



MORAVIA

CENTRAL SCHOOL DISTRICT

Millard Fillmore Elementary
Moravia Middle School
Moravia High School
John P. Birmingham, Superintendent
68 South Main Street
Moravia, NY 13118
Phone: 315-497-2670

Welcome to the Moravia School District!

To register your child for enrollment, please return the attached forms along with all required documents.

UPK- Grade 5: Elementary School Office – Ciara Andrews, ext. 1011, candrews@moraviaschool.org

Grades 6-8: Middle School Counseling Office – Lisa Torok, ext. 2012, ltorok@moraviaschool.org

Grades 9-12: High School Counseling Office – Sarah Crossgrove, ext. 2015, scrossgrove@moraviaschool.org

1. Completed Registration Packet (9 forms to be completed by parent/guardian)

- Student Registration Form
- Emergency Information Form
- Verification of Residence (w/supporting documentation)
- Student Racial and Ethnic Identification
- Health Registration Form
- Transportation Request Form
- Emergent Multilingual Learners Language Profile (UPK only)
- Home Language Questionnaire or Cuestionario de Idioma del Hogar (grades K-12)
- Migrant Education Program Survey
- Household Eligibility Form

2. Proof of Age (include one of the following):

- Birth Certificate
- Passport

3. Proof of Residency (include one of the following):

- Deed or Mortgage Statement
- Lease/Rental Agreement
- Utility Bill Reflecting Service Address (Electric, Water, Gas, etc.)

4. Immunization and Health Records (include a copy of the most recent physical dated within the last year)

5. If Applicable:

- Custody Agreement
- Proof of Guardianship
- Form DSS-2999 for Foster Placement
- Court Order of Protection

Today's Date: _____

STUDENT REGISTRATION
Moravia Central School District

Grade Entering: _____

Sex: M F
(Circle One)

Child's Legal Name: _____
Last *First* *Middle*

Street Address: _____
Street *City* *Zip Code*

Mailing Address: _____
Include Post Office Box *City* *Zip Code*

Home Phone #: _____ Child's Cell Phone #: _____

Date of Birth: _____ Place of Birth: _____

Check one: Parents together Parents separated

If parents are separated, check one: Joint Custody Sole Custody

*Parents/Guardians: please provide proof of custody (ex. court order, parental affidavit, DSS-2999 form for foster placement).

Student lives with: Both Parents Father Mother Legal Guardian Foster Parents Other: _____

Restriction of Contact and/or Information: (must provide paperwork)

Order of Protection Custody restrictions Restriction of info to non-custodial parent No restriction for parents/guardians

Is Parent/Guardian currently serving in the military (including guard, reserves, or retired within a year or less)?
 Yes No

Are you a Migratory Agricultural Worker*? Yes No

A student is a migrant child if the student is, or whose parent, guardian, or spouse is, a migratory agricultural worker, including a migratory worker or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent, guardian, or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work has moved from one school district to another.

Mothers Name: _____
Last *First*

Address (if different): _____
Street *City* *Zip Code*

Home Phone: _____ Cell Phone: _____

Email address: _____ Place of Employment: _____

Employer's Address: _____
Street *City* *Employer's Phone Number*

Fathers Name: _____
Last *First*

Address (if different): _____
Street *City* *Zip Code*

Home Phone: _____ Cell Phone: _____

Email address: _____ Place of Employment: _____

Employer's Address: _____
Street *City* *Employer's Phone Number*

Step Parent/Other Adult _____
Last *First* *Relationship to Child*

Home Phone: _____ Cell Phone: _____

Email address: _____ Place of Employment: _____

Employer's Address: _____
Street *City* *Employer's Phone Number*

CHILD'S FORMER SCHOOL:

School's Name _____

School's Address: _____

Street

City

State

Zip Code

Grade Last Attended: _____

Phone Number: _____

Fax Number: _____

Reason for Transferring: _____

Please check below indicating if your child has received any of the following additional services at their previous school:

_____ IEP / 504 Plan

_____ OT / PT

_____ Speech Therapy

_____ ELL

_____ Math/Reading Support

_____ Psychological Services

_____ Self-contained Special Ed Classroom (15:1:1, 12:1:1, 8:1:1)

PLEASE LIST OTHER CHILDREN AND/OR ADULTS IN HOUSEHOLD:

Child's Name

Birth Date

Grade

Adult's Name

Relationship to child

**Emergency Information Form
Moravia Central School**

Student name: _____ Grade: _____

Residence address: _____ Phone: _____

Mailing address if different: _____

Please list as many names as applicable in order of call preference.

1st contact: Adult name: _____ Relationship to child: _____

Address if different from child: _____

Home phone: _____ Cell phone: _____ Work: _____

2nd contact: Adult name: _____ Relationship to child: _____

Address if different from child: _____

Home phone: _____ Cell phone: _____ Work: _____

3rd contact: Adult name: _____ Relationship to child: _____

Address if different from child: _____

Home phone: _____ Cell phone: _____ Work: _____

4th contact: Adult name: _____ Relationship to child: _____

Address if different from child: _____

Home phone: _____ Cell phone: _____ Work: _____

5th contact: Adult name: _____ Relationship to child: _____

Address if different from child: _____

Home phone: _____ Cell phone: _____ Work: _____

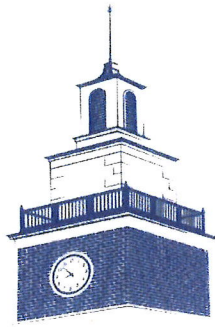
Child care provider: _____ Telephone/Cell: _____

If your child is seriously injured and school personnel are unable to contact any person on this form, may school personnel have an ambulance transport your child to an emergency center?

Yes _____ No _____

Hospital Preference: _____

Parent/Guardian signature: _____



MORAVIA

CENTRAL SCHOOL DISTRICT

VERIFICATION OF RESIDENCE

Student's Name: _____

Physical Address: _____

I, _____, hereby affirm that my child resides with me in the Moravia Central School District at the above address. I understand that I must present proof of residency in my name and that I am required by law to immediately notify school officials if there is a change of the above address/residence. I further understand that if I provide false residency information, the school is entitled to recover from me the cost of instruction for the time my child was not authorized to attend school in the district.

Signature of Parent/Guardian

Date

If the student does not have fixed/adequate housing, where is the student currently living?
*(If applicable, 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
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

House Bill 557, effective July 1, 1997, implemented a \$500 penalty for those providing false residency information to schools.

Documents must be submitted to verify residence at the address listed above. Acceptable documents are listed below.

Do not write below this line. Office use only.

- Deed or Mortgage Statement
- Lease/Rental Agreement
- Utility Bill
- Income tax forms

VERIFICATION: _____ACCEPTED _____DENIED
Signature of School Official

Date

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The U.S. Department of Education requires the collection and recording of the ethnic identity of students. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

This information will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Student Name:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check () the box that best describes your child.]

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- YES, Hispanic**
- NO, not Hispanic**

2. **Select one or more races from the following five racial groups** [For question (2) Check () all groups that apply to your child; check () at least ONE box.]:

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community recognition.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK:** A person having origins in any of the black racial groups of Africa
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

- Mother Father Guardian Other (Specify): _____

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

HEALTH REGISTRATION

Moravia Middle/High School

Grade Entering: _____

Gender: M F
(Circle One)

Child's Name: _____
Last First Middle

Street Address: _____
Street City Zip Code

Mailing Address: _____
Include Post Office Box City Zip Code

Home Phone #: _____

Date of Birth: _____

Mother's Name: _____
Last First Maiden Name

Father's Name: _____
Last First

FAMILY PHYSICIAN:

Name: _____ Phone Number: _____

MEDICAL HISTORY: Give the dates which your child has had the following diseases or conditions.

_____ Chicken Pox	_____ Asthma	_____ Diabetes
_____ 3-Day Measles	_____ Allergies	_____ Epilepsy
_____ Regular Measles	_____ Pneumonia	_____ Surgery
_____ Mumps	_____ Rheumatic Fever	_____ Serious Injury
_____ Heart Disease	_____ Scarlet Fever	_____ Other

Does your child have a vision problem? _____

Does your child have a hearing problem? _____

Does your child have a Speech or Language problem? _____

Does your child have any other medical problems which we should know about? _____

Has your child been examined by a specialist? Give name of specialist and year of examination:

Name	Year(s)	Name	Year(s)
Pediatrician: _____	_____	Psychologist: _____	_____
Neurologist: _____	_____	Psychiatrist: _____	_____
Ophthalmologist: _____	_____	Speech Clinic: _____	_____
Optometrist: _____	_____	Other Clinic: _____	_____
Dentist: _____	_____	Others: _____	_____

Is your child on any medication(s): Y N
(Circle One)

If Yes, list medication(s): _____

REMINDER: Proof of immunizations and current physical must be furnished before entry of school.

Transportation Request Form

Moravia Central School District

The completion of this form will provide us the information needed to plan for your child's busing needs and to plan our routes. If busing is needed someone from the transportation department will contact you with pick up and drop off details. If you have any questions please contact us at 315-497-2670 Ext. 3001. Please remember that students in third grade or lower must have an adult or older sibling present at drop off location.

Grade Entering: _____

Child's Name

Last

First

Is bus transportation needed from home in the morning?

_____ **Yes**

_____ **No**

Is bus transportation needed to home in the afternoon?

_____ **Yes**

_____ **No**

Home Address

Contact Name

Last

First

Contact Numbers

Home

Cellphone

If your child will be at a child care provider please fill out this information

My child will be at a child care provider's house: _____ **Before school** _____ **After school** _____ **Both**

Child Care Name

Child Care Number

Child Care Address

Special Notes

List other children in household who will also need transportation:

Name

Grade

For office use only:

Route #AM

Parent Transport

Route #PM



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:
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?	<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"/> Parent 1	<input type="checkbox"/> Parent 2	_____ specify _____ 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	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School:

Address:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	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: _____ <small>MO. DAY YR.</small>	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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____	



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). 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 school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 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 answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

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 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



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

Cuestionario de Idioma del Hogar (Home Language Questionnaire - HLQ)

*Estimados padres o persona en relación parental:
Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura de él o ella, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas. Gracias.*

NOMBRE DEL ESTUDIANTE:		
Nombre	Segundo nombre	Apellido
FECHA DE NACIMIENTO:		GÉNERO:
Mes	Día	Año
		<input type="checkbox"/> Masculino
		<input type="checkbox"/> Femenino
INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL		
Apellido	Primer Nombre	Relación con el estudiante

HOME LANGUAGE CODE

Conocimientos de idiomas
(Por favor, marque todas las opciones que sean aplicables)

1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	especifique
2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	especifique
3. ¿Cuál es el idioma primario de cada padre / tutor?	<input type="checkbox"/> Padre 1	_____	<input type="checkbox"/> Padre 2	_____
		especifique		especifique
	<input type="checkbox"/> Tutor(es)	_____		especifique
4. ¿Qué idioma o idiomas entiende su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	especifique
5. ¿Qué idioma o idiomas habla su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	<input type="checkbox"/> No sabe hablar
			especifique	
6. ¿Qué idioma o idiomas lee su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	<input type="checkbox"/> No sabe leer
			especifique	
7. ¿Qué idioma o idiomas escribe su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____	<input type="checkbox"/> No sabe escribir
			especifique	

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	Address



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 Acta de Educación Elemental y Secundaria (ESEA). 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 en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 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: _____

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 a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020