



## 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](http://www.jecsd.org)

**Señora Shelly Westcott**

*Distrito Escolar Central Jordan-Elbridge*

(315) 689-8500 x 4011

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### **El paquete de inscripción** – Bienvenido al Distrito Escolar Central Jordan-Elbridge

Este paquete de inscripción tiene toda la información que Ud. necesita rellenar para inscribirse a su hijo/a en la escuela. Los componentes de este paquete de registro deben ser completados por un padre o tutor y luego hay que entregarlos en persona a la escuela primaria.

El padre/tutor necesita rellenar

- el formulario de inscripción de los estudiantes
- el formulario de información para el transporte

Además, hay otros documentos que se requieren para la inscripción; por favor, traiga estos documentos:

- una prueba de residencia. Las siguientes son formas aceptables:
  - recibo de la hipoteca o el papeleo compromiso
  - contrato de arrendamiento
  - factura de servicios públicos o la factura de teléfono
  - impuestos a la propiedad reciente o factura de impuestos de la escuela
  - talón de pago
  - información del departamento de servicios sociales (DSS) o SSI en donde aparecen su nombre y dirección
- una tarjeta de vacunas y un examen físico del niño (estos se pueden obtener de su médico)
- un certificado de nacimiento válido (con sello de relieve—no hay copias permitidas)
- una prueba de documentos de tutela o custodia (si procede)
- un plan educativo individualizado (si procede)
- los tutores que quieran inscribir a los niños de crianza deben estar acompañados por un trabajador social y traer el formulario DS 2999 del departamento de servicios sociales del condado de residencia.

De acuerdo con las personas con discapacidad Ley de Educación y Nueva York Ley de Educación del Estado de §4400 et . Ss., El padre o la persona en relación con los padres de cualquier estudiante puede referirse a dicho estudiante Comité del Distrito de Educación Especial para una evaluación para determinar la elegibilidad del estudiante para los programas y servicios de educación especial . Para más información sobre sus derechos, por favor refiérase a la Guía para padres sobre la Educación Especial en Nueva York, que se puede obtener en el siguiente enlace: <http://www.p12.nysed.gov/specialed/parentpubs.htm>

Además, puede comunicarse con el Director de Educación Especial, al (315) 689-8500 para hacer una referencia a la Comisión de Educación Especial, para obtener una copia de la Guía para padres, o para obtener más información sobre el proceso de referencia.

Estamos muy contentos de que su hijo se unirá a nuestra comunidad escolar. Por favor, visite nuestro sitio Web para obtener actualizaciones importantes de la escuela y anuncios - [www.jecsd.org](http://www.jecsd.org). ¡Bienvenido!

Sinceramente,

Señora Shelly Wescott

*Distrito Escolar Central Jordan-Elbridge*

# 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 \_\_\_\_\_

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**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

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**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

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**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

Central Registration  
130 East Main Street  
Elbridge, NY 13060

Phone: 315-689-8500 ext 4011

**Secure Fax: 315-689-3320**

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Jordan-Elbridge Central School District:

To release information to:

To receive information from:

Name of School / Agency / Doctor	
Address of School	
Phone Number of School	
Regarding (Student Name & DOB)	

All educational records to include:

Current Report Card/Transcript  
Grades at time of withdrawal  
Health / Immunization Records  
Attendance Records  
Discipline Reports  
Standardized Test Results  
Achievement Test Results  
NYS Assessment Results  
NYS Regents Competency Results

All special education records to include:

IEP – Hard Copy  
IEP – Transfer via IEP Direct  
Psychological Reports  
OT Reports  
PT Reports  
Speech Reports  
Visual Reports  
Hearing Reports  
FBA  
BIP

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
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: \_\_\_\_\_