

Pulaski Academy & Central School District

Lura M. Sharp Elementary School

Pulaski Middle-Senior High School

Student Records Release Authorization

Previous School:

Name of School

Phone Number

Address of School

Fax Number

City

State

Zip

The following student(s) is (are) now enrolling in our school:

Student Name(s)

Grade

Birth Date

Would you please send the following records:

- Academic
(report cards/progress reports,
transcript, attendance, discipline)
- Exit Grades
- Science Labs
- NYS Assessments
- Health Records
- Psychological
- Special Education
- Birth Certificate
- Custody Paperwork

Grades K-5 - Forward the records to:

Lura Sharp Elementary School

Attn: Elementary Office

2 Hinman Road

Pulaski, NY 13142

Phone: (315) 298-2412 Fax: (315) 298-7464

Grades 6-12 - Forward the records to:

Pulaski Academy & Central School District

Attn: Laura Nellis, Registrar

4624 Salina Street

Pulaski, NY 13142

Phone: (315) 298-5103 Fax: (315) 298-2371

I am the Parent Legal Guardian D.S.S. Caseworker of the above student(s)

I give my permission to send the above records to Pulaski Academy & Central School District

Date

Signature

PULASKI ACADEMY & CENTRAL SCHOOL DISTRICT

Annual Student Information Verification Form

(To be updated by a Parent or Guardian)

Please review the current information on file for your child. Update and complete all information and sign where appropriate.

Return this document to your child's school as soon as possible.

Legal Name of Pupil: _____
(As appears on birth certificate) Last First Middle

Date of Birth: ___/___/___ Age _____ Gender _____

Student Address: _____ Please check if this address is temporary

Mailing Address: _____ Please check if your student receives special education services

Most recent Legal Custody Papers or Court Order of Protection on file in the district? Yes / No

Contact Information:

The Schooltool Parent Portal provides parents and guardians access to assignments, grades and attendance information. To receive access, you must provide a valid email address and receive mail regarding the child. School Messenger refers to our parent automated phone call and email notification system.

Parent/Guardian: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
First Emergency Contact: Yes / No Receives Email: Yes / No

Address: _____ Mailing Address: _____

Employer _____ Home Phone: _____ Call Order 1 2 3 SchoolMessenger Yes / No
Email: _____ Cell Phone: _____ 1 2 3 Yes / No
Work Phone: _____ 1 2 3 Yes / No

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Parent/Guardian: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
First Emergency Contact: Yes / No Receives Email: Yes / No

Address: _____ Mailing Address: _____

Employer _____ Home Phone: _____ Call Order 1 2 3 SchoolMessenger Yes / No
Email: _____ Cell Phone: _____ 1 2 3 Yes / No
Work Phone: _____ 1 2 3 Yes / No

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Emergency Contacts / Permission to pick up

The following people may be contacted in an emergency situation if parents/guardian are unavailable, and will have permission to pick up your child if you cannot be reached.

Emergency Contact Name:

Relationship to Student: _____

Can Pick Up: Yes / No

Address: _____

Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No

Cell Phone: _____ 1 2 3 Yes / No

Work Phone: _____ 1 2 3 Yes / No

Email: _____

Emergency Contact Name:

Relationship to Student: _____

Can Pick Up: Yes / No

Address: _____

Home Phone: _____ Call Order SchoolMessenger
1 2 3 Yes / No

Cell Phone: _____ 1 2 3 Yes / No

Work Phone: _____ 1 2 3 Yes / No

Email: _____

Permission to pick up:

In addition to emergency contacts, the following people also have permission to pick up my child.

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

ELEMENTARY ONLY

Emergency Closing:

In case school closes early for an emergency, (NOT for a scheduled 12:15 dismissal), my child:

_____ is to ride his/her regular PM bus to normal drop-off

_____ is to be transported on Bus # _____ to: Name _____

Address: _____ Telephone: _____

****** Sorry we are UNABLE to make individual calls in the event of emergency dismissal ******

Scheduled 12:15 Dismissals:

For scheduled 12:15 Dismissals, my child:

_____ is to ride his/her regular PM bus to normal drop-off

_____ is to be transported on Bus # _____ to: Name _____

Address: _____ Telephone: _____

****** This is NOT for Emergency dismissals (See Above) ******

Other Information

Do you have any children in your household that have not reached school age? Yes / No

Name	Date of Birth	Gender
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Parental Opt-Out:

_____ I do not want my child's photograph, artwork, or film footage released by Pulaski Academy & Central School District

_____ I do not want my child's directory information released

Paperless Correspondence Opt-In:

_____ I wish to receive my student's progress reports/report cards electronically via Parent Portal.

_____ I have reviewed my email address on this form and verify that it is correct.

Notes:

Affirmation: I, the undersigned, affirm that the above information is true and correct and that I am the custodial parent or legal guardian of the child named above and that I understand that it is my responsibility to notify the school of any changes.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student Confidential Health Update

Legal Name of Pupil: _____
(As appears on birth certificate) Last First Middle

Date of Birth: ____/____/____ Age _____ Gender _____

Student's Physician: _____ Student's Dentist: _____

May we call a local doctor in an emergency? Yes / No

Please answer YES or NO to each of the following questions about your child:

In the past year:

- | | |
|---|----------|
| 1. Any injuries? | Yes / No |
| 2. Any illness lasting more than one week? | Yes / No |
| 3. Passed out, been knocked out or diagnosed with concussion? | Yes / No |
| 4. Had any fractures or dislocations? | Yes / No |

Medical History:

- | | |
|--|----------|
| 1. Presently receiving medical care for any condition? | Yes / No |
| 2. Had an operation or been hospitalized overnight? | Yes / No |
| 3. Have bleeding tendencies? | Yes / No |
| 4. Have diabetes? | Yes / No |
| 5. Have any hearing difficulty, ear surgery? | Yes / No |
| 6. Have difficulty breathing, tuberculosis, asthma, wheezing? | Yes / No |
| 7. Have any heart disease, heart murmur, heart surgery? | Yes / No |
| 8. Have any convulsive disorder, seizures, epilepsy? | Yes / No |
| 9. Have any kidney disease, absence or loss of kidney or function? | Yes / No |

If you have answered YES to any of the above questions, please explain:

Allergies:

____ Food ____ Insects ____ Animals ____ Environmental ____ Medication ____ Other

Please state what student is allergic to and how she/he reacts: _____

Does medication need to be available in school for this allergy? Yes / No

If Yes, name of medication: _____

Medicine:

Is your child currently taking any medication? Yes / No

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

If medication needs to be dispensed in school, please complete the **Authorization for administration of medication in school** form found on our website or from the school nurse.

Student Confidential Health Update Continued

Is there anything else concerning the health of your child which the school should know about in order to maintain the health, safety and well-being of your child? _____

Note: Health information will be shared in confidence with school administration and when appropriate with teachers and staff. Health information will also be shared with emergency response personnel when necessary.

Affirmation: I, the undersigned, affirm that I am the custodial parent or legal guardian of the student named, that the above information is true and correct, and that I understand that it is my responsibility to notify the school of any changes.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

2 Hinman Road

Pulaski, New York 13142-2201

Telephone: (315) 298-5188 Fax: (315) 298-4390

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

The information and answers you provide below will help the district determine what services you or your child may be eligible 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 documentation normally needed, such as proof of residency, school records, physical/immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Name of Student: _____
 First Middle Last

Gender: Male Female Date of Birth: _____ Grade: _____

Name of School Building (circle one): Lura Sharp Elementary Pulaski Middle School Pulaski High School

New/Current Address: _____

Name of Former LEA/School attended: _____

Former address: _____

Where is the student currently living? (please check one)

Permanent housing (own home, rental w/lease)

If any of the below pertain to you, please also complete the attached form – lines 7, 12 & 13.

With another family, family member or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

In a shelter In a hotel/motel In a camper/campground, car, park, bus, or train station

Other temporary living situation (please describe): _____

PRINT name of Parent, Guardian or Student

Signature of Parent, Guardian or Student

Signature of LEA Homeless Liaison

Date

STAC ID

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
STAC & Special Aids Unit
Room 514, Education Building
Albany, NY 12234

STAC-202
HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD 2. DATE OF BIRTH 3. GENDER

LAST NAME MO / DAY / YR M F

M.I.

FIRST NAME

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING

MONTH DAY YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN MONTH DAY YEAR

10. DATE PLACED IN PERMANENT HOUSING MONTH DAY YEAR

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP AREA CODE TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD DATE
IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE DATE

16. PLACEMENT COUNTY Local DSS use only AREA CODE TELEPHONE NUMBER

**LURA M. SHARP ELEMENTARY SCHOOL
UPK and KINDERGARTEN &
NEW STUDENT HEALTH INFORMATION**

Student's Last Name	First	Middle
Date of Birth	Place of Birth	Sex
Pediatrician/Physician		Classroom Teacher
Mother's Name		Father's Name

Is your child enrolled in the School Based Health Center? Yes or No

May we call a local doctor in an emergency? Yes or No

Please answer yes or no to each of the following questions about your child:

	YES	NO
Has your child:		
1. had any injuries in the past year?	___	___
2. had any illness lasting more than one week?	___	___
3. had an operation or been hospitalized overnight?	___	___
4. had any fractures or dislocations in the last 18 months?	___	___
5. ever passed out or been knocked out?	___	___
6. had any prior surgery?	___	___
7. had vision checked by a doctor or optometrist during past year?	___	___
8. had a dental check-up during the past year?	___	___
9. had a physical within the past year?	___	___
Does he/she:		
10. have any hearing difficulty or had ear surgery?	___	___
11. have tuberculosis, asthma, wheezing or difficulty breathing?	___	___
12. have any heart disease, heart murmur, heart surgery?	___	___
13. have any family members or relatives that died of heart problems or sudden death before age 50?	___	___
14. have any convulsive disorder, seizures, epilepsy?	___	___
15. have any kidney disease, absence or loss of kidney function?	___	___
16. have allergies? (please list, medication, bee sting, food, environmental...)	___	___
17. presently receive medical care for any condition?	___	___
18. have bleeding tendencies?	___	___
19. have diabetes?	___	___

If you have answered YES to any of the above questions, please explain:

Is your child taking any medication? If so, please fill in the requested information:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Do you grant permission to share information regarding this child's condition with other school personnel?

_____ Yes, I give permission to share medical information with school personnel as needed for the care of my child.

_____ No, I do NOT want this information shared with anyone.

Affirmation: I, the undersigned, affirm that I am the custodial parent or legal guardian of the student named, that the above information is true and correct, and that I understand that it is my responsibility to notify the school of any changes.

Parent/Guardian Signature

Date

If you have any additional information that you feel the school nurse should know or need to describe further any conditions mentioned above, please use space below.



Pulaski Academy and Central School

2 Hinman Road · Pulaski, New York 13142-2201 · (315) 298-5188 · Fax: (315) 298-4390

February 2017

Dear Parents:

Each year, the Department of Education provides over \$36 million in Impact Aid to school districts that serve the children of military and civilian employees. In order to receive this aid, school districts must gather registration data regarding the students enrolled in their district.

The information is gathered to determine eligibility for Impact Aid and pertains to any student whose mother, father or legal guardian is active duty military, **OR** a civilian working on a military post.

Completion of the survey need only be done by those individuals who meet the criteria noted above. Survey information can be returned in one of the following ways:

- 1) **In Person:** Complete the information below and send it back to school. Please put it in an envelope marked "Attention Laura Nellis" and have them drop it off in the high school office.
- 2) **By Mail:** Complete the information below and mail it back to school: Pulaski Academy & Central School District, Attention Laura Nellis, 6434 Salina Street, Pulaski, NY 13142.
- 3) **Email:** Laura Nellis at lnellis@pacs.cnyric.org with "military" in the subject line.

Parents/Legal Guardian Name: _____ Active Duty Civilian
(Please check one)

Custodial Students:

Name: _____ Grade: __

Name: _____ Grade: __

Name: _____ Grade: __

Name: _____ Grade: __

Name: _____ Grade: __

Parent/Legal Guardian Signature

Date

Pulaski Academy and Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION

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:

Student Identification Number: (To be filled in by School)

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 of Hispanic, Latino, or Spanish origin? Of Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central/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 the groups that apply to your child; check at least one box.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain 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, 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 OR AFRICAN AMERICAN: 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 below)

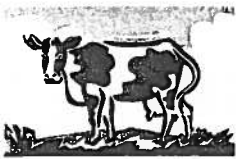
Mother Father Guardian Other (Specify) _____

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO' _____

In the last 3 years has a parent or guardian (or an older child) worked in agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES _____ NO _____



If you
YES to
above
family
for



can
BOTH of
questions,
MAY
Migrant



answer
the
your
qualify



Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____

Child's name _____ D.O.B. _____ Grade _____ Child's

name _____ D.O.B. _____ Grade _____ Parents/

Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

2016-17 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to *Pulaski School District, 2 Hinman Rd. Pulaski, NY 13142*. Call (315) 298-5188, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP or TANF Benefits:

if anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: Kristen Foland (315) 298-5188

Homeless Migrant Runaway *(Homeless Liaison/Migrant Education Coordinator)*

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____ Last Four Digits of Social Security Number: ***-**-____

Home Phone _____ Work Phone _____ Home Address _____

I do not have a SS#

DO NOT WRITE BELOW THIS LINE-- FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster
- Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
- Free Meals Reduced Price Meals Denied/Paid
- Signature of Reviewing Official _____ Date Notice Sent: _____