

GATES CHILI CENTRAL SCHOOL DISTRICT REGISTRATION FORM

PRIVATE / PAROCHIAL / CHARTER SCHOOL

Please PRINT all information and complete BOTH sides of this form

Student Name: _____ Male _____ Female _____
Last First Middle

Address: _____ Apt. # _____ Zip 146

Phone# _____ Listed() Unlisted() Date of Birth _____ Age: _____

Parent/Guardian

Mr. Mrs. Ms. Miss Dr. Other

Name: _____
Last First MI

Address: _____
Street

_____ City State Zip

Home Phone#: _____ Pager#: _____

Cell Phone#: _____ Work #: _____

Email Address: _____

Employer: _____

Occupation: _____

Marital Status: Single Married Separated
 Divorced Widowed

Relationship to Student: Mother Father
 Step Mother Step Father Foster Parent
 Group Home Contact Guardian Other

Parent/Guardian

Mr. Mrs. Ms. Miss Dr. Other

Name: _____
Last First MI

Address: _____
Street

_____ City State Zip

Home Phone#: _____ Pager#: _____

Cell Phone#: _____ Work #: _____

Email Address: _____

Employer: _____

Occupation: _____

Marital Status: Single Married Separated
 Divorced Widowed

Relationship to Student: Mother Father
 Step Mother Step Father Foster Parent
 Group Home Contact Guardian Other

Brothers and Sisters (Birth to Age 21)

Name:(Last)	(First)	(MI)	Sex	Birth Date	Grade	Living at Home	
						Yes	No

Others in Home:	
Name: _____	Relationship to Student _____

Below for Office Use Only

ID# _____
Private/Parochial School _____ Grade _____ Registration Date _____

PLEASE COMPLETE BOTH SIDES

School History

Kindergarten Students Only:

Did your child attend nursery school? (Circle One) Yes No If yes, for how long? _____

Where? _____
(Name and address of School)

Has your child ever been tested and/or received services for Occupational Therapy _____ Physical Therapy _____ Speech _____ Other _____

ALL OTHERS:

Name of Last School Attended: _____ Last Grade Attended _____

School Address and Phone # _____

List Other Schools Attended _____

Has Student ever repeated a grade? YES _____ NO _____ If yes, which grade? _____

What year did your child first enter grade nine? _____

Has Student ever received special help in: Reading _____ Math _____ Speech _____ Other _____

Has student ever been placed in Special Education with an IEP? YES _____ NO _____ If yes, when? _____

Does student have a 504 Plan YES _____ NO _____

For more information regarding your rights to special education services, please visit the New York State Education Department's website relating to a parent's guide to special education in New York for children ages three through 21
<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

This is to confirm that all of the above information is accurate and that I am a resident of the Gates Chili School District.

Parent/Guardian Signature

Date

GATES CHILI CENTRAL SCHOOL DISTRICT
4 Spartan Way, Rochester, NY 14624
(585) 247-4774 (585) 340-5596-Fax

APPLICATION FOR STUDENT TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOLS
2018-2019 School Year

Conditions

Transportation is provided by the Gates Chili Central School District to only those Private/Parochial Schools approved by the Superintendent of Schools. ONE application for EACH school.

--Children, for whom transportation is being requested, must be age five on/or before December 1st of the school year for which application is being made.

--Applications must be submitted to the Board of Education by Gates Chili Central School District residents prior to April 1st per The New York State Education Department Regulation of the year in which transportation is needed in September. New residents to the District have until August 1st to file an application.

--Transportation to or from locations other than the legal residence (i.e. baby sitters) must be within the same attendance area as the school legally attended. Per Board of Education policy, written requests for such service must be filed annually in the Transportation Office by July 1st preceding each school year. Alternate location transportation must be on a five-day per week basis for the entire school year.

TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Legal Guardian Name _____ Telephone No. _____

Address _____

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Grade Entering</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____

Transportation requested: AM _____ PM _____ BOTH _____ NONE _____

If only one way transportation is requested, in the event of an emergency, transportation can be provided. Please call (585)247-4774 as soon as possible.

AM Location – Pick up from:

PM Location – Drop off at:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Parent/Guardian Signature

Date

Gates Chili Central School District

Nichole Valdez
Registration/Census Clerk

3 Spartan Way
Rochester, New York 14624

TEL: 585) 247-5050 Ext. 12224
FAX:: (585) 340-5504
EMAIL: nichole_valdez@gateschili.org

Private/Parochial and Charter School Registration Packet

Dear Parent(s)/Guardian(s):

Welcome to the Gates Chili Central School District. The enclosed Registration Packet is for students who attend a Private, Parochial or Charter school and are residents of the Gates Chili School District. Please take the time to read the forms carefully and fill them out completely.

	For Office Use Only	
Registration Packet Forms – Please fill out completely.	Date Rec'd	Initialed
Proof of Residency Checklist		
Student Registration Form (Complete both sides)		
Application For Student Transportation to Private/Parochial or Charter Schools		

Bring these documents to your registration appointment

When registering your child you need to present Proof of Residency. Please provide ONE item from Category 1 and ONE from Category 2. If an item from Category 1 is unavailable, please provide at least TWO from Category 2.			
Residency Proof	Category 1		
	Mortgage Statement; School or Property Tax Receipt; Lease Agreement; Homeowner's/Renter's insurance policy; a statement by a third-party landlord, owner or tenant from whom you lease or with whom you share property within the district; or other statement by a third-party that establishes your physical presence in the District.		
Residency Proof	Category 2		
	<ul style="list-style-type: none"> • Pay stub • Income Tax Form • Membership documents (e.g., library cards) based upon residency • Official driver's license, learner's permit, non-driver identification, vehicle insurance • State or other government issued identification • Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement) • Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers • Voter registration document(s) • Utility or other bills 		

If you have any questions please call between 8:00 a.m. and 3:30 p.m. Registration Office 247-5050 ext. 12224.

We look forward to working with you during this enrollment process.

Gates Chili Central School District Residency Checklist

Student(s)' Name: _____		
In-District Address: _____		
House #	Street Name	Apt. #
Date Registered: _____		

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to the above questions, where is the student presently living? (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

NOTE: If the student is not living in permanent housing, proof of residency and other documents normally needed for enrollment are not required. Families who are homeless are not required to complete the remaining forms.

Residency Proofs for each family registering students are required by the Gates Chili School District.

Check the box that represents your Residency Status and provide Residency Proofs as listed below.

- Homeowner** — Please provide ONE item from Category 1 and ONE from Category 2. If an item from Category 1 is unavailable please provide at least TWO from Category 2.

Category 1: Mortgage Statement; School or Property Tax Receipt; Homeowner's insurance policy. (If building new home, Copy of Builder Sales Contract indicating purchaser name, address and tentative completion date.)

Category 2:

- Pay stub
- Income Tax Form
- Membership documents(e.g., library cards) based upon residency
- Official driver's license, learner's permit, non-driver identification, or vehicle insurance
- State or other government issued identification
- Documents issued by federal, state or local agencies(e.g., local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers
- Utility or other bills
- Voter registration document(s)

- Renter** — Please provide ONE item from Category 1 and ONE from Category 2. If an item from Category 1 is unavailable please provide at least TWO from Category 2.

Category 1: Lease Agreement; Renter's insurance policy, statement from landlord or other third-party that establishes physical address in the District.

Category 2:

- Pay stub
- Income Tax Form
- Membership documents(e.g., library cards) based upon residency
- Official driver's license, learner's permit, non-driver identification or vehicle insurance
- State or other government issued identification
- Documents issued by federal, state or local agencies(e.g., local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers
- Utility or other bills
- Voter registration document(s)

- Shared Housing: Sharing Single Family Home or Apartment with Another Family.** *(This section will be completed when the shared housing is not due to loss of residence because of hardship.)

Primary Resident: Person(s) whose name is on the mortgage or lease.

Individual Residing At or Moving In: Person(s) whose name is not on the mortgage or lease.

BOTH the "Primary Resident" and the "Individual Residing At or Moving In" must provide Residency Proofs as listed on the back of the Shared Housing Certificate and sign the Shared Housing Certificate.