

# Green Island Union Free School District

171 Hudson Avenue  
Green Island, New York 12183

Dr. Teresa Snyder, Superintendent  
Erin L. Peteani, Principal  
Jodi M. Mazzeo, Associate Principal  
Angela E. Legault, District Clerk  
Edmund D. Galka, Business Manager  
Christopher Karwiel, District Treasurer

Phone: (518) 273-1422  
Fax: (518) 270-0818  
[www.greenisland.org](http://www.greenisland.org)

Welcome to Green Island Union Free School District.

In order to register your child, a parent or guardian must present with photo identification at the MAIN OFFICE located on 171 Hudson Avenue, Green Island. Office hours are 7:00am- 3:00pm/Summer hours are 7:00am- 1:00pm.

All attached forms must be completed.

The following documents are also required for registration:

## **Required documents checklist**

- Cumulative Health Records
- Up to date Immunization Records
- Birth Certificate
- Proof of Residency (Mortgage statement, lease, electric bill within 30 days or district residency form with name of parent/guardian- all must include name of parent/guardian)
- Custody papers (if applies)

Questions? Contact the main office at 518-273-1422  
Fax- 518-270-0818

The following attached documents must be completed and returned to the district before your child may start school.

- Student Registration Form
- Student Residency Questionnaire
- Request for School Records
- Parent Guardian Information
- Annual Student Health Update Form
- Student Emergency Management Form
- Acceptable Use Policy for Computer and Network
- Home Language Questionnaire

## **Photo Disclaimer**

We are happy to announce that we will soon publish a new Green Island Union Free School District Facebook Page. Pictures of students will enhance this page. If you do not want your child/children's pictures used on this page or in other school publications, please notify the school at 273-1422.

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**Request for School Records**

Attention Registrar/Guidance:

\_\_\_\_\_ has/will registering at the Green Island Union Free School District  
on \_\_\_\_\_ in grade \_\_\_\_\_. Please send us the following information.

- \_\_\_\_\_ Academic records-transcripts of grades
- \_\_\_\_\_ Transfer grades for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Quarter
- \_\_\_\_\_ Health records (Accumulative Health and Law require immunizations for entry into school)
- \_\_\_\_\_ Scores on standardized tests; NY State Regents, SAT's, NYS Grade Test results
- \_\_\_\_\_ Information on Special Education/504 needs or concerns
- \_\_\_\_\_ CSE Classification / Psychological Evaluations/Most current Individualized Education Plan (IEP)
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for \_\_\_\_\_ to release the above  
requested information concerning my son/daughter to the Green Island Union Free School District.

\_\_\_\_\_  
Parent/Legal Guardian



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## Parent/Guardian Information

**Mother/Guardian:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Initial Last

Relationship to child:  Mother  Step-parent  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Resides in Home  Yes  No Custodial Parent  Yes  No Is to Receive correspondence  Yes  No

Address if different then child : \_\_\_\_\_

Home Phone (\_\_\_\_)-\_\_\_\_\_ Work Phone (\_\_\_\_)-\_\_\_\_\_ Cell Phone (\_\_\_\_)-\_\_\_\_\_

Email Address: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Initial Last

Relationship to child:  Father  Step-parent  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Resides in Home  Yes  No Custodial Parent  Yes  No Is to Receive correspondence  Yes  No

Address if different then child : \_\_\_\_\_

Home Phone (\_\_\_\_)-\_\_\_\_\_ Work Phone (\_\_\_\_)-\_\_\_\_\_ Cell Phone (\_\_\_\_)-\_\_\_\_\_

Email Address: \_\_\_\_\_

## Other Children Living in the Household- Please include children not of school age

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Registered at GIUFSD: Yes  No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Registered at GIUFSD: Yes  No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Registered at GIUFSD: Yes  No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Registered at GIUFSD: Yes  No

## **Legal Information (If Applicable)**

If parents are divorced or separated, is there a court approved custody document? : Yes  No

Who retains legal custody? \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
If joint, who has residential (physical custody)? \_\_\_\_\_

Is the child in the care of a guardian(s) other than his/her mother or father? : Yes  No

If yes, name of legal guardian(s) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is the child in foster care?  Yes  No If yes, please provide copy of placement order (DSS-2999)

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## Student Residency Questionnaire

Name of Student: \_\_\_\_\_

Name of School : \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This questionnaire is intended to help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Student 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, immunizations 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 permanent housing
- In a shelter
- In a motel/hotel
- With another family or person because of loss of housing or economic hardship
- In a car, park, bus, train, or campsite
- Other temporary living situation \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian or Student, please print

\_\_\_\_\_  
Signature of Parent/Guardian or Student

\_\_\_\_\_  
Date

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**Landlord Affidavit**

I \_\_\_\_\_ do swear that \_\_\_\_\_ does reside at  
(NAME OF THE LANDLORD) (NAME OF PERSON RESIDING AT PROPERTY)

\_\_\_\_\_ in the village/town of Green Island,  
(STREET ADDRESS)

County of Albany, State of New York.

This affidavit attests to that the relationship between the above named persons is in accordance with Education Law 3202 (1) and 8 NYCRR 100.2(y): and should this relationship be ended, the Green Island Union Free School District will be notified.

\_\_\_\_\_  
(SIGNATURE OF LANDLORD)

\_\_\_\_\_  
(LANDLORD'S STREET ADDRESS)

\_\_\_\_\_  
(LANDLORD'S STREET ADDRESS)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

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## Annual Student Health Update Form

Name of Student: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Please take a moment to provide the school nurse with all the necessary health information that will allow her to provide prompt quality care to your child and help your child maximize his/her academic potential in the classroom.

Does your child have a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a dentist? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Please list allergens \_\_\_\_\_

Please describe child's reactions to allergens \_\_\_\_\_

Epi Pen Ordered Yes \_\_\_\_\_ No \_\_\_\_\_ Other medication prescribed for allergies \_\_\_\_\_

### Please check the following is applicable

_____ Asthma	If on medication, please list: _____
_____ Diabetes	If on medication, please list: _____
_____ Seizures	If on medication, please list: _____
_____ Bleeding Problems	If on medication, please list: _____
_____ Eye/Vision Problems	If on medication, please list: _____
	Wears Glasses _____ Contacts _____
	For reading books _____ For distance _____ both _____
_____ Ear/Hearing Problems	Right ear _____ Left ear _____ both _____
_____ Dental Concerns	Please list _____

Any other current or past health problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

For example, frequent stomachaches, headaches, constipations, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac concerns, dietary concerns, broken bones or sprains.

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any recent surgeries? \_\_\_\_\_ Yes \_\_\_\_\_ No Please list and date \_\_\_\_\_

Is your child taking any medications on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Purpose of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Does child dosage during the school day: \_\_\_\_\_ Yes \_\_\_\_\_ No Please list: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Athletic Participation Registration Form

(Only for student athletes who have participated on a scholastic team grades 7-12)

### Current School Information

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Male/Female    Date of Birth: \_\_\_\_\_    New Address: \_\_\_\_\_

With whom are you living in this district with: \_\_\_\_\_

Reason for transfer to Green Island UFSD: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

### Previous School Information

Name of previous school: \_\_\_\_\_

Dates attended this school: \_\_\_\_\_

With whom did you live with at this district: \_\_\_\_\_

Previous Address: \_\_\_\_\_

#### Sports Played in Previous School

Fall season \_\_\_\_\_  
\_\_\_\_\_  
Winter season \_\_\_\_\_  
\_\_\_\_\_  
Spring season \_\_\_\_\_  
\_\_\_\_\_

#### Level and Number of Years Played

\_\_\_\_\_ Modified \_\_\_\_\_ JV \_\_\_\_\_ Varsity  
\_\_\_\_\_ Modified \_\_\_\_\_ JV \_\_\_\_\_ Varsity  
\_\_\_\_\_ Modified \_\_\_\_\_ JV \_\_\_\_\_ Varsity  
\_\_\_\_\_ Modified \_\_\_\_\_ JV \_\_\_\_\_ Varsity  
\_\_\_\_\_ Modified \_\_\_\_\_ JV \_\_\_\_\_ Varsity

### Academic Information

Year Entered 9<sup>th</sup> Grade \_\_\_\_\_ Verification: \_\_\_\_\_ (Counselor Initials)

Have you repeated a grade in high school: \_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, which grade? \_\_\_\_\_

Year in which you turn 18 years old: \_\_\_\_\_

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## PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

### A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child \_\_\_\_\_ DOB \_\_\_\_\_ receive the medication as prescribed below by our physician. This medication is to be furnished by me in the properly labeled original container from the pharmacy.

Print (Parent or Guardian): \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

### B. TO BE COMPLETED BY PHYSICIAN:

I request that my patient, as listed below, receive the following medication:

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: \_\_\_\_\_

Possible side effects and adverse reactions (if any): \_\_\_\_\_

### PLEASE CHECK ONE:

- I deem this child to be **self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.
- I deem this child to be **non self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication must be in original pharmacy labeled container with specific orders and name of medication.  
Medication and refills must be brought to school by parent, guardian and responsible adult.

Plan reviewed with parent/guardian(s):

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## STUDENT EMERGENCY MANAGEMENT FORM

The GIUFSD has developed an Emergency Management Plan to insure the safety of our students in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal. It is recommended that these directions be discussed with the parties involved so that there are no surprised or misunderstandings in the event of an emergency and/or early closing.

When there is an evacuation to an alternate site or an unscheduled early dismissal, information will be given out as the seen fit by the district safe school committee and district administration.

**Student Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Home address: \_\_\_\_\_ Grade: \_\_\_\_\_ ++ \_\_\_\_\_  
Parent/Guardian; \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

If not at home, what phone number can parents/guardians be contacted:

Mother/Guardian Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_  
Father/Guardian Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Other the parent/guardian)  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Other the parent/guardian)  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY EARLY DISMISSAL MY CHILD CAN: (please check off one of the following)

- \_\_\_\_\_ Is to be picked up by parent or guardian
- \_\_\_\_\_ Go home by him/her self or sibling
- \_\_\_\_\_ Can go home with \_\_\_\_\_
- \_\_\_\_\_ Can go to \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION**

\_\_\_\_\_

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Pursuant to the Federal *No Child Left Behind Act* signed into law in January of 2002, the school district must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of our high school students. However, the district must also notify parents/guardians of their rights and the rights of their children to request, in writing, that the district NOT release such information if it is requested. Parents/guardians or students who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and institutions of higher learning must sign and return the form attached below to school by November 30, 2014. \_\_\_\_\_

Erin Peteani, Principal (7-12)

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**NOTIFICATION TO SCHOOL DISTRICT**

TO: Erin Peteani, Principal Green Island Union Free School District 171 Hudson Avenue Green Island, NY 12183

RE: Reservation of Consent for the Release of Certain Student Information under the No Child Left Behind Act.

Please DO NOT release the name, address or telephone number of (check those that apply):

\_\_\_\_\_ to military recruiters

(Print name of student on line above)

to institutes of higher learning.

\_\_\_\_\_  
(Parent/Guardian Signature) Date