



# 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:**

|                                                  |                                                                                 |
|--------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Both Biological Parents | <input type="checkbox"/> Foster Parents (2999 Form needed) **                   |
| <input type="checkbox"/> Biological Mother ONLY  | <input type="checkbox"/> Self (Unaccompanied Youth)                             |
| <input type="checkbox"/> Biological Father ONLY  | <input type="checkbox"/> Group Home or Court Placed Residence (COURT DOCUMENTS) |
| <input type="checkbox"/> Mother / Stepfather     | <input type="checkbox"/> Father / Stepmother                                    |
| <input type="checkbox"/> 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** \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

|                                          |       |       |                |          |       |       |
|------------------------------------------|-------|-------|----------------|----------|-------|-------|
| <b>Mother</b>                            |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Primary Contact |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Receives Mail   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Pick Up         |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Alert   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Papers  |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Parent Portal   | Home  | _____ | Cell           | _____    | Work  | _____ |
|                                          | Email | _____ | Parent Portal? | Yes / No |       |       |
| <b>Father</b>                            |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Primary Contact |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Receives Mail   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Pick Up         |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Alert   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Papers  |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Parent Portal   | Home  | _____ | Cell           | _____    | Work  | _____ |
|                                          | Email | _____ | Parent Portal? | Yes / No |       |       |
| <b>Step Parent</b>                       |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Primary Contact |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Receives Mail   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Pick Up         |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Alert   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Papers  |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Parent Portal   | Home  | _____ | Cell           | _____    | Work  | _____ |
|                                          | Email | _____ | Parent Portal? | Yes / No |       |       |
| <b>Guardian</b>                          |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Primary Contact |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Receives Mail   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Pick Up         |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Alert   |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Custody Papers  |       | _____ | _____          | _____    | _____ | _____ |
| <input type="checkbox"/> Parent Portal   | Home  | _____ | Cell           | _____    | Work  | _____ |
|                                          | Email | _____ | Parent Portal? | Yes / No |       |       |

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**

|                       |                  |                 |
|-----------------------|------------------|-----------------|
| <b>FIRST CONTACT</b>  |                  |                 |
| Name: _____           | Home _____       | Cell _____      |
| Relationship _____    | Work Phone _____ | Extension _____ |
| <b>SECOND CONTACT</b> |                  |                 |
| 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**  
**2021-2022**

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

2021-2022

### 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

2021-2022

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  
(845) 292-5400 ext. 2331 Fax: (845)292-1164

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

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

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.**

|                              |                                         |                      |
|------------------------------|-----------------------------------------|----------------------|
| _____<br><b>Student Name</b> | <b>LES LMS LHS</b><br><b>Circle One</b> | _____<br><b>Date</b> |
| _____<br><b>Student Name</b> | <b>LES LMS LHS</b><br><b>Circle One</b> | _____<br><b>Date</b> |
| _____<br><b>Student Name</b> | <b>LES LMS LHS</b><br><b>Circle One</b> | _____<br><b>Date</b> |
| _____<br><b>Student Name</b> | <b>LES LMS LHS</b><br><b>Circle One</b> | _____<br><b>Date</b> |
| _____<br><b>Student Name</b> | <b>LES LMS LHS</b><br><b>Circle One</b> | _____<br><b>Date</b> |

**\* 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.*

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

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)**

\_\_\_\_\_