

WCSD Central Registration Process

Pre-K - Grade 1 registration is completed at: Lincoln Street Elementary School 45 Lincoln Street Waverly NY 14892 Phone 607-565-8176	Grade 2 –Grade 12 registration is completed at: Waverly Central School District Office 15 Frederick Street Waverly NY 14892 Phone 607-565-2841 Ext. 1030
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PARENT/GUARDIAN ENROLLING STUDENT(S)



Provide Parent/Guardian with District Registration Packet(s) for each student



Parent returns completed packet to the District Office for review.



District central registrar verifies residency and sends all information to Jack Wiiki for input into School Tool. Jack Wiiki and Jeff DeAngelo will review student information for special education, English Language Learner and/or McKinney-Vento status. If applicable, Student Services office will contact previous school district to obtain IEP, 504, ELL and/or MV information. Student folder is then sent to building secretary by Jack Wiiki.



Registrar requests records sent directly to building secretary/principal



Building Principal approves Home Language Questionnaire



Building secretary or guidance secretary will inform parent/guardian of exact start date, placement and will schedule a tour of the building.

****All documentation must be included.**

****Incomplete registration packets will not be accepted.**

Waverly Central School District Registration Checklist

- **Parent or Guardian – When registration packet is complete, please call the District Office at 607-565-2841 Ext. 1030 to set up an appointment.**

Does the student live in our District: Yes No

If yes, proof of residency required. If no, see Non-Resident Student below.

Two forms of proof of residency within the district. We accept the following forms of proof:

- Driver's license or state ID with photo and current address with in district
- Bank contract or mortgage agreement showing purchase of home with name and address
- Most recent utility bill (Penelec, NYSEG, land-line phone, cable)
- Signed rent or lease agreement

If the purchase of a home is in progress, we will temporarily accept a letter from a realtor with confirmed closing date of the purchase of a home in the district, with no contingencies such as sale being contingent on selling another home.

- If the child's parents are not residing together, we require custody papers stating which parent has physical and legal custody and any other legal decisions regarding the child.

Resident Student:

Parent/Guardian must supply the following documents:

- _____ Proof of Residency (see above examples)
- _____ Birth Certificate
- _____ Immunization Records
- _____ Court Order (if applicable)

Must complete the following:

- _____ Registration Form
- _____ Records Request
- _____ Health Registration Form
- _____ Home Language Questionnaire
- _____ Housing Questionnaire
- _____ Transportation Request

Non Resident Student:

Must complete Non-Resident Admission Application and registration form

After review and decision by building administrator and superintendent, parent will be informed of decision.

All remaining forms must be completed prior to enrollment.

Non-Resident Students will be charged tuition.

Waverly Central School District - Registration 2020-2021

Do you live in the Waverly Central School District: Yes ___ No ___

*If no, you **must** obtain permission from the Superintendent of Schools and pay tuition to attend.*

Have students previously enrolled at Waverly CSD: Yes ___ No ___

Student Information

Date: _____

First Name:		Middle Name:		Last Name:	
Date of Birth:	Male ___ Female ___	Grade	Ethnic Group (Check all that apply) Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaii/Pacific Islander <input type="checkbox"/>		
Residence Address:					
City:		State:	Zip:	County:	

Is the student currently in foster care? Yes ___ No ___	If yes, county that placed child:
Is there an active court order? Yes ___ No ___	Is student currently categorized as homeless? Yes ___ No ___

Parent/Guardian Information

Biological Mother Full Name Mrs./Ms./Miss		Home Phone: ()	Cell Phone: ()
Mailing Address:		Email Address:	
Employer:	Employer City:	Employer Phone: ()	
Resides with mother? Yes ___ No ___	If no, requests extra mailing? Yes ___ No ___		
Name of Step-Parent or Other (living in household):		Relationship to parent:	

Biological Father Full Name		Home Phone: ()	Cell Phone: ()
Mailing Address:		Email Address:	
Employer:	Employer City:	Employer Phone: ()	
Resides with father? Yes ___ No ___	If no, requests extra mailing? Yes ___ No ___		
Name of Step-Parent or Other (living in household):		Relationship to parent:	

Guardian Full Name Mr./Mrs./Ms./Miss		Home Phone: ()	Cell Phone: ()
Mailing Address:		Email address:	
Employer:	Employer City:	Employer Phone: ()	

*Please list any parent that is Active Duty: _____

Emergency Contacts:

Please indicate the names and phone numbers of a least two responsible adults with whom you have made arrangements to take responsibility for your child(ren) in case of an emergency if you cannot be contacted.

Name:		Address:	
Relationship to student(s):			
Phone - Home:	Cell:	Work:	

Name:		Address:	
Relationship to student(s):			
Phone - Home:	Cell:	Work:	

Previous School Information

Name of Most Recent School District:	Alternative Placement: Yes ___ No ___
Name of Building:	Last Date Attended:
Address:	Number of Years Attended:
Other school districts attended:	Date:
Was the student receiving any of the following services at his or her last school? Check all that apply. Reading <input type="checkbox"/> Math <input type="checkbox"/> Other Related Services (Speech, O/T, P/T, Vision) <input type="checkbox"/>	
Is the student currently receiving Special Education services (has an IEP or Section 504)?	Yes ___ No ___
Has the student ever received Special Education services (has an IEP or Section 504)?	Yes ___ No ___ Grade _____
Was the student ever retained?	Yes ___ No ___ Grade _____

Other Children in Family (include children not of school age)

Name	Grade	Birth Date	Gender
			Male ___ Female ___
			Male ___ Female ___
			Male ___ Female ___
			Male ___ Female ___
			Male ___ Female ___
			Male ___ Female ___

Parent/Guardian Signature

Date

Waverly Central School District Records Request

Check the appropriate school:

<p style="text-align: center;">Lincoln Street Elementary School (Grades PK-1) 45 Lincoln Street Waverly NY 14892 607-565-8176 Fax 607-948-0073 Colleen Hall, Principal</p>	<p style="text-align: center;">Elm Street Elementary School (Grades 2-4) 145 Elm Street Waverly NY 14892 607-565-8186 Fax: 607-565-4997 John Cheresnowsky, Principal</p>	<p style="text-align: center;">Waverly Middle School (Grades 5-8) One Frederick Street Waverly NY 14892 607-565-3410 Fax: 607-565-4997 Catherine Pichany, Principal</p>	<p style="text-align: center;">Waverly High School (Grades 9-12) One Frederick Street Waverly NY 14892 607-565-8101 Fax: 607-565-3718 Ashlee Hunt, Principal</p>
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To Whom It May Concern:

The following students have enrolled in our school on _____.

Name:	DOB:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please release any and all academic and medical records, pertaining to the above-named students, to the Waverly Central School District. Special Education records will be requested separately, if necessary.

Please send all information to the address checked above.

Parent/Guardian Signature

Date: _____

**Waverly Central School District
Health Registration
Student Information**

Student Name		Date of Birth:	Male / Female
Transferring from Another State: Yes / No	If yes, what state:	Previous School & Address: Phone: ()	
Date of Last Physical	School MD _____ Private MD _____	If Private MD Physician Name : Physician Phone: ()	Date of Last Dental Exam: Dentist:

Medical History

Diseases/Diagnosis: Please check any diseases/diagnosis student has had. Note date when applicable.

Disease/Diagnosis	Child has had	Date	Disease/Diagnosis	Child has had
Chicken Pox	Yes / No		Heart Disease / Murnur	Yes / No
Mononucleosis	Yes / No		Asthma	Yes / No
Pneumonia	Yes / No		Diabetes	Yes / No
Seizures	Yes / No	Last Seizure:	Frequent Colds	Yes / No
Concussion	Yes / No	Last Concussion:	Ear Infections	Yes / No
Allergies	Yes / No	Type: (food, medicine, bees, etc)		
Bone Disorders / Injuries	Yes / No	Describe:		

Serious Injuries / Surgery / Illness: Please list any serious injuries, operations, or illnesses student has had, including any concussions.

Injury / Surgery / Illness	Date	Please Describe

Medications: Please list any medications student is taking:

Medication	Dose	When Given	Comments

Limitations: Are there any limitations the student has because of health problems/conditions?

<p>Limitations:</p> <p>Any other medical concerns not mentioned above that we should be aware of in order to give proper care, please describe below:</p>

Student wears glasses yes / no	If yes, for what condition?
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Preferred Hospital: _____

Parent / Guardian Signature _____ Date _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colon-Collins, Assistant 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 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 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.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak _____ specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read _____ specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write _____ specify

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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: _____

 Date

Signature of Parent or of Person in Parental Relation

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO DAY YR	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> 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: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

This form must be completed by all families registering students. If the family needs assistance completing this form, or needs the form in a language other than English, please immediately contact: Mr. Jeffrey DeAngelo, Director of Student Services at 607-565-8101 x 1102 or jdeangelo@gstbooces.org.

HOUSING QUESTIONNAIRE

Name of School District: Waverly Central School District

Name of School: Lincoln Street Elementary School _____
Elm Street Elementary School _____
Waverly Middle School _____
Waverly High School _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: / / Grade: ID#:
Female Month Day Year (PreK-12) (optional)

Address: _____ Phone: _____
_____ Email: _____

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: If ANY box other than "In permanent housing" is checked, then the student/family should be immediately referred to Mr. DeAngelo. 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, and the enrolling district's liaison must help the student get any other necessary documents or immunizations.

WAVERLY CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
TRANSPORTATION REQUEST/CHANGE FORM

Student Name: _____ Grade: _____ Date: _____

School: Elementary _____ Middle _____ High _____

Parent's Name: _____

Parent's Street Address: _____

Parent's Phone Number: _____

*Please indicate HOME, *DAYCARE, WALKER (parent pick-up) in the appropriate boxes below.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					

*Daycare Address: _____

*Provider's Name: _____ Provider's Phone: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PM					

*Daycare Address: _____

*Provider's Name: _____ Provider's Phone: _____

Thank you,
Rich McIntosh
Waverly Transportation

EMERGENCY CLOSING INFORMATION

An emergency closing can happen as soon as the first day of school, due to weather, power outage, or other emergencies. It is essential we have a plan in place for the new school year. **Please fill out the bottom portion of this form stating where your child(ren) will go if we have to implement an emergency closing.**

Afterschool programs will be closed (i.e. Sports, SACC, REACH activities, homework club and tutoring). The emergency closing plan will be done automatically when school administration has to close school due to an emergency. Please avoid calling the school, as the teachers will have your students' dismissal plan ready to be put into action quickly. If this plan changes during the school year, please contact the school with updated information.

Same as normal plan please circle: YES or NO

If there is a change from the normal plan:

Name _____ Phone# _____ of person **picking up** your child,

OR Name _____ Address _____

Phone # _____ of person your child is riding the bus to.