



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.

- o Deed or Mortgage Statement
- o Lease/Rental Agreement
- o Utility Bill
- o 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: _____

Sex: 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: Please indicate if your child has had any of the following. Provide a date if applicable.

_____ Chicken Pox	_____ Asthma	_____ Diabetes
	Inhaler? Y N	
_____ 3-Day Measles	_____ Allergies	_____ Epilepsy
	Inhaler? Y N	
_____ Regular Measles	_____ Surgery	_____ Mumps
_____ Serious Injury	_____ Heart Conditions	_____ 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 or concerns 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



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Studentsⁱ**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.



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.

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