



Liberty Central School District



Student Admission Checklist

Student Name: _____ **Grade:** _____ **DOB:** _____

New Student _____ Re-Entrant _____ ID# _____ School Building: HS _____ MS _____ ES _____

- Birth Certificate
- Immunization Records
- Physical Form
- Proof of Residency
- Temporarily Displaced
- Student Registration - Health History
- Residency Form
- Emergency Evacuation Form
- Signed Release of Records
- Language Questionnaire
- Housing Questionnaire
- Medical / Photo / Field / Trip Permission
- Acceptable Use Policy
- Military Notification
- Legal Papers / Custody
- DSS Form (2999)
- STAC (if applicable)

Student Picture _____ Yes _____ No

Liberty Central School District
Central Registration Office
(845) 292-5400 ext. 2331 Fax: (845)292-1164

NOTE TO SCHOOL / LEAS: **Please assist students and families filling out this form.** This form should be included as the top page of registration materials that the district shares with families. 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 process.

HOUSING QUESTIONNAIRE

Name of LEA _____

Name of School _____

Name of Student _____

Last

First

Middle

Gender _____ Date of Birth ____/____/____ Grade _____ ID # _____

Street Address _____

City _____ State _____ Zip Code _____

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 an 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) _____

- Is loss of housing due to natural disaster? If yes, please explain _____

- Permanent housing

Print Name of Parent / Guardian

Signature of Parent / Guardian

If ANY box other than "In Permanent Housing: is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records. The district's LEA liaison must help the student get any other necessary documents or immunizations.

Student Information

_____	_____	_____
Student Last Name	First Name	Middle Name
_____	_____	
Date of Birth	Place of Birth / City, State	
_____	_____	_____
Home Phone	Grade	Gender
_____		_____
Mailing Address		City / State / Zip
_____		_____
Physical Address		City / State / Zip

Previous Address before moving to the Liberty Central School District		

Race: _____ Caucasian (White) _____ Black or African American _____ Asian
 _____ American Indian or Alaskan Native _____ Native Hawaiian or other Pacific Islander

Ethnicity: _____ Hispanic or Latino **Primary Language spoken at home** _____

RESIDENCY

LIVING WITH:

- | | |
|-----------------------------|--|
| ___ Both Biological Parents | ___ Foster Parents (2999 Form needed) ** |
| ___ Biological Mother ONLY | ___ Self (Unaccompanied Youth) |
| ___ Biological Father ONLY | ___ Group Home or Court Placed Residence (COURT DOCUMENTS) |
| ___ Mother / Stepfather | ___ Father / Stepmother |
| ___ Other (explain) _____ | |

Parental Military Information

Are either parents active in the Armed Forces? Yes/No If yes what branch of the military? _____

Estimated Date _____ Anticipated Discharge Date _____

Parent / Guardian Signature _____

Student Name: _____ Grade: _____ DOB: _____

Siblings / Children Living at Same Address

NAME	GENDER	BIRTH DATE	GRADE	PRESENT SCHOOL

Student's Educational Background

PREVIOUS SCHOOL NAME	ADDRESS	PHONE	GRADES ATTENDED

Student's Special Programs

_____ Counseling	_____ Math AIS	_____ Reading AIS	_____ ESL
_____ Speech	_____ Section 504 Plan	_____ Other (explain)	

Does your child have an IEP? Yes _____ No _____ _____ Yes _____ No

I verify that the above information is correct.

Parent / Guardian Name (print)

Parent / Guardian Signature

Date

Liberty Central School District
 Central Registration Office
 (845) 292-5400 ext. 2331 Fax: (845)292-1164

Student Name: _____ **Grade:** _____ **DOB:** _____

EMERGENCY INFORMATION - 2 people that can pick your child up in case parent / guardian cannot be reached

FIRST CONTACT		
Name: _____	Home _____	Cell _____
Relationship _____	Work Phone _____	Extension _____
SECOND CONTACT		
Name: _____	Home _____	Cell _____
Relationship _____	Work Phone _____	Extension _____

Family Medical Insurance _____
 Family Doctor _____ Phone _____
 Family Dentist _____ Phone _____
 General Health ___ Poor ___ Fair ___ Good ___ Excellent
 Full Term Pregnancy ___ Yes ___ No Complications during the pregnancy? _____

Any serious injuries, operations or illnesses? _____
 Asthma ___ Yes ___ No Medication required? _____

	Dates	Yes	No		Dates	Yes	No
Chicken Pox				Tuberculosis			
German Measles				Heart Disease			
Measles				Rheumatic Fever			
Mumps				Diabetes			
Scarlet Fever				Hepatitis			
Whooping Cough				Epilepsy			
Frequent Sore Throats				Convulsions			
High Fevers				Allergies			
Frequent Earaches							

Does Student have or ever had a problem related to:

	Dates	Yes	No		Dates	Yes	No
Vision				Hearing			
Dental				Orthopedic			
Neurological				Emotional			

Health Office
 Recommendations: _____

 Parent / Guardian Signature

 Date

Liberty Central School District
Central Registration Office
(845) 292-5400 ext. 2331 Fax: (845)292-1164

Request for Records

DATE: _____

TO: _____

School Name

School Address

School Phone Number

School Fax Number

RE: _____ DOB _____ GRADE _____

The above named student is in the process of enrolling in our school. Please send the following information:

- _____ Transcript
- _____ Health Records, including proof of last physical and required immunizations
- _____ Quarterly grades as well as grades at time of withdrawal and standardized test scores
- _____ IEP, psychological evaluations and other special education records
- _____ Birth Certificate
- _____ Attendance Records
- _____ Discipline Records

I hereby authorize the above information to be released to the Liberty Central School District.

Signature of Parent/Guardian _____

Relationship to student _____ Date _____

Please fax any special education records including IEP's and evaluations to the Student Services Office at 845-295-9203. Thank you.

Liberty Elementary School
201 North Main Street
Liberty NY 12754
(845) 292 5400 ext. 2503
Fax - (845) 295-9201

Liberty Middle School
145 Buckley Street
Liberty NY 12754
(845) 292 5400 ext. 2311
Fax - (845) 292-5691

Liberty High School
125 Buckley Street
Liberty NY 12754
(845) 292 5400 ext. 2006
Fax - (845) 292-7262

Liberty Central School District
Central Registration Office
(845) 292-5400 ext. 2331 Fax: (845)292-1164
Student Evacuation Plan
2020-2021

Student Name: _____ Grade: _____ DOB: _____

The following information will be kept on file to be used in the event of a true emergency or disaster which might require **STUDENT DISMISSAL FROM AN ALTERNATE SITE AND** will be used to dismiss your child during any Mock Emergency Evacuation Drills.

Your child will be dismissed **ONLY** from the alternate location as follows:

PLEASE PICK ONLY 1 OF THE FOLLOWING:

My child, _____ is to:

RIDE BUS HOME _____

RIDE BUS TO _____
Name and Physical Address

WALK HOME _____
Address

WALK TO _____
Name and Physical Address

PICKED UP BY _____
Name and Phone Number

Parent / Guardian Name _____ Phone Number _____

Parent / Guardian Signature _____ Date _____

Any additional information we should be aware of?

PLEASE MAKE SURE YOUR CHILD KNOWS THAT HE/SHE MUST FOLLOW THESE PLANS AS YOU HAVE STATED ABOVE: Disciplinary action, including suspension from school, will be taken for deviation from this plan.

Liberty Central School District
Central Registration Office
(845) 292-5400 ext. 2331 Fax: (845)292-1164

LIBERTY CENTRAL SCHOOL DISTRICT

Acceptable Use Policy Computer Network and the Internet

2020-2021

Student and Parent/Guardian Signature Page

DIRECTIONS

The student and his or her parent/guardian should complete the form below and return it to their teacher and / or librarian. An Internet Passport (identification card) will be issued and access to the Internet provided.

STUDENT

I have read and I understand the Acceptable Use Policy of the Liberty Central School District (in the student handbook). By signing below, I agree to the terms for the appropriate use of the DCN and the Internet. I understand that failure to follow the rules will result in suspension and/or revocation of privileges, and depending on the violation, possible criminal and/or financial penalties.

Printed Name of Student

Student Signature

Date

Grade

PARENT / GUARDIAN

I have read and I understand the Acceptable Use Policy of the Liberty Central School District (in the student handbook). By signing below, I agree to allow my child the privilege of using the DCN and the Internet. I understand that failure to follow the rules will result in suspension and/or financial penalties. I also reserve the right to cancel this privilege in writing at any time and at my own discretion.

Printed Name of Parent/ Guardian

Parent / Guardian Signature

DATE

Liberty Central School District
Central Registration Office
(845) 292-5400 ext. 2331 Fax: (845)292-1164

LIBERTY CENTRAL SCHOOL DISTRICT

Photo / Medical / Field Trip / Auto Call PERMISSION

2020-2021

Student Name: _____ Grade: _____ DOB: _____

1. I give my permission to release medical information regarding my child to staff that needs to know.

_____ YES _____ NO

2. I give my permission to photograph my child to highlight special events, projects, and competitions. I understand that these photographs may be sent to local newspapers, posted on Facebook, school calendar, school newsletter, etc.

_____ YES _____ NO

3. I give my permission to use my child's photograph in the yearbook.

_____ YES _____ NO

4. I give permission for my child to participate in all field trips to other Liberty Central School District buildings that are offered during the school year. I understand that if I do not wish my children to participate in a specific trip, I will contact the teacher directly.

_____ YES _____ NO

5. I give permission for Liberty Central School District to use auto calls to notify me about attendance / closings etc.

_____ YES _____ NO

Parent / Guardian Signature

Date

Liberty Central School District
Central Registration Office
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NOTICE TO THE PARENTS
SPECIAL EDUCATION SERVICES

If you suspect that your child may have a physical, cognitive, or emotional disability, you have the right to refer your child to the District's Committee on Special Education for an evaluation and a determination as to whether your child is eligible to receive special education services and programs. More information regarding your rights is set forth in the New York State Education Department's Parent's Guide to Special Education in New York State for Children Ages 3 - 21, available at:

<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>.

To refer your child to the Committee on Special Education, or to obtain more information regarding the District's special education services and programs, please contact:

Director of Student Services
Liberty Central School District
145 Buckley St
Liberty NY 12754
(845) 292-5400 x 5113

September 1, 2020

Dear Parents/Guardians:

In accordance with the No Child Left Behind Act that was passed in January 2002, the Liberty Central School District must disclose the names, addresses, and telephone numbers of students to military recruiters and institutions of higher learning who request the information.

Parents, or students who are at least 18 years old, may ask the district in writing to withhold the information listed above when requested by a military recruiter or institution of higher learning. You must sign the statement below and return it to the Guidance office on or before October 1, 2020.

Please note that when your child registers for the selective service or registers to vote, his/her information will be accessible to military recruiters and other institutions. If you have any questions, please contact the Guidance office at (845) 292-5400 ext. 2006.

NOTIFICATION TO SCHOOL DISTRICT

Please DO NOT release the name, address, and telephone number of my child to military recruiters or institutions of higher learning.

Student Name (please print)

Parent / Guardian Signature

Date

Student Signature (if 18 years or older)

Date

MEDICAID CONSENT

To the Family of:

DATE:
RE:
DOB:
Client ID# (CIN):

Dear Family of:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education plan (IEP).

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____ have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/ my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at anytime; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

RECORDS TO BE SHARED (RECORDS OR INFORMATION ABOUT SERVICES YOUR CHILD RECEIVES)

IEP	Medication Administration Report
Special Transportation Log	Evaluation Reports
Other Personally Identification Information	Written Order
Any other Specific Records Pertaining to Student's Services or Program	Session Notes

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent / Guardian Signature _____ Print Name _____

Date _____

NEED OF IMMUNIZATION RECORDS FORM

This form is to be sent to the school nurse.

Date Registration Completed: _____

The following student(s) are not up to date with their mandated immunization requirements or did not provide up-to-date records upon registering with the Liberty Central School District.

_____ Student Name	LES LMS LHS Circle One	_____ Date
_____ Student Name	LES LMS LHS Circle One	_____ Date
_____ Student Name	LES LMS LHS Circle One	_____ Date
_____ Student Name	LES LMS LHS Circle One	_____ Date
_____ Student Name	LES LMS LHS Circle One	_____ Date

*** Note:** *Parents / Guardians have up to 14 days to provide proof of immunizations. For students new to the country or new to the state, the 14 day proof of immunizations may be extended to 30 days. Parents of a homeless student, or an unaccompanied homeless student, should be assisted with obtaining any necessary immunizations within the applicable grace period.*

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Central Registration Office
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I, _____ **Parent / Guardian waive the right for**

Student(s) Name to start school on the following day after completing the registration process.

My child(ren) will start attending school on the _____ **Date**.

Parent Signature

Parent Name (print)
