Full Name _____

Street Address _____ County _____

_____

Gender ☐ Male ☐ Female

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

Ethnicity: Hispanic, Latino or of Spanish origin? Yes No

Race: Check all that apply

___ American Indian or Alaskan Native
___ Asian
___ Native Hawaiian or Other Pacific Islander
___ Black or African American
___ White

Student lives with ☐ Both Parents ☐ Father ☐ Mother ☐ Legal Guardian ☐ Foster Parents

Registration Information

Anticipated Start Date _____ Entering Grade _____

Has this student ever attended Cincinnatus? ☐ Yes ☐ No When? _____

Last School Attended _____
Address _____
Phone _____ Fax _____

Special Services

Is this student receiving any of the following:

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

_____

Contact Information

Primary Parent/Guardian

Name _____ Relationship to Child _____

Mailing address _____

Home Phone _____ Email _____

Cell Phone _____ Work Phone _____

Date moved in to present address: Month _____ Day _____ Year _____

Do you have legal custody of this student?	☐ Yes	☐ No
Is this student homeless?	☐ Yes	☐ No
Is this student a foster child?	☐ Yes	☐ No
Dominant language spoke in the home?	☐ English	☐ Other

Additional Parent/Guardian

Name _____ Relationship to Child _____

Mailing address _____

Home Phone _____ Email _____

Cell Phone _____ Work Phone _____

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

Name	Date of Birth	Grade

_____ _____ _____

Parent/Guardian Signature Date Relationship to Student

Kimberly Symons, Principal
Grades UPK - 4

Cincinnatus Central School
2809 Cincinnatus Road
Cincinnatus, New York 13040
(607) 863-3200

David Phetteplace, Principal
Grades 5 – 12

Records Request Form

Date: _____

Name of School transferring from _____
Address _____
Phone Number _____
Fax Number _____

The following student(s) has/have registered in the Cincinnatus School District:

Name	Grade	Date of Birth
_____	_____	____/____/_____
_____	_____	____/____/_____
_____	_____	____/____/_____
_____	_____	____/____/_____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Please send any and all academic, Committee on Special Education, psychological and health records including immunizations and physical, birth certificate, attendance and discipline records to:

Cincinnatus Central School District
ATTN: Registration
2809 Cincinnatus Road
Cincinnatus, NY 13040
Fax to: (607)863-3094
Or Email:
UPK-4th Grade: dcrothers@cc.cnyric.org
5th-12th Grade caiken@cc.cnyric.org

According to the Final Regulations – Family Education Rights and Privacy Act (Buckley Act), dated June 17, 1977, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which they intend to enroll, may receive a student's records without written consent for such release.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ /_____ /_____ Grade: _____ ID#: _____
Month Day Year *(preschool-12)* *(optional)*

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 currently living? (*Please check **one** box.*)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

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

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

_____
Date

PROGRAM SUPPORT SERVICES

Please circle any services your child has received:

- Academic Intervention Services (AIS)
- Response to Intervention Services (RTI)
- 504 Plan
- Related Services (Counseling, Speech, OT, PT)
- Special Education/IEP

If you answered yes, you will be contacted to share information and review programming to meet your child's needs.

Thank you.

CINCINNATUS CENTRAL SCHOOL STUDENT DATA CARD

(Please Print)

STUDENT INFORMATION

Student Last Name	First	Mid Initial	Birthdate / /	Grade	Sex M F
Physical Address		Mailing Address (if different)			
City	State / Zip Code	City		State	Zip Code
Student Lives With		Student Lives With			

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Last Name	First	Home Phone	Relation to Student:		
Address		Cell Phone	Authorized to Pick Up?	Y	N
City	State / Zip Code	Work Phone	Custody?	Y	N
Employer		Email			

Additional Parent/Guardian Last Name	First	Home Phone	Relation to Student:		
Address		Cell Phone	Authorized to Pick Up?	Y	N
City	State / Zip Code	Work Phone	Custody?	Y	N
Employer		Email			

Alternate Person(s) to contact in the event parent is not available						
Name	Relationship	Home Phone	Work Phone	Cell Phone	Authorized to Pick Up Y	N
Name	Relationship	Home Phone	Work Phone	Cell Phone	Authorized to Pick Up Y	N

Primary Doctor: _____ Phone: _____

List any special health conditions, allergies or daily medications:

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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:**
		❑ Male ❑ Female
Month	*Day*	*Year*
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?	❑ 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?	❑ Parent 1 _____ *specify*		❑ Parent 2 _____ *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:	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:

FAXED BY _____ DISTRICT_____

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

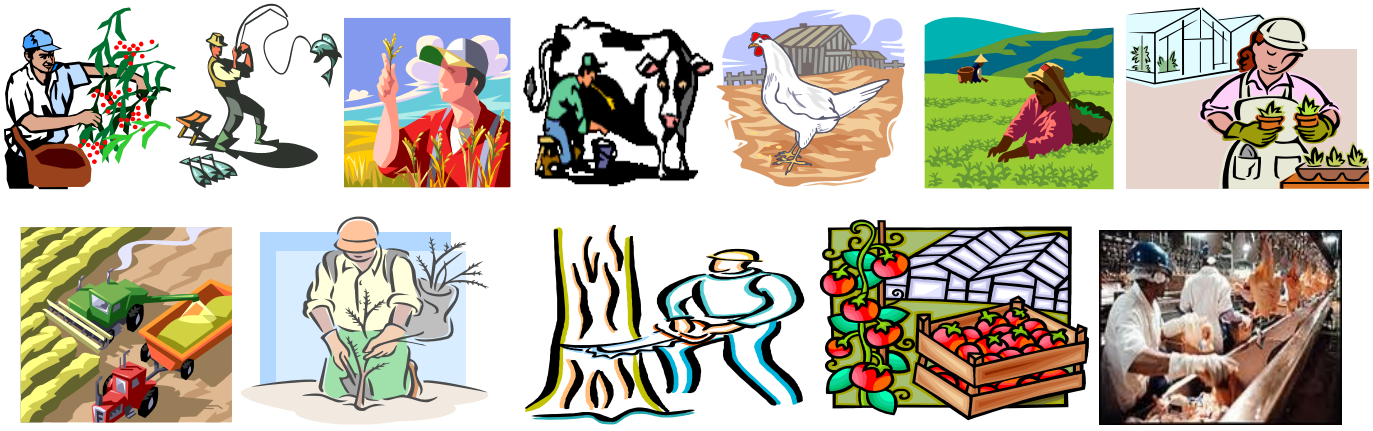
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Every Student Succeeds Act (ESSA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Have you or has someone in your family worked on a farm?
Have you moved during the past three years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____City/Town_____

Telephone number: (_____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral, please fax to (607) 753 - 4822 or mail to Cortland Migrant Education Program, SUNY Cortland, B-105 Van Hoesen Hall, Cortland NY 13045

FAXED BY _____ **DISTRICT** _____

PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

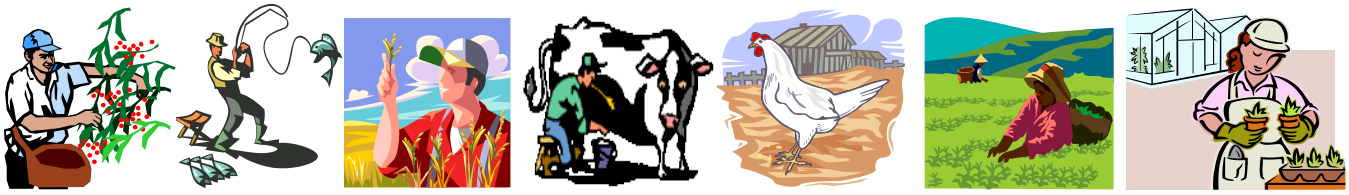
OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Ley Cada Estudiante Triunfa (ESSA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito, excursiones, programa de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o alguien en su familia ha trabajado en la agricultura?
¿Se han mudado durante los últimos 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____ Ciudad_____

Teléfono: (_____)-_____-_____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad_____ Grado_____

Nombre del estudiante: _____ Edad_____ Grado_____

Para someter este referido, por favor envíelo por fax (607) 753 - 4822 o por correo a Cortland Migrant Education Program, SUNY Cortland, B-105 Van Hoesen Hall, Cortland NY 13045

Cincinnatus Central School

Bridgitte Cook Director of Pupil Personnel Services (bcook@cc.cnyric.org)
2809 Cincinnatus Road Cincinnatus, NY 13040
Phone 607.863.3200/Fax 607.863.4148

Rights Regarding Referral and Evaluation for Special Education Services

Dear Parent/Guardian:

The purpose of this notice is to inform you in writing, of your rights with regard to a child's referral for evaluation and service through Special Education.

The Cincinnatus Central School District employs numerous methods to monitor student progress in classroom programs. When intervention strategies do not result in adequate progress, the Committee on Special Education may request consent to conduct and educational evaluation to determine if special education services are necessary. As a parent/guardian, you also have the right to request an educational evaluation through the Committee on Special Education.

New York State Education Department clearly outlines processes and procedures created to protect the rights of students who require assistance through special education services. This information is available in English and Spanish and can be accessed from department websites listed below:

http://www.p12.11nysed.gov/specialed/publications/policy/parentguide.htm (English version)
http://www.p12.11nysed.gov/specailed/publications/policy/spanishliparent.htn (Spanish translation)

You can also access the information through the Cincinnatus Central School website in the resources section of the special education department link. Printed copies are available upon request from the district Special Education Office. If you have any questions, please feel free to contact me.

Sincerely,

Bridgitte Cook

Bridgitte Cook, Director of Pupil Personnel Services, Cincinnatus Central School

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	☐	☐		
Sickle Cell Screen-PRN	☐	☐		
Lead Level Required Grades Pre- K & K			**Date**	
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL				

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.			**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.

☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.

☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.

Cincinnatus Central School Student Health Information

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Medical Doctor Name: _____ Phone: _____

Last School Attended: _____ Phone: _____

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

Anemia _____	Heat Disease _____	Scarlet Fever _____	Rheumatic Fever _____
Measles _____	Mumps _____	German Measles _____	Hepatitis _____
Tuberculosis _____	Chicken Pox _____	Pneumonia _____	Chest X-ray _____
Diabetes _____	Epilepsy _____	Whooping Cough _____	Kidney/urine Problems _____
Serious Injury _____	Operations _____	Sore Throat _____	Ear Conditions/Tubes _____
Frequent colds _____	Skin Conditions _____	Asthma _____	Concussion/head injury _____

Allergic to: (please check: ☐ Bee stings ☐ Medication ☐ Food ☐ Environmental Please Specify: _____

_____

Please provide a copy of your child immunizations. Proof of immunizations are due within 14 days of enrollment. Failure to do so, may result in exclusion until the proper documentation is received.

Date of last physical exam: (Mo/Day/Yr): _____ A copy of a NYS Physical Exam must be received by the School Health Office within 30 days of enrollment.

Does your child take any medication? If so, please provide name and dosage. _____

_____

Please describe any current medical conditions or other concerns: _____

_____

Has your child ever had a head injury where he/she lost consciousness? ☐ Yes ☐ No

After the injury sis the child experience problems such as: difficult concentrating, remembering, reading, writing, calculating, poor judgment, changes in behavior, etc? (Please Explain) _____

_____

Does the child have any other significant illnesses/restrictions? _____

_____

Complete the following for incoming Pre-Kindergarten and Kindergarten students ONLY

Any unusual circumstances during pregnancy or birth? Please specify problem: _____

Birth weight: _____ Caesarian Section: _____ Prolonged Labor _____

At what age did you child: Sit up _____ Crawl _____ Feed Self _____ Talk _____ Toilet Trained _____

☐ Right Handed ☐ Left Handed

Does you child have any special fears or habits? _____

_____

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

_____

_____ _____ _____

Parent/Guardian Signature Date Relationship to Student

CINCINNATUS CENTRAL SCHOOL

TRANSPORTATION INFORMATION FORM

** Please use HOME information – NOT caregiver **

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 # _____