



Grand Island Central School District Office

1100 Ransom Road
Grand Island, NY 14072
Phone: (716) 773-8800
Fax: (716) 773-8895

Grand Island District Transportation Office

2451 Baseline Road
Grand Island, NY 14072
Phone: (716) 773-8890
Fax: (716) 773-8992

WELCOME TO GRAND ISLAND CENTRAL SCHOOL DISTRICT

Committed to Educational Excellence!

All students living within the Grand Island Central School District, whether attending private or public school, must be registered with the District Office.

All required enrollment forms and related information are included in this registration packet. Forms are to be completed **prior** to registration and brought with you when you register your child.

You will need to bring the following information:

1. **Original Birth Certificate.** The original will be photocopied by our staff and returned to you immediately. (We cannot accept a Baptismal Certificate or Hospital Certificate.)
2. **Driver's License** – For photo proof only.
3. **Proof of Residency** – A primary and a secondary form of proof are required. Please see “Proof of Residency List” for acceptable forms.
4. In the case of divorce and separation, custody papers **MUST** be on file with the school district.
5. If you have been awarded guardianship of a child, we require these legal papers for registration.

Once all of these materials are complete, contact the District Office. Registration is by appointment only. Please call (716) 773-8800 Extension 0 to schedule.



CENTRAL REGISTRATION PACKET CHECKLIST

Student Name: _____

Date of Registration: _____

Expected Start Date: _____

- Residency Questionnaire
- Registration Form
- Race/Ethnicity Identification (Letter and Form)
- Original Birth Certificate
- If not a US Citizen, passport, and/or VISA to verify length of stay
- Photo Identification of registering parent/guardian
- Proof of Residency (*see next page*)
- Proof of Rental Residency (*must be completed only if applicable*)
- Proof of custody (if not living with both biological parents)
- Directory Information Opt Out Request (*completed if applicable*)

Once all of these materials are complete, contact the District Office. Registration is by appointment only. Please call (716) 773-8800 Extension 0 to schedule.

Grand Island Central School District

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of Local Educational Agency (LEA): _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
Female Month Day Year (preschool-12) (optional)

Address: _____ 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.

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 campsite
- 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

GRAND ISLAND CENTRAL SCHOOL DISTRICT

PROOF OF RESIDENCY LIST

It will be necessary for you to provide *one* form of Primary Proof and at least *one* form of Secondary Proof.

Acceptable Primary Forms of Proof:

1. Current year residential tax bill (with STAR Rebate) for approved residential real property within the District in the name of the parent or Legal Guardian.
2. Notarized Lease Agreement and rental receipt in the name of a parent or Legal Guardian for improved residential real property within the District. Must include name, address and telephone number of landlord for verification purposes.
3. Residential mortgage statement instrument or Legal statement showing “intent to purchase” in the name of a parent or Legal Guardian which describes real property with a residential address within the District.

Acceptable Secondary Forms of Proof:

1. Utility bill (electricity, land line telephone, water/sewer or natural gas or propane) for service at a residential address within the District being billed in the name of a parent or Legal Guardian.
2. Utility company (electricity, land line telephone, water/sewer or natural gas or propane) letter to indicate service scheduled to begin within thirty (30) days at a residential address within the District being billed in the name of a parent or Legal Guardian.
3. Bank statement in the name of a parent or Legal Guardian, addressed to a residential address within the District.
4. U.S. Postal Service verification of change of address to a residential address within the district, in the name of a parent or Legal Guardian.
5. Federal or NYS income tax documentation with preprinted name and address such as a W-2 Form, preprinted label from government or an income tax return with preprinted label. Documentation must be addressed in the name of a parent or Legal Guardian and addressed to a residential address within the District.
6. A certificate of occupancy for residential real estate for real property within the District addressed and/or issued in the name of a parent or Legal Guardian.
7. A policy binder of homeowners or residential renters insurance for residential real property within the District addressed and/or issued in the name of a parent or Legal Guardian.



PROOF OF RENTAL RESIDENCY (if applicable)

“New York State Law provides that a pupil’s legal school residency is at the legal residency of his/her parents or legal guardian. The payment of taxes alone does not necessarily make the person a legal resident of that district.”

This is to affirm that _____, Parent/legal guardian of _____
resides in the Grand Island Central School District at:

_____ Grand Island, NY 14072
Number and Street Apt. #

As a means of offering proof of the above, the following documentation (check two) is presented herewith:
*One proof of residency must be ownership or rental agreement

- Insurance – Homeowners/Renters
- Rental Contract *
- Sales Contract
- Cable Bill/Letter
- Tax Bill/Letter
- Electric/Gas Bill/Letter
- Landline Phone Bill/Letter
- Other: _____

Landlords Name Phone Number

I _____ understand that if any of the above is
(Renter Signature)
falsely stated, the status of the above pupil as a student in the Grand Island Central School District shall be terminated.

Sworn to before me this _____

Day of _____, 20_____

NOTARY PUBLIC

For District Office use only:

School Witness to Documentation Presented

Accepted
 Not Accepted

(Signature) (Date)

Today's Date: _____

Grand Island Central School District New Student Registration

Student's Legal Name _____
Last Name, Suffix (ie Jr) _____ First Name _____ Middle Name _____ Nickname _____

Date of Birth _____
MM/DD/YYYY _____ Place of Birth _____
City, State _____

Grade _____ Male Female
Date of Arrival in U.S. _____
First Day of Enrollment _____

Last School Attended _____
Address _____

City, State, Zip _____

Has the Student Ever attended Grand Island Central Schools before?

Yes or No
If "Yes", provide school, grade and year: _____

Student Residence #1 (Primary) _____ HOUSEHOLD LAST NAME: _____

Home Phone Number _____ Effective Date _____

Residence Address _____
Number _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____

Mailing (if different) _____
Number _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____

(If the student is a member of an additional household, please complete the following)

Student Residence #2 (Secondary) _____ HOUSEHOLD LAST NAME: _____

Home Phone Number _____ Effective Date _____

Residence Address _____
Number _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____

Mailing (if different) _____
Number _____ Street _____ Apt/Lot _____ City _____ State _____ Zip _____

Office Use Only	
Date Enrolled	_____
Student#	_____
School	_____
Grade	_____
Room	_____
Counselor	_____
Bus	_____
Zone	_____
Date Registered	_____
Proof of Residency	_____
Birth Certificate	_____
Custody Papers	_____
Shot Records	_____
Registered By	_____
Enrolled By	_____
Date	_____

Student Relationships and Contacts

	Last Name	Suffix (ie Jr, III)	First Name	Middle Name	Home Phone	Cell Phone	Work Phone	Lives with Student	Allowed to Pick up Student	Receive Mailings	
1 <small>(Parent/ Guardian)</small>	Parent/Guardian Relationship to Student										
	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____										
	Email Address _____				Gender						
					M / F						
Street Address _____											
City, State, Zip _____											
Mailing Address (if different from Street Address) _____											
City, State, Zip _____											
2 <small>(Parent/ Guardian)</small>	Parent/Guardian Relationship to Student										
	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____										
	Email Address _____				Gender						
					M / F						
Street Address _____											
City, State, Zip _____											
Mailing Address (if different from Street Address) _____											
City, State, Zip _____											
3	Contact Relationship to Student										
	<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____										
	Email Address _____				Gender						
					M / F						
Street Address _____											
City, State, Zip _____											
Mailing Address (if different from Street Address) _____											
City, State, Zip _____											
4	Contact Relationship to Student										
	<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____										
	Email Address _____				Gender						
					M / F						
Street Address _____											
City, State, Zip _____											
Mailing Address (if different from Street Address) _____											
City, State, Zip _____											

Please List Siblings or Other Children Living in Household

Last Name	First Name	Middle Name	Birthdate MM/DD/YYYY	Gender	Grade	Relationship to Student	School Attending

Parent/Guardian Signature _____ Date _____



**Grand Island Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

To the Parent/Guardian:

The *Grand Island Central School District* has adopted a procedure which requires the collection and recording of the ethnic identity of students in the *Grand Island Central School District* 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.
- 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 on the next page. Put a check in the box for the category or categories which best describe your child. The *Grand Island Central School District* 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 the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Education 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



Grand Island Central School District STUDENT RACIAL AND ETHNIC IDENTIFICATION

FORM
SREI

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.

English Only

Name of School: _____

School District Student Identification Number: _____

Date of Birth (Month/Day/Year):
/ /

Student Name: Last, First, Middle Initial: _____

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

2. Select one or more races from the following five racial groups [For question (2) Check (√) 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 peoples of North America 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

Signature of Parent/Guardian/Other _____

Date _____

Relationship to Student (please check one box below):

Mother Father Guardian Other (Specify): _____



Grand Island Central School District

1100 Ransom Road, Grand Island, NY 14072
(716) 773-8800 Fax: (716) 773-6279
www.grandislandschools.org

August, 2016

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Educational records subject to this protection include all academic, attendance, health, guidance and special service reports. FERPA requires schools to inform parents and students annually of these rights, such as by this notice for the current school year. Under FERPA, parents and students over 18 years of age ("eligible students") have the following rights:

- (1) Parents and eligible students have the right to inspect and review the student's educational records within 45 days from the date in which the school receives a request for access.**

Parents or eligible students who wish to review their records should submit a written request that identifies the record(s) they wish to inspect to the school principal or other appropriate "school official." A "school official" is a person employed by the district as an administrator, supervisor, instructor or support staff (including health or medical staff and law enforcement personnel), school board member, or a person or company with whom the district has contracted to perform a specific task (such as attorney, auditor, medical consultant, therapist or evaluator).

After processing the written request for inspection of a student's education records, the school official will make arrangements for the access and notify the parent or eligible student of the time and the place where the records may be inspected. A copy fee of \$0.25 per page may be charged provided that such fee does not effectively prevent parents or eligible students from exercising their rights to inspect and review these records.

- (2) Parents and eligible students have the right to request the amendment of the student's educational records that the parent or eligible student believes to be inaccurate, misleading or otherwise in violation of the student's privacy rights under FERPA.**

Parents or eligible students who seek to amend a record should submit a written request to the school principal which clearly identifies the part of the record they want changed, and why it is incorrect or misleading. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing and their right to file a complaint with the Family Policy Compliance Office at the U.S. Department of Education. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

Please note that the school is not required to consider requests for amendment under FERPA that: (1) seek to change a grade or disciplinary decision; (2) seek to change opinions or reflections of a school official or other person reflected in an education record; or (3) seek to change a determination with respect to a child's status under special education programs.

- (3) Parents and eligible students have the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without their consent.**

Generally, schools must have written permission/consent from the parent or eligible student in order to release any information from a student's education records. However, FERPA allows schools to disclose records, *without consent*, to the following parties or under the following conditions:

- to a school official with a legitimate educational interest (i.e., the official needs the record to fulfill his or her professional responsibility);
- to another school district to which the student seeks or intends to enroll;

- to specified officials for audit or evaluation purposes;
- to appropriate parties in connection with financial aid to a student;
- to organizations conducting certain studies on behalf of the school;
- to accrediting organizations;
- to comply with a judicial order or lawfully issued subpoena;
- to appropriate officials in cases of health and safety emergencies; and
- to state and local authorities, within the juvenile justice system, pursuant to specific State law.

In addition, schools are also permitted to release information, without prior written consent of the parents or eligible student, which has been appropriately designated as "directory information" by the district. Grand Island Central School District has designated the following information as "directory information":

- student's name
- address
- telephone listing
- participation in officially recognized activities and sports
- weight and height of members of athletic teams
- photograph
- degrees, honors and awards received
- date and place of birth
- grade level
- enrollment status
- the school most recently previously attended if not Grand Island

NOTE: Specific examples include honor roll, merit roll, annual yearbook, playbills and graduation programs.

Photo/directory information, which is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) such as Grand Island Central School District to provide military recruiters, upon request, with three photo/directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Grand Island Central School District to disclose "photo/directory information" from your child's education records, you must notify the building principal in writing that you do not want "photo/directory information" disclosed. The written notice to the principal about photo/directory information must be received no later than 14 days after the date of publication of the notice (or within 15 days of newly enrolling in the district). A notice is provided below.

(4) Parents and eligible students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the Grand Island Central School District to comply with the requirements of FERPA.

The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
 U.S. Department of Education
 400 Maryland Avenue, SW
 Washington, DC 20202-5920

Additional information on local school policy may be obtained from building principals or Pupil Services at Grand Island Central School District, 1100 Ransom Road, Grand Island, New York 14072.

Sincerely,



Brian Graham, Ed.D.
 Superintendent of Schools

GRAND ISLAND CENTRAL SCHOOL DISTRICT

PHOTO/DIRECTORY INFORMATION

OPT OUT REQUEST

I am exercising my rights under the Family Educational Rights and Privacy Act, to hereby request that all photo/directory information (see sample list attached to this form) of my child not be released. ***We acknowledge that such photo/directory information will not be published* in any form including District publications, such as playbills, yearbooks, websites, newsletters, newspapers, etc.***

Print name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Signature of student (if 18 or older): _____

Name of student(s) and School(s): _____

NOTE: Please list the first and last name of each student for whom you are authorizing to opt-out of the district photo/directory information.

Please return this form to the following address:

**Central Office Registration
Grand Island Central School District
1100 Ransom Road
Grand Island, NY 14072**

If you have any questions, please call 773-8800.

**Please note that we are acknowledging that this directory information, regarding your child, WILL NOT be published in any form.*