Dear Parent/Guardian:

Thank you for inquiring about registering your child at Pulaski Schools. Enclosed is our registration packet. Please complete all of the required forms in the packet and return them with the following:

1. Photo ID of parent/guardian (driver’s license, military ID, passport)
2. Birth certificate of the student(s) you are registering
3. **Proof of residency in Pulaski School District. Documents that are accepted are: rental lease/agreement, mortgage agreement, property tax bill with STAR, or a utility bill with your name/address indicated on it, such as an electric bill, TV cable provider bill, or car insurance bill. The Pulaski School District does not accept out-of-district students. You must reside within the borders of the Pulaski School District in order to enroll.
4. Current Custody Paperwork (if applicable)
5. Physical/Immunization Records that meet NY State requirements (Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019)

** = if you do not have proof of residency it is important that you complete the enclosed Residency Questionnaire so we may determine if your child/children are eligible to enroll in school under the McKinney-Vento Act.

All of these items, in addition to the enrollment paperwork included in the folder, are required before we can register your child.

The district Registrar is Erin Gallagher who is located at the District Office at Lura Sharp Elementary School at 2 Hinman Road in Pulaski. You can contact the registrar at 315-298-5188 or email at egallah@pulaskicsd.org to schedule an appointment.

Once the completed registration paperwork with all required documentation is received, your child will be registered in our School Tool data system, and the records will be forwarded to the appropriate school office. It is suggested you follow-up with the main office in the building that your child is enrolled to find out what date your child will be able to start school.

To contact Lura Sharp Elementary School, please call 315-298-2412. To contact the Middle School (grades 6-8) office, please call 315-298-6001. To contact the High School (grades 9-12), please call 315-298-5103.

2 Hinman Road, Pulaski, NY 13142  315.298.5188  Fax:315.298.4390  www.pulaskicsd.org
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 depending on their circumstances.

Name of Student: ____________________________

First                  Middle                  Last

Gender: ___ Male    ___ Female

Date of Birth: ______________   Grade: __________

Name of School Building (circle one): Lura Sharp Elementary   Pulaski Jr/Sr High School

New/Current Address: __________________________________________

Former address: __________________________________________

Name of Former LEA/School attended: _______________________________________

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

____ Permanent housing (own home or rental w/lease in parent/guardians name)

If any of the below pertain to your child’s living situation, your child may be eligible to enroll under the McKinney-Vento Act:

____ Living with another family, family member, or other person(s) 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

__________________________  Date
Signature of LEA Homeless Liaison
Pulaski Academy & Central School District
Lura M. Sharp Elementary School
Pulaski Middle-Senior High School

Student Records Release Authorization

Previous School District Information:

Name of Previous School/School District attended

Phone Number

Address of School

Fax Number

City
State
Zip

The student is anticipated to be ENROLLED on ______________. Please choose an exit date from your district prior to the above date. Thank you.

Student Name

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 (physical & immunizations)
- 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
LMasuiccc@pulaskicsd.org
Phone: (315) 298-2412 Fax: (315) 298-7464

Grades 6-12 - Forward the records to:
Pulaski Jr. Sr. High School
Attn: Guidance Office
4624 Salina Street
Pulaski, NY 13142
CLong@pulaskicsd.org
Phone: (315) 298-5103 Fax: (315) 298-2371

I am the:

- Parent/Legal Guardian
- Student (if over 18)
- D.S.S. Caseworker
- School Official

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

Date

Signature

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Act), dated June 17, 1977, schools are allowed to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): School officials with legitimate educational interest; and other schools to which a student is transferring.
PARENT/GUARDIAN AND CUSTODY INFORMATION

Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA)
An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding documents relating to such matters as divorce, separation or custody that specifically revokes these rights. (Authority: 20 U.S.C. 1232g)

Student Name: ________________________________   Student DOB: __________

Name of person completing form (please print): ______________________________________

Please check the current custody/guardianship arrangement (please check all that apply):

_____ Both Parents/Guardians are residing together at the same residence

_____ Single Parent (i.e. father and mother ARE BOTH listed on the birth certificate but not living together)

_____ Single Parent (i.e. father IS NOT listed on the birth certificate)

_____ Parents have never been married and no legal custody papers

_____ Parents/guardians divorced/separated – Joint Custody – Legal Documentation must to be provided

_____ Parents/guardians divorced/separated – Sole Custody – Legal Documentation must to be provided

_____ Parents/guardians divorced/separated – Visitation – Legal Documentation must be provided

_____ Custody/Guardianship is transferred by the courts – Legal Documentation must be provided

_____ Restricted pickup – Legal Documentation must be provided.

_____ Student is emancipated – Legal Documentation must be provided

Documentation - Please check all that apply:

_____ I have disclosed my child’s current custody/guardianship arrangement

_____ I have attached a copy of the legal current court documents that describe custody arrangements

_____ No legal documents that describe custody arrangements for my child exist
Please provide any additional helpful information or comments regarding custody of the student that may assist us (if applicable). Also please provide information regarding visitation schedules between parents/guardians that may interfere with attendance or transportation (if applicable):


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.

______________________________   _______________________
Signature of Parent/Guardian     Date

Please Note: Only a parent/legal guardian may register a child to attend school in the Pulaski School District. The Pulaski School District is not responsible for determining which parent or guardian may sign a child in/out of school or have a right to school records unless otherwise information is provided by the courts. If custodial or guardianship issues exist when you register your child in the Pulaski School District, it is your responsibility to provide custodial documentation to the District Registrar and a copy will be forwarded to your child’s school principal.

PLEASE KEEP YOUR CHILD’S SCHOOL INFORMED OF ANY CHANGES IN CUSTODIAL ARRANGEMENTS
Legal Name of Pupil: ______________________ Grade __________
(As appears on birth certificate) Last ______ First _______ Middle _______

Date of Birth: _____/_____/_______ Age _____ Gender _____ Student phone #:________________________

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 of Middle/High School students access to assignments, grades and attendance information through our School Tool data system. 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.

<table>
<thead>
<tr>
<th>Parent/Guardian Name #1:</th>
<th>Custody: Yes / No</th>
<th>Student lives with: Yes / No</th>
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<tbody>
<tr>
<td>Relationship:</td>
<td>Can Pick Up: Yes / No</td>
<td>Receives Mailings: Yes / No</td>
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<tr>
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<td>First Emergency Contact: Yes / No</td>
<td>Receives Email: Yes / No</td>
</tr>
</tbody>
</table>

| Address: ____________________________ | Mailing Address: ____________________________ |

Employer: ____________________________ Phone 1: ____________________________ Call Order: 1 2 3 SchoolMessenger: Yes / No

Email: ____________________________ Phone 2: ____________________________ 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

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<tr>
<th>Parent/Guardian Name #2:</th>
<th>Custody: Yes / No</th>
<th>Student lives with: Yes / No</th>
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<td>Relationship:</td>
<td>Can Pick Up: Yes / No</td>
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| Address: ____________________________ | Mailing Address: ____________________________ |

Employer: ____________________________ Phone 1: ____________________________ 1 2 3 Yes / No

Email: ____________________________ Phone 2: ____________________________ 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

Visit us online at www.pulaskicsd.org 2021-2022
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. You must provide at least one emergency contact.

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<tr>
<th>Emergency Contact Name:</th>
<th>Relationship to Student:</th>
<th>Can Pick Up:</th>
<th>Yes / No</th>
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Email: ________________________________

Emergency Contact Name:

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Email: ________________________________

Permission to pick up:

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

Name: __________________ Relationship: ________________ Telephone: ____________

Name: __________________ Relationship: ________________ Telephone: ____________

PLEASE COMPLETE FOR ELEMENTARY STUDENTS ONLY

Emergency Closing:

In case school closes early for an emergency, (NOT for a scheduled 11:30 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 11:30 Dismissals (see school calendar for scheduled early dismissal dates):

For scheduled 11:30 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: _________________________
Other Information
Do you have any children in your household that have not reached school age? Yes / No

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<tr>
<th>Name/Relationship</th>
<th>Date of Birth</th>
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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/Student

Signature of Parent/Guardian/Student Date
Legal Name of Pupil: ____________________________  (As appears on birth certificate)  Last   First   Middle

Date of Birth: ___/___/____   Age ___________   Gender _______   Grade ______

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.
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/Student

Signature of Parent/Guardian/Student                      Date
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:** Pulaski Academy & Central 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)**
- **Parent**  
- **DSS Caseworker**  
- **Guardian**  
- **Other (Specify) ___________________**
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**.

**PLEASE ONLY FILL OUT THIS FORM IF YOU 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 Erin Gallagher” and have your child drop it off in their school office.

2) **By Mail**: Complete the information below and mail it back to school: Pulaski Academy & Central School District, Attention Erin Gallagher, 2 Hinman Road, Pulaski, NY 13142.

3) **Email**: Erin Gallagher at egallagh@pulaskicsd.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

2 Hinman Road, Pulaski, NY 13142  315.298.5188  Fax:315.298.4390  www.pulaskicsd.org
# Pulaski Academy & Central Schools
## Instructional Calendar 2021-22

### September 2021

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- September 1-2 - Staff Development Day
- September 6 - Labor Day
- September 7 - Classes Begin

### October 2021

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- October 11 - Columbus Day Holiday

### November 2021

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- November 5 - Staff Development Day
- November 11 - Veterans' Day (Observed)
- November 24 - 26 - Thanksgiving Recess

### December 2021

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- December 24 - 31 - Christmas Recess

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- January 1 - New Year’s Day Observed
- January 17 - Martin Luther King Day
- January 25 - 28 Regents Exam Days

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- February 21 - Presidents’ Day
- February 21 - 25 - Winter Recess

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- March 14 - Staff Development Day
- March 29 - 31 ELA Test Administration
- March 29 - April 5 CBT ELA Admin.

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- April 11 - 15 Spring Recess
- April 17 - Easter Sunday
- April 26 - 28 Math Test Admin.
- April 26 - May 4 CBT Math Test Admin.

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- May 24 - June 3 Science Perf. Admin.
- May 30 - Memorial Day Observed

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- June 15 - 23 - Regents Exam Days
- June 20 - Juneteenth Observed
- June 24 - Last Day & Rating Day

### School Day Tally

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- Total days = 187

### LEGEND

- **Recess Days**
- **Regents Exam Days**
- **3-8 NYS Assessment Days**
- **Orientation Day/Staff Development**
- **Opening/Last Day of School**