



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Elbridge Elementary School 130 East Main Street Elbridge, NY 13060
Tel: (315) 689-8540 • Fax: (315) 689-3320 • www.jecsd.org

Mrs. Shelly Westcott

District Registrar

(315) 689-8500 x 4011

swestcott@jecsd.org

Registration Packet – Welcome to the Jordan-Elbridge Central School District

This registration packet includes everything you need to complete to register your child in school. The components of this registration packet must be completed by a parent or guardian and delivered in person to Elbridge Elementary School.

To be completed by the parent/guardian:

- *Student Registration Form*
- *Transportation Information Form*

Other documents required for registration – please bring these items with you:

- Proof of residency – the following are acceptable forms:
 - Mortgage statement or commitment paperwork
 - Lease or rental agreement
 - Current utility bill or telephone bill
 - Recent property tax or school tax bill
 - Current pay stub
 - Information from DSS or SSI with your name and address on it
- Child's immunization record and physical (obtained from your child's physician)
- Valid birth certificate (with raised seal – no copies permitted)
- Proof of guardianship or custody papers (if applicable)
- Individualized educational plan (if applicable)
- Guardians registering foster children must be accompanied by a social worker and bring the form DS 2999 from the Social Services department of the home county.

In accordance with the Individuals with Disabilities Education Act and New York State Education Law §4400 et. Seq., the parent or person in parental relation of any student may refer such student to the District's Committee on Special Education for an evaluation to determine the student's eligibility for special education programs and services. For further information concerning your rights, please refer to the Parent's Guide to Special Education in New York, which may be obtained at the following link:

<http://www.p12.nysed.gov/specialed/parentpubs.htm>

In addition, you may contact the Director of Special Education, at (315) 689-8500, to make a referral to the Committee on Special Education, to obtain a copy of the Parent's Guide, or to obtain further information concerning the referral process.

We are very excited that your child will be joining our school community. Please check our website regularly for important school updates and announcements – www.jecsd.org. Welcome!

Sincerely,

Mrs. Shelly Westcott
District Registrar
Jordan-Elbridge Central School District

Jordan-Elbridge Central School District Student Registration

Complete Legal Name of Student (Last, First, Middle Name) _____

Birthplace: City _____ State _____

Home Address: _____

Street

City

State

Zip

Grade: _____ Age: _____ Date of Birth: _____

Gender: ☐ Male

☐ Female

Home Phone _____

Is this the primary contact number?

☐ Yes

☐ No

Has your child ever attended Jordan-Elbridge Schools in the past?

☐ No

☐ Yes

If yes, please provide date(s)/grade(s) _____

Transferring from District/School Name & Address: _____

Please list any other school districts the student has been enrolled at: _____

School Phone () _____

For Office Use Only:

Student Number _____

Parent presented the following documentation:

____ Proof of Residency

____ Birth Certificate

____ Immunization/Health Appraisal

____ Physical

Custody Papers Presented? Y N N/A

Order of Protection on file? Y N N/A

Registrar's Init/Date: _____

Date Records Requested _____

Services: Please indicate services previously/currently provided to your child

☐ English as a Second Language

☐ Speech Language

☐ Special Education

☐ 504

☐ OT

☐ PT

☐ Preschooler with a disability

☐ Reading Support (AIS)

☐ Math Support (AIS)

☐ Counseling

☐ Other

Specify: _____

Student resides with: ☐ Both Father & Mother

☐ Mother Only

☐ Father Only

If parents do not reside in same household, please check:

☐ Foster Parent

☐ Legal Guardian

☐ Sole Custody

☐ Joint Custody

☐ Court Protection Order in Effect

Relationship to Student

Parent/Legal Guardian Information (residing with student)

____ Mother

____ Father

Name _____

Employer Phone _____

Cell Phone _____

Education _____

Grade/Degree

____ Step-Parent

____ Legal Guardian

____ Other: Specify _____

Employer _____

Email address _____

Relationship to Student

Parent/Legal Guardian Information (residing with student)

____ Mother

____ Father

Name _____

Employer Phone _____

Cell Phone _____

Education _____

Grade/Degree

____ Step-Parent

____ Legal Guardian

____ Other: Specify _____

Employer _____

Email address _____

Jordan-Elbridge Central School District Student Registration

Contact information regarding parent not residing with student (divorced or separated parents):

Court papers must be on file with the Jordan-Elbridge Central School District giving specific instructions regarding custody of student and access to records:

Complete information on both parents is required if joint custody exists

Relationship to Student _____ Can they be called for emergencies by the district? ☐ Yes ☐ No

Parent's Name _____ Home Phone _____ Cell Phone _____ Employer Phone _____

Address (City, State, Zip) _____ Email address _____

Foster Care Placement: MUST provide Form DSS-2999 at time of registration along with the following information

Name of Case Worker (if applicable): _____ Phone: _____

Placement is anticipated to last for what period of time? _____ Years _____ Months Is the student considered Neglected / Delinquent? ☐ Yes ☐ No

Ethnicity / Race:

Is your child Hispanic, Latino, or of Spanish origin? ☐ Yes ☐ No

(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)

Please select one or more races from the following racial groups that apply to your child (must select at least one)

☐ American Indian/Alaskan Native ☐ Asian ☐ White ☐ Black or African-American ☐ Native Hawaiian/Other Pacific Islander

Siblings residing with student at same address:

(Please list ALL children residing in home.)

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Parent / Legal Guardian Signature

Date



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Transportation Department

PO Box 902

Jordan, NY 13080

315-689-8500X5601

Transportation Request

Directions: Please provide the information requested.

Note: This information is required on an annual basis.

Student Name	
Grade/Teacher	
Parent/Guardian Name Contact Phone #	
Parent/Guardian Name Contact Phone #	
Emergency Contact Person #1 and Phone	
Emergency Contact Person #2 and Phone	
Address of Destination in Event of Emergency School Closing or alternate arrangements	

- ☐ I will be transporting my child to and from school.
- ☐ I will be transporting my child to school in the mornings only.
- ☐ I will be transporting my child home in the afternoons only.

Morning Pick Up

Please write the address where your child is to be picked up, Monday-Friday.

Monday	Tuesday	Wednesday	Thursday	Friday

Afternoon Drop Off

Please write the address where your child is to be dropped off, Monday-Friday.

Monday	Tuesday	Wednesday	Thursday	Friday

Parent/Guardian Signature: _____

Date: _____