



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 country.

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 Foster Parent Legal Guardian
 If parents do not reside in same household, please check: 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

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: _____