Dear Parent/Guardian,

Welcome to the Cairo-Durham Central School District. To register a student in our school district, we require the documentation listed below with the attached forms filled out in their entirety. Registration will take place at the District Registrar's office by appointment only located at:

Registrar's Office
(Located in the High School Guidance Department)
Cairo-Durham High School
1301 Rt. 145, Cairo, NY 12413
Phone: (518) 622-8543 ext. 56010 Fax: (518) 622-8856
registration@cairodurham.org

1. Proof of Residency - The following forms of documentary evidence will be considered, they must contain the parents/guardians name & physical address and be dated within the previous 30 days.
   - Deed or lease to house or apartment;
   - A statement by a third-party landlord, owner or tenant from whom the parents/guardians lease from or live with (either sworn or unsworn);
   - Such other statements by a third party establishing the physical presence of the parents/guardians in the school district;
   - Pay Stub;
   - Income tax form;
   - Utility bill i.e., gas, oil, electric, telephone, cable;
   - Membership documents such as library cards-based upon residency;
   - Voter registration document;
   - Official driver’s license, learner’s permit or non-driver ID;
   - State or other government issued ID.

2. Proof of Age of Student -
   - A certified copy of your child’s birth certificate or baptismal record or, if those documents are unavailable, a passport. In the absence of the foregoing records, the District will consider the following documents, so long as such documents have been in existence for at least two (2) years:
     - Official driver’s license;
     - State or other government issued identification;
     - School photo identification with date of birth;
     - Consulate identification card;
     - Hospital or health records;
     - Military dependent identification card;
     - Documents issued by federal, state, or local agencies;
     - Court orders or other court-issued documents;
     - Native American tribal documents;
     - Records from non-profit international aid agencies and voluntary agencies.

3. Immunization Record & Health Certificate Appraisal Form
   (signed by physician or clinic staff)

4. Picture ID of Parent/Guardian Registering Student.

Please take the time to review and fill out all the necessary forms and bring them with you when you register. Having all papers with you and carefully filled out will move the process along greatly.
Cairo-Durham Central School District
Registration Form

Check School Registering For:

<table>
<thead>
<tr>
<th>( ) Elementary School</th>
<th>( ) Middle School</th>
<th>( ) High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten-5th Grade</td>
<td>6th-8th Grade</td>
<td>9th-12th Grade</td>
</tr>
</tbody>
</table>

Student's Legal Name:

Last       First       Middle

Date of Birth: ________________    Age: ________________    Sex: ( ) Male ( ) Female

Grade: ________________    Year Student First Entered 9th Grade: ________________

Physical Address: ____________________________________________________________

Mailing Address: _____________________________________________________________

Father's Name: _____________________________________________________________

Home # ________________    Cell # ________________    Work # ________________

Mother's Name: _____________________________________________________________

Home # ________________    Cell # ________________    Work # ________________

Marital Status of Parents: ( ) Married    ( ) Separated    ( ) Divorced    ( ) Never Married

Student's Legal Guardian is: ( ) Mother & Father    ( ) Father    ( ) Mother    ( ) Other

If other, please give name, telephone # and provide court documents.

Legal Guardian's Name: ________________________________________________________

Home # ________________    Cell # ________________    Work # ________________

Stepfather's Name: ___________________________________________________________

Step# ________________    Cell# ________________

Stepmother's Name: ___________________________________________________________

Step# ________________    Cell# ________________

Members of Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to Student</th>
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</thead>
<tbody>
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</tbody>
</table>

List Name & Phone Number of two adults that can be contacted in case of an emergency when you are not available:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Grade Last Attended: ________________________

Has student ever attended Cairo-Durham Central School District before? ( ) Yes ( ) No

If yes, when: ___________________________________________

Did Student Attend Pre K? ( ) Yes ( ) No If yes, Where: ___________________________________________

Is this student living in a foster home? ( ) Yes ( ) No

If yes, what is the student's home school district? ___________________________________________

Name of Foster Agency: ___________________________________________

*If the student is currently living in foster care, all forms must be completed and signed by the student's case worker. Foster parents are not permitted to register students.

For Office Use Only

Use the questionnaire attached to determine if this student is being identified as homeless as defined by the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act?

( ) Yes ( ) No If yes, please complete the attached affidavit.
NOTE TO SCHOOLS/LOCAL EDUCATIONAL AGENCIES: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is NOT required to submit proof of residency and other required documents that may be part of the registration packet.

Enrollment Form - Residency Questionnaire

Name of Local Educational Agency: ________________________________

Name of School: Cairo Durham Central School District

Name of Student: ____________________________________________

Last First Middle

Date of Birth: ____________________________ Gender: ( ) Female ( ) Male

Grade: ____________________________ Student ID#

Address: _______________________________________________

Home Phone: _______________________________ Cell Phone: __________

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please 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 campground
☐ Other temporary living situation (Please describe): ___________________________________
☐ In permanent housing

Print name of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Signature of Parent, Guardian or Student
(for unaccompanied homeless youth)

Date

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student’s educational records, including immunization records, and the enrolling district’s LEA liaison must help the student get any other necessary documents or immunizations.
Medical & Social History
Is your child on any regular medication? ( ) Yes ( ) No
What? __________________________________________
Why? __________________________________________

Prescribing Physician: _____________________________

Date of last Physical? ______________________________

Physician who performed Physical? ______________________

Has your child been examined by a Specialist? ( ) Yes ( ) No
If yes, please indicate which:
  Family Doctor _____  Pediatrician _____  Ophthalmologist _____
  Optometrist _____    Psychologist _____  Psychiatrist _____
  Speech Clinic _____  Other: ________________________________

High Fever? ( ) Yes ( ) No  When? ______________________  Why? __________________
Seizures? ( ) Yes ( ) No  When? ______________________  Why? __________________

Has your child had a serious illness or hospitalization? Yes or No  If yes, please explain:
___________________________________________________________________________
___________________________________________________________________________

Frequent:
Colds ( ) Yes ( ) No  Earaches ( ) Yes ( ) No
ENT Surgery ( ) Yes ( ) No  Sore Throat ( ) Yes ( ) No
Hearing Difficulty ( ) Yes ( ) No
Accidents: (Example – Stitches, Fractures, Surgery)

Does your child have any known allergies?  ( ) Yes  ( ) No
(For example: medications, latex, bee stings, peanuts)
If yes, please identify allergy and reaction exhibited:

<table>
<thead>
<tr>
<th>Family Physician</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dentist</td>
<td>Phone</td>
<td>Address</td>
</tr>
</tbody>
</table>

Family allergies?  ( ) Yes  ( ) No
Who?
What?

Chronic Family Illness?  ( ) Yes  ( ) No
Who?
What?

How many homes has the student lived in?

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Age of Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Has there been a recent event which may impact your child? ( ) Yes ( ) No If yes, please explain:

Do you think there is any given reason why your child would have difficulty in school? ( ) Yes ( ) No If yes, please explain:

Briefly tell us about your child’s personality:

**Important**

Under public health law 2164, no child may be admitted to school in New York State unless they can show proof of having been immunized against the communicable diseases of: Polio Myelitis, Mumps, Measles, Diphtheria, rubella, Hepatitis B and Varicella. It is the responsibility of the parents to furnish such proof of immunizations to the admitting school within 14 days of initial entry.

---

Parent/Guardian Signature

Date
Cairo-Durham Central School District

Cairo-Durham District Office
PO Box 780
424 Main Street
Cairo, NY 12413
Phone: 518-622-8534
Fax: 518-622-9566

Cairo-Durham Elementary School
PO Box 1090
424 Main Street
Cairo, NY 12413
Phone: 518-622-3231
Fax: 518-622-9060

Cairo-Durham Middle School
PO Box 1139
1301 Rt. 145
Cairo, NY 12413
Phone: 518-622-0490
Fax: 518-622-0493

Cairo-Durham High School
PO Box 598
1301 Rt. 145
Cairo, NY 12413
Phone: 518-622-8543
Fax: 518-622-8856

AUTHORIZATION FOR RELEASE OF INFORMATION

The following student has registered in our school. Please send all records including:

* Academic Information
* Health and Attendance Records
* 504 Reports
* CSE/Psychological Records
* Birth Certificate
* Custody Information
* Suspension Records

Student: ________________________________

Grade: ___________ Date of Birth: ________________________________

Previous School: ________________________________

Address: __________________________________________

City: __________________ State: ___________ Zip: _________________

Phone: __________________ Fax: __________________

Please send records to the appropriate school as marked below:

_____ Cairo-Durham Elementary School

_____ Cairo Durham Middle School

_____ Cairo-Durham High School

I hereby grant permission for the release of the requested records:

_________________________________________  ________________
Signature of Parent/Guardian                  Date

In accordance with the Family Education Rights and Privacy Act, this is authorization to release a copy of student records (including complete transcripts of the school record, standardized test results, health records and psychological reports).
Cairo-Durham Central School District  
Transportation Department  
Request for Transportation

Please check which school your child needs transportation to/from:  
( ) C-D Elementary School  ( ) C-D Middle School  ( ) C-D High School

Student Name:  
Date of Birth:   
Gender: ( ) Female ( ) Male  Grade:  

Father’s Name:  
Home #  
Cell #  
Work #  

Mother’s Name:  
Home #  
Cell #  
Work #  

Mailing Address:  

Physical Address:  

Bus Pick Up Location:  
Please Describe: i.e., exact street address, color of house, etc.

AM Pickup:  

PM Drop-off:  

Do you plan to send your student to a babysitter on a regular basis?  ( ) Yes  ( ) No  
If yes, please provide and attach exact location and weekly schedule to this form.

For Emergency Purposes, it is important that the information being requested on this form be returned to the school your child is attending as soon as possible. If you have any questions or concerns, please contact the Transportation Dept at 622-2236.

Parent/Guardian Signature

Office Use Only:  
Student ID:  
Start Date:  
Bus Rt.  
AM Pick Up Time:  
PM Drop Off Time:  

(REV 12/12/16)
Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

<table>
<thead>
<tr>
<th>Home Language Questionnaire (HLQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please write clearly when completing this section.</td>
</tr>
<tr>
<td><strong>STUDENT NAME:</strong></td>
</tr>
<tr>
<td>First</td>
</tr>
<tr>
<td><strong>DATE OF BIRTH:</strong></td>
</tr>
<tr>
<td>Month</td>
</tr>
<tr>
<td><strong>PARENT/PERSON IN PARENTAL RELATION INFO:</strong></td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td><strong>HOME LANGUAGE CODE</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please check all that apply.)</td>
</tr>
<tr>
<td>1. What language(s) is(are) spoken in the student's home or residence?</td>
</tr>
</tbody>
</table>
| □ Do not know
| Specify |
| 2. What was the first language your child learned? | □ English | □ Other |
| □ Do not know |
| Specify |
| 3. What is the Home Language of each parent/guardian? | □ Mother | □ Father |
| □ Guardian(s) |
| □ Do not know |
| Specify |
| 4. What language(s) does your child understand? | □ English | □ Other |
| □ Do not know |
| Specify |
| 5. What language(s) does your child speak? | □ English | □ Other |
| □ Do not speak |
| Specify |
| 6. What language(s) does your child read? | □ English | □ Other |
| □ Do not read |
| Specify |
| 7. What language(s) does your child write? | □ English | □ Other |
| □ Do not write |
| Specify |

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

<table>
<thead>
<tr>
<th><strong>SCHOOL DISTRICT INFORMATION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>District Name (Number) &amp; School</td>
</tr>
<tr>
<td><strong>Student ID Number in NYS Student Information System:</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

ENGLISH
Home Language Questionnaire (HLQ)—Page Two

**Educational History**

8. Indicate the total number of years that your child has been enrolled in school ____________________________

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.
   - Yes*  No  Not sure  *If yes, please explain:

   How severe do you think these difficulties are?  □ Minor  □ Somewhat severe  □ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  □ No  □ Yes*  *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
   - □ No  □ Yes – Type of services received: ____________________________

   Age at which services received (Please check all that apply):
   - □ Birth to 3 years (Early Intervention)  □ 3 to 5 years (Special Education)  □ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  □ No  □ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school?

______________________________
Month:  Day:  Year:  Date

Signature of Parent or of Person in Parental Relation

Relationship to student: □ Mother  □ Father  □ Other: ____________________________

---

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

NAME: ____________________________  POSITION: ____________________________

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

---

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW**

NAME: ____________________________  POSITION: ____________________________

ORAL INTERVIEW NECESSARY: □ No  □ Yes

**DATE OF INDIVIDUAL INTERVIEW:**

MO  DAY  YR

OUTCOME OF INDIVIDUAL INTERVIEW:
   - □ ADMINISTER NYSITELL  □ ENGLISH PROFICIENT
   - □ REFER TO LANGUAGE PROFICIENCY TEAM

---

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

NAME: ____________________________  POSITION: ____________________________

DATE OF NYSITELL ADMINISTRATION:

MO  DAY  YR

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
   - □ ENTERING  □ EMERGING  □ TRANSITIONING  □ EXPANDING  □ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

---

ENGLISH
Cairo-Durham Central School District
Student Racial and Ethnic Identification

To Parent/Guardian:

As per Federal Regulations, Cairo-Durham CSD is required to collect and record the ethnic identity of our students in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as the move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions. Check each category which best describes your child. Cairo-Durham CSD understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Confidentiality Procedures and Regulations:
To School Staff: This form will be filed in the student’s permanent record as confidential information.
To Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

______________________________
Name of School: (Please check one)
( ) Cairo-Durham Elementary School ( ) Cairo-Durham Middle School ( ) Cairo-Durham High School
School District Student Identification Number: ___________________________ Date of Birth: ___________________________
Student Name (Last, First, Middle): ___________________________ Grade Level: ___________________________

Directions to Parent/Guardian: Please answer questions 1 and 2. Please read them before you respond.

(For question 1, check the box that best describes your child. Check only one box.)
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

(For question 2, check ALL groups that apply to your child. Check at least one box.)
2. Select one or more races from the following five racial groups
   □ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
   □ 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 Japan, 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: A person having origins in any of 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.

Parent/Guardian Signature: ___________________________________ Date: ________________
Relationship to Student: (Please check one) Mother ___ Father ___ Guardian ___ Other ___ (Specify)