



HAMBURG CENTRAL SCHOOL DISTRICT

HCS D will enroll any student who requests enrollment (whether requested by a parent, person in parental relation, or the student themselves). The person requesting enrollment will be afforded an opportunity to submit evidence in support of the student's right to attend school within the district. Residency determination must be made no later than three business days after the initial enrollment of the student.

Information about Special Education upon entry to school

School districts are required to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification is provided to the parents of all students in the district (with and without disabilities) upon their child's entry into a public school, through a link to *A Parent's Guide to Special Education* (<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>) on the New York State Education Department's (NYSED'S) web site (available in both English and Spanish).

Further information or assistance is available through the Pupil Services department of Hamburg Central School District (Pupil Services Office, 5305 Abbott Rd, Hamburg NY 14075) Phone: 716-646-3200, ext. 7210 or Fax: 716 646-6392. **Colleen Kaney**, Assistant Superintendent of Student Services, Curriculum & Instruction is the Chairperson for the district's Committee on Special Education ckaney@hamburgschools.org

RESIDENCY: Acceptable documents to establish physical presence within the district for residency purposes include, but are not limited to:

1. A copy of a residential lease or proof of ownership of a home (deed or mortgage statement, etc.)
2. A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district, which may be either sworn or unsworn
3. Such other statement by a third party establishing the parent(s) or person(s) in parental relation's physical presence in the district
 - A. Other forms of documentation and/or information establishing physical presence in the district may include, but are not limited to: Pay Stub, Income tax form, Utility or other bills, Membership documents (e.g. Library Cards) based upon residency, Voter Registration documents, Official driver's license, learner's permit or non-driver identification, State or other government issued identification, Documents issued by federal, state, or local agencies (e.g. Social Services agency, federal Office of Refugee Resettlement), Evidence of custody of the child, including but not limited to judicial custody order or guardianship papers)

IMMUNIZATIONS: Every student entering or attending school must provide proof of immunization in accordance with the provisions of Public Health Law 2164

GUARDIANSHIP: Parent(s) or person(s) in parental relation are required to provide an affidavit if:

1. They are the parent(s) with whom the child lawfully resides
2. They are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise
3. Proof or documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency

Hamburg Central School District does not require submission of a judicial custody order or an order of guardianship as a condition of enrollment

PROOF OF AGE: Birth Certificate or record of Baptism giving the date of birth. If these documents are not available a Passport (domestic or foreign) may be used to determine a child's age.



HAMBURG CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

OFFICE USE ONLY

Student Number: _____

Teacher/Team: _____

Counselor: _____

Homeroom: _____

TODAY'S DATE: _____

STUDENT NAME: _____ **Nickname:** _____

_____ Date of Birth _____ M/F _____ Enrollment Date _____ Grade _____

_____ Foster Child Y/N DSS-2999 _____ Birth Country _____ Exchange Student (Y/N) _____ Date Entering USA _____

PROOF OF AGE: Birth Certificate _____ Passport _____ Other (specify) _____

SCHOOL CHILD WILL ATTEND (CHECK ONE)

Universal Pre-Kindergarten at Charlotte Avenue _____

Armor Elementary _____ Boston Valley _____ Charlotte Avenue _____

Union Pleasant Elementary _____ Hamburg Middle School _____ Hamburg High School _____

Other (specify) _____

HOUSEHOLD NAME: _____

Last name of individual who holds the lease or mortgage on the residence

Primary Phone Number: _____

This number will be used as the primary means of **contact in emergencies, by the Nurse and for Attendance Notifications**. This number will be considered the household number for all adults in the household.

Child lives with: Both Parents ___ Father ___ Mother ___ Stepmother ___ Stepfather ___ Guardian ___ Foster Parent ___

Home Address: _____

How long have you lived at present address: _____

Residence Type: Own _____ Lease/Rent _____ Foster Care _____

Mailing Address

(If different from above): _____

Proofs of

Residency: Utility Bill _____ Lease _____ Mortgage _____ Tax Bill _____ Other _____

Transfer Information: Check all that apply

Academically Talented _____ IEP _____ 504 _____ AIS Reading _____ AIS Math _____ ESL _____

Other (specify) _____ Has child ever attended a school in this district before? Yes _____ No _____

LIST LAST TWO PREVIOUSLY ATTENDED SCHOOLS

_____ School Name/District _____ Dates: From - To _____ Grades: From - To _____

_____ Address _____ Repeated Grades (if Applicable) _____

_____ School Name/District _____ Dates: From - To _____ Grades: From - To _____

_____ Address _____ Repeated Grades (if Applicable) _____

SIBLING INFORMATION

Name of Sibling	DOB	Gender	Grade	School Currently Attending

ADULT INFORMATION

Parent/Guardian #1 should be the custodial parent/guardian completing this registration

NOTE: Parental access to a child or to correspondence cannot be denied without a court order

PARENT/GUARDIAN #1

_____ First Name Last Name MI
Salutation: Miss _____ Mrs. _____ Ms. _____ Mr. _____ Other (specify) _____

Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Relationship to Student: _____

Address (if different from student address)

Email Address: _____

Phone # 1: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 2: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 3: _____ Phone Type: Cell _____ Work _____ Home _____

Occupation: _____

Employer Name: _____ **Employer Phone #** _____

Custodial Parent: Yes _____ No _____ **Correspondence:** Yes _____ No _____

A copy of most recent court document designating custodial parent/guardian is requested

PARENT/GUARDIAN #2

_____ First Name Last Name MI
Salutation: Miss _____ Mrs. _____ Ms. _____ Mr. _____ Other (specify) _____

Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Relationship to Student: _____

Address (if different from student address)

Email Address: _____

Phone # 1: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 2: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 3: _____ Phone Type: Cell _____ Work _____ Home _____

Occupation: _____

Employer Name: _____ **Employer Phone #** _____

Custodial Parent: Yes _____ No _____ **Correspondence:** Yes _____ No _____

A copy of most recent court document designating custodial parent/guardian is requested

PARENT/GUARDIAN #3

_____ **First Name** _____ **Last Name** _____ **MI**
Salutation: Miss _____ Mrs. _____ Ms. _____ Mr. _____ Other (specify) _____

Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Relationship to Student: _____

Address (if different from student address)

Email Address:

Phone # 1: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 2: _____ Phone Type: Cell _____ Work _____ Home _____

Phone # 3: _____ Phone Type: Cell _____ Work _____ Home _____

Occupation: _____

Employer Name: _____ **Employer Phone #** _____

Custodial Parent: Yes _____ No _____ **Correspondence:** Yes _____ No _____

A copy of most recent court document designating custodial parent/guardian is requested

Emergency Contact(s)

The following people have permission to pick up student in the event of an emergency if
Parent(s)/Guardian(s) are not available

Only list individuals who are able to pick child up from school

Contact #1

Salutation: Miss Mrs Ms Mr

	First Name	Last Name
Phone # 1	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 2	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 3	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Relationship to student: _____		

Contact #2

Salutation: Miss Mrs Ms Mr

	First Name	Last Name
Phone # 1	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 2	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 3	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Relationship to student: _____		

Contact #3

Salutation: Miss Mrs Ms Mr

	First Name	Last Name
Phone # 1	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 2	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 3	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Relationship to student: _____		

Contact #4

Salutation: Miss Mrs Ms Mr

	First Name	Last Name
Phone # 1	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 2	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 3	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Relationship to student: _____		

Contact #5

Salutation: Miss Mrs Ms Mr

	First Name	Last Name
Phone # 1	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 2	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Phone # 3	_____	_____
		Phone type: Cell ____ Home ____ Work ____
Relationship to student: _____		



ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: HAMBURG CENTRAL SCHOOL DISTRICT

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
 Female Month Day Year (PreK-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

NOTE TO SCHOOLS/LEAS

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

STUDENT NAME:



STUDENT DISMISSAL & EMERGENCY CONTACTS

DAILY DISMISSAL PROCEDURES

We will not release your child to anyone except those individuals you have listed on the second page (side B) of this form. Please help us keep your child safe by completing this form immediately and returning it to the school office.

ALTERNATE SITE TRANSPORTATION

Anyone requesting transportation to an alternate site for their child must complete the Hamburg Central School District Alternate Site Application for Transportation (available online or from the school office). Completed applications are to be submitted to **YOUR CHILD'S SCHOOL OFFICE** for approval **TEN BUSINESS DAYS** prior to the effective date. Alternate Site application forms must be completed each year.

EMERGENCY CONTACT INFORMATION

It is rarely necessary to close school early during the day, but there is always the possibility of power or heat failure, dangerous road conditions, ice storms, etc.

Hamburg Central School District is committed to being prepared for any type of emergency and to that end, has established an emergency evacuation site for each school building, employed a rapid phone calling system School Messenger - which can notify you of an emergency within moments, and created the Student Dismissal & Emergency Contacts form (side B).

You, the Parent/Guardian, are the Primary Contact for all emergency notification purposes. The information on the Student Dismissal & Emergency Contacts form is used to update our student information system and School Messenger, the district's rapid calling system. It is imperative that the household phone number be the primary contact number for you; it will be used for student attendance (absence) notifications as well as being the primary contact number for health-related issues. Therefore, if you want to be notified via cell phone, list that number as your Primary Household phone.

EMERGENCY CONTACTS are individuals, other than you, the parent/guardian, who have your permission to pick your child up from school. All individuals listed should be able to get to the school if necessary.

EMERGENCY DISMISSAL PROCEDURES

In the event that school is closed early, we will follow the usual afternoon dismissal procedures. If you have other arrangements for your child when school closes early and no one is home, **you are required to inform your child's school of those arrangements IN WRITING**. For example: They may go to their regular daycare facility or to a neighbor who is home, or to a relative within the school's transportation boundaries. Be specific. Please write down and discuss with your child what he/she should do if no one is at your home. Remember, if we do not receive emergency dismissal information from you, we will default to the regular dismissal procedure as previously stated.

STUDENT DISMISSAL & EMERGENCY CONTACTS

Student Name: _____ Room # _____ Teacher _____

Male

Female

DOB

Grade

When entering phone numbers below, check type for each: Cell, Home, Work

Primary Phone # _____ **To be used in emergencies, for attendance purposes, and by the Nurse**
___ Cell ___ Home ___ Work

Parent/Guardian #1 _____ Lives with student Y _____ N _____

Home Address _____

House/Apt # Street Town State Zip

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

Email Address _____ Relation to Student _____

Parent/Guardian #2 _____ Lives with student Y _____ N _____

Home Address _____

House/Apt # Street Town State Zip

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

Email Address _____ Relation to Student _____

Parent/Guardian #3 _____ Lives with student Y _____ N _____

Home Address _____

House/Apt # Street Town State Zip

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

Email Address _____ Relation to Student _____

EMERGENCY CONTACT INFORMATION - Should an emergency occur with your child, or in a schoolwide or district emergency where School Messenger is activated, you will be contacted **FIRST** at the Primary Phone # listed above. If that should fail we will attempt to reach you via phone numbers 2 and 3. In the event that a parent/guardian listed above cannot be reached, the emergency contacts listed below will be called.

Name _____ Relationship to student _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

Name _____ Relationship to student _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

Name _____ Relationship to student _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
___ Cell ___ Home ___ Work

DAILY DISMISSAL PROCEDURES - Please be very specific when completing this form. Indicate if your child walks or rides the bus (include bus number). If child goes to day care or alternate sites, please list the name and address.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

EMERGENCY DISMISSAL PROCEDURES - In a district emergency, every effort will be made to contact you via School Messenger, using the Primary Phone # listed above. If it should be necessary to send students home early because of weather or some other emergency, please follow these directions for my child:

Date: _____

Parent/Guardian Signature _____

**CONFIDENTIAL INFORMATION
RELEASE FORM**



Pursuing Excellence Through Partnership

TO: _____

FAX: _____

Attention: Principal, Psychologist, School Counselor, Attendance Officer, Nurse, etc.

Student's Name: _____

The above student has enrolled in Hamburg Central School District.

Please send the following items: Academic Records, most recent Report Card, Exit Grades (if available), State Assessment Scores, Health and Immunization Records, Psychological and Confidential Reports (IEP, 504, etc.)

Additional records requested for 9 – 12 Graders: Withdrawal Grades (if applicable), Completed Science Labs (if applicable), Transcript of Grades, Standardized Test Results, Regent/RCT exam scores, SAT/ACT/AP scores, and the key to your grading and credit system.

I hereby authorize the release of the above records to Hamburg Central School District.

Parent Signature

Date

Please send requested information to the school that is checked below

Armor Elementary School
5301 Abbott Road
Hamburg, NY 14075
Phone: (716) 646-3350
Fax: (716) 646-3368

Boston Valley Elementary School
7476 Back Creek Road
Hamburg, NY 14075
Phone: (716) 646-3240
Fax: (716) 646-3244

Charlotte Avenue Elementary School
301 Charlotte Avenue
Hamburg, NY 14075
Phone: (716) 646-3370
Fax: (716) 646-6396

Union Pleasant Elementary School
150 Pleasant Avenue
Hamburg, NY 14075
Phone: (716) 646-3280
Fax: (716) 646-3237

Hamburg Middle School
360 Division Street
Hamburg, NY 14075
Phone: (716) 646-3254
Fax: (716) 646-6380

Hamburg High School
4111 Legion Drive
Hamburg, NY 14075
Phone: (716) 646-3310
Fax: (716) 646-3347

★ For **Special Education students**, please send an additional copy of the above records to:

**Pupil Services
Hamburg Central Administration Building
5305 Abbott Road
Hamburg NY 14075**

*If you have questions regarding special education students, please call the
Pupil Services Office at (716) 646-3200 Ext-7210*



HAMBURG CENTRAL SCHOOL

Health History Form

Student Name _____ Birthdate _____

Parent/Guardian _____ Phone# _____

Address _____

DOES YOUR CHILD HAVE A HISTORY OF THE FOLLOWING? Please check:

Chicken Pox _____	Diabetes _____	Ear Conditions _____
Seizure Disorder _____	Heart Disease _____	Hearing Loss _____
Kidney Problem _____	Pneumonia _____	
Frequent Strep infections _____	Asthma _____	

PLEASE LIST ALL THAT APPLY:

Other health conditions _____

Surgeries _____

Serious injury _____

LIST ALL ALLERGIES:

Environmental _____

Food _____

Medication _____

Allergy Treatment _____

Special diet/food restrictions _____

LIST ALL DAILY MEDICATIONS _____

- All prescription and over-the-counter medication to be administered at school must be given under the supervision of the school nurse and only with a doctor's written request along with written parental permission to administer the medication at school.
- All medications must be in the original container from the pharmacy and stored at the health office.

Please list any information, or limitations concerning your child which could affect your child's participation at school.

Name of Medical Provider _____

Provider Phone # _____

Provider Address _____

All students entering the Hamburg School District are required to have a doctor's physical form and up-to-date immunization record on file in their school health office.

Date _____ Parent /Guardian Signature _____