

North Colonie Central School District

Office of the Registrar

91 Fiddlers Lane Latham, NY 12110

Phone: (518) 785-8591, x3135

Fax: (518) 783-0471

www.northcolonie.org

Dear Registering Family:

Welcome to the North Colonie Central School District!

Attached are the forms necessary to register your child(ren) for Non-Public School and Transportation. Please fill out the forms completely and provide the birth certificate and proof of residency (lease, deed, 2 bills with the address on it). If you need assistance in completing the forms, please call us to discuss. Upon completing all of the necessary forms, please either fax them to (518) 783-0471 or email to student.registration@nccsk12.org

Thank you!

Courtney DiCocco, Central Registrar

NORTH COLONIE CENTRAL SCHOOL DISTRICT

91 Fiddlers Lane
Latham, NY 12110

Pupil Registration

(Please print neatly and complete all information)

For School Use ONLY - to be completed by office personnel only.

Registrar's Init.	_____	School Attend	_____
Student ID#	_____	Household Cd	_____
Start Date	_____	Homeroom	_____
Grade Level	_____	Counselor	_____
Data Entered By	_____	Date	_____

-- PART I --

Student Information

Please fill in the information below as it appears on the student's birth certificate

First Name: Middle Name: Last Name: Suffix:

Primary Household Address

Address Information

Residential 911 Street Address (Required)

House/Building # Street Name Apt #
City State Zip

Mailing Address (if different)

House/Building/PO# Street Name Apt #
City State Zip

Daycare Transportation

your child need transportation to and from a daycare provider within the North Colonie CSD?
TE: Agreement to provide transportation to and from daycare is contingent upon availability.)

Yes No

TE: If "Yes", a separate request for daycare transportation must be submitted directly to the Transportation Department. Forms are available from the Registrar, or may be submitted online at www.northcolonie.org/transportation }

Support Services

your child received special education service(s) or accommodation(s) through an:

Individual Education Plan (IEP)? Yes No

Section 504 Plan Only? Yes No

(Please print neatly and complete all information)

-- PART II --

Household Information (Please read carefully and answer all sections.)

Primary Household Information (non-custodial parent/guardian information is entered on a different form)

Parent/Guardian/Person in Parental Relationship Information (living at Primary Household)

First parent/guardian

Relationship to student:

First Name:

Last Name:

Suffix

Home Phone#:

Cell#:

Work#:

Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.

Second parent/guardian: (living at Primary Household)

Note: If second parent/guardian does not live with the child, do not complete this section.

Relationship to student:

First Name:

Last Name:

Suffix

Call Phone#:

Work#:

Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.

I agree that all information answered above is accurate and acknowledge that false information may result in denial of admission or revocation.

Parent/Guardian Signature: _____

Date: _____ / _____ / _____
(mm) (dd) (yyyy)

You may either e-mail this complete form to the Central Registrar of the North Colombie CSD or print this completed form and bring it with you to your registration appointment with the Central Registrar of the North Colombie CSD.

(please note, if you e-mail the form, you will still need to set up an appointment to meet with the Central Registrar of the North Colombie CSD to complete the registration of your child.)

North Colonie Central School District

91 Fiddlers Lane
Latham, NY 12110

Pupil Demographic Information

(Please print neatly and complete all information)

For School Use ONLY - to be completed by office personnel only.

Registrar's Init.	_____	School Attend	_____
Student ID#	_____	Household Cd	_____
Start Date	_____	Homeroom	_____
Grade Level	_____	Counselor	_____
Data Entered By	_____	Date	_____

-- PART I --

Student Information

Please fill in the information below as it appears on the student's birth certificate

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	Suffix	<input type="text"/>
Date of Birth	<input type="text"/>	Nickname:	<input type="text"/>	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	
Place of Birth:	City <input type="text"/>	State/Province	<input type="text"/>	Nation:	<input type="text"/>		
OFFICE USE ONLY: U.S. C BC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

Race/Ethnicity Category:

Please answer questions (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

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 (V) 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 people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN: A person having origins in any of the the Black racial groups of Africa.
- WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

(Please print neatly and complete all information)

Living Arrangements: (Please check only one.)

- in permanent housing
- in a shelter
- in a hotel/motel
- in a car, park, bus, train, or campsite
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as a "doubled-up")
- Other temporary living situation (Please describe):

Immigration data:

Has the student emigrated from another country into the U.S.? Yes No

First day in U.S. schools (continuous enrollment)

Support Services

Primary language spoken at home (list only one):

Has your child been identified as Limited English Proficient or ever received English as a Second Language services? Yes No

Is the student the child of migrant workers? Yes No

Is the student in Foster Care? Yes No

Is the student a child of a parent or guardian who is a member of the Armed Forces and on full-time Active Duty? (Army, Navy, Air Force, Marine Corps, Coast Guard or full-time National Guard) Yes No

Demographic information (page 3)
(Please print neatly and complete all information)

Student Name: _____

--- PART II ---

Household Information (Please read carefully and answer all sections.)

Primary Household Information (non-custodial parent/guardian information entered on page 4)

Parent/Guardian Information (living at Primary Household)

First parent/guardian	
Relationship to student:	<input type="text"/>
First Name:	<input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/>
Do you have legal custody of the student being registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have primary physical/residential custody of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If second parent/guardian does not live with the child, do not complete this section; instead, enter this information on page 4.

Second parent/guardian: (living at Primary Household)	
Relationship to student:	<input type="text"/>
First Name:	<input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/>
Do you have legal custody of the student being registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have primary physical/residential custody of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sibling Information (Birth through Grade 12) (If you need more space, please attach an additional sheet of paper.)

Sibling #1 Name:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	<input type="text"/>
Grade Level:	<input type="text"/>	School to Attend:	<input type="text"/>	Student ID#:	<input type="text"/>
Sibling #2 Name:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	<input type="text"/>
Grade Level:	<input type="text"/>	School to Attend:	<input type="text"/>	Student ID#:	<input type="text"/>
Sibling #3 Name:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	<input type="text"/>
Grade Level:	<input type="text"/>	School to Attend:	<input type="text"/>	Student ID#:	<input type="text"/>

(Please print neatly and complete all information)

Secondary Household Information (if applicable)

Parent/Guardian Information (NOT living at Primary Household)

Can pick up student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (court order must be provided)	Relationship to student:	_____	
First Name:	_____	Last Name:	_____	Suffix <input type="checkbox"/>	
Home Phone#:	_____	Cell#:	_____	Work#:	_____

Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.

Address Information

House/Building/PO#	_____	Street Name	_____	Apt #	_____
City	_____	State	_____	Zip	_____

School Information

Has the student attended a North Colonie CSD public school before? Yes No

If yes, what year? _____ If yes, what school did they attend? _____

School transferring from: _____

School Address: _____

Date first entered 9th Grade: (High School students ONLY) _____

Reason for leaving: _____

Has the student ever been expelled from school? Yes No

If yes, please give details: _____

NOTE: When a family moves from the district, a student's academic records will be forwarded to the new school upon request. Transcripts of courses and grades earned will be sent to any college or employer where your child has filed an application. Transfer of other records and student data, however, requires written parent/guardian permission.

I agree that all information answered above is accurate and acknowledge that false information may result in denial of admission or revocation.

Parent/Guardian Signature: _____ Date: _____ / _____ / _____
(mm) (dd) (yyyy)

You may either e-mail this complete form to the Central Registrar of the North Colonie CSD or print this completed form and bring it with you to your registration appointment with the Central Registrar of the North Colonie CSD.

(Please note, if you e-mail the form, you will still need to set up an appointment to meet with the Central Registrar of the North Colonie CSD to complete the registration of your child.)

North Colonie Schools Transportation Department

Non-Public School Grades K-12 Annual Transportation Request Form

This form must be completed and submitted to the North Colonie Trans Dept.

EACH YEAR by April 1. This form may also be completed online at our district website.

Today's Date: ____/____/____

School: _____ School Year: _____

Student #1: Last Name, First Name, Grade: _____

Student #2: Last Name, First Name, Grade: _____

Student #3: Last Name, First Name, Grade: _____

NOTE: If this is a new school for your child, you must contact our District Registrar (518-785-8591, ext 3135), to register your child as attending this new school. New Kindergarten students must also register to present proof of age. Kindergarten students must be 5 years old before December 1 to be eligible for transportation.

Address: _____

City, State, Zip Code: _____

Home Phone: _____

School Attended Last Year: _____

Contact Information

Mother's Last Name, First Name: _____

Cell#: _____ Work #: _____

E-Mail: _____

Fathers Last Name, First Name: _____

Cell #: _____ Work #: _____

E-Mail Address: _____

Please Schedule My (K-12) Child for Transportation: AM Only: _____
PM Only: _____
Both AM & PM: _____

Students may be picked up or dropped off at approved child care locations per the stipulations on the reverse of this form.

Daycare Information (If Applicable):

AM Pick Up Address: _____

PM Drop Off Address: _____

Daycare Provider Name: _____

Daycare Provider Phone: _____

Additional Comments/Notes:

I have read and understand the "information for parents of non-public school students" on the reverse of this form.

Parent/Guardian Signature _____ Today's Date ____/____/____
Send this form to the Transportation Department. Do NOT send this to your child's school.
445 Watervliet-Shaker Rd
Latham, NY 12110
Tel: 518-785-9486, ext 1 Fax: 518-783-8879
email: nccstrans@ncolonie.org

