

## Central Registration

475 First Street  
Troy, New York 12180  
(518) 328-5007

## Registration Checklist for Preschool Registration Applicants

### Welcome to the Troy City School District!

In order to register your child, a parent or guardian must be present with photo identification at Central Registration at School 12, 475 First Street. Office hours are 7:30 a.m. – 3:00 p.m. Sept-June and 7:00 a.m. – 2:00 p.m. July/August.

All attached forms must be completed.

The following documents are also required for registration

### Required documents checklist:

- Birth Certificate
- Proof of Residency (one of the following must be provided):
  - Utility bill or deposit (dated 30 days prior to registration)
  - Lease or rental agreement
  - Mortgage statement
  - Affidavit of Residence (only applies if parent lives in a dwelling that they do not lease or own in their name. The affidavit can be found at <https://www.troycsd.org/district-services/registration>)
- Photo identification of parent/guardian

### Questions?

Contact Central Registration at 518-318-5007 (Fax 518-271-5445)

Or contact the Special Education Department at 518-328-5075

Se habla español: 518-629-5757

### Please Note:

It will be necessary for you to return to Central Registration and complete an entire District Registration packet if your child continues on to Prekindergarten or Kindergarten with the Troy City School District.



## Student Registration Form

Is your child:  Currently receiving services in another district **OR**  Beginning the evaluation process

**STUDENT NAME:** \_\_\_\_\_  
*First* *Middle* *Last*

Last Name of Parent/Guardian with whom student is living: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NY \_\_\_\_\_  
*Street* *Apartment/Floor* *City* *Zip*

Household Phone Number: \_\_\_\_\_ Is this a cell phone:  Yes  No

What language is spoken in the student's home: \_\_\_\_\_ Are translation services needed:  Yes  No

Ethnicity: Is the student Hispanic, Latino, or of Spanish origin?  Yes, Hispanic  No, not Hispanic

Race: Select one or more races from the following five racial groups

Black  White  Asian American Indian or Alaska Native  Native Hawaiian or other Pacific Islander

Gender:  Male  Female  Nonbinary

What language does the student speak and understand the most: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*City* *State* *Country*

Has the student previously attended a school in Troy  Yes  No If yes, what school: \_\_\_\_\_

Registering for Grade: \_\_\_\_\_ If applicable, what was the entry date into the USA? \_\_\_\_\_

Has the student attended school in the US  Yes  No If yes, number of years enrolled in US schools: \_\_\_\_\_

Does the student have a parent/guardian on active duty in the Armed Forces?  Yes  No

### Office Use Only

NCLB  SP  Summer Serv

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

ID: \_\_\_\_\_ Home School: \_\_\_\_\_ School Enrolled: \_\_\_\_\_

Documents provided to the district:

- Photo ID
- Proof of Residency
- National Grid Bill
- Lease
- Notarized Landlord Letter
- Mortgage Statement
- Other \_\_\_\_\_
- MCKINNEY-VENTO
- Lunch Form Completed
- Birth Certificate  Passport  Network Form
- Court Papers
  - DSS 299-District \_\_\_\_\_
  - Custody
  - Parent/Custodial Affidavits
  - Adoption

Enrollment Exceptions:

- School Choice  Opt In
- Wynantskill student  Permission Rcvd
- N. Greenbush student  Permission Rcvd
- Employee's child – District \_\_\_\_\_  Emp ID
- Foreign Exchange
- Tuition Paying – District \_\_\_\_\_

- Immunization  14 Day Letter
- Religious Exemption
- Physical
- Dental certificate



## Parent/Guardian Information

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

Relationship to child:  Mother  Stepmother  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Resides in Home  Yes  No Custodial Parent  Yes  No Is to receive Correspondence  Yes  No

Mailing Address if different from above: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Street Apt/Flr City State Zip*

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

Email Address: \_\_\_\_\_ Phone call priority (1-3): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Relationship to child:  Father  Stepfather  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Resides in Home  Yes  No Custodial Parent  Yes  No Is to receive Correspondence  Yes  No

Mailing Address if different from above: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Street Apt/Flr City State Zip*

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

Email Address: \_\_\_\_\_ Phone call priority (1-3): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Other Children Living in the Household

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

Gender:  Male  Female Past Registrant  Yes  No

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

Gender:  Male  Female Past Registrant  Yes  No

**Please list the names of ANY and ALL persons Troy City School District is allowed to contact or release your child to in case of an emergency, including illness, serious injury, early dismissal of school or an evacuation emergency.**

**Emergency Contact 1:** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Other than parent/guardian*

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

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

**Emergency Contact 2:** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Other than parent/guardian*

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

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



**Emergency Contact 2:** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Other than parent/guardian*

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

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

**Additional Emergency Contacts:**

\_\_\_\_\_

---

**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? \_\_\_\_\_

Legal guardianship document provided

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

**Additional Services (If Applicable)**

**Special Education Services**

Does the student currently have an IEP (Individualized Education Plan)  Yes  No

Does your child receive any of the following type of services?

Consultant Teacher  Self-Contained Classroom  Resource Room

Out of District Class (BOCES or QUESTAR)  Yes  No

**Related Services**

Speech and Language Therapy  Occupational Therapy  Physical Therapy

Counseling  Other, please describe \_\_\_\_\_

**Academic Intervention Services (AIS/Remedial)**

Math  English Language Arts  Science  Social Studies

**Other Services**

504 Plan



English as a Second Language (ESL) If yes how many years of service? \_\_\_\_\_

Other \_\_\_\_\_

If your child requires special education or English as a new language services, he or she may not be attending their home school. If it is feasible, do you wish for siblings to attend the same school?  Yes  No

**IF REGISTERING FOR PREK – Is or will your child be receiving Summer Service this year**  Yes  No

**Other Information:**

Has the family moved within the past three (3) years to obtain migratory employment?  Yes  No

\*If yes, complete Migrant Education Form located at the end of the packet.

**Parent Statement:**

I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Troy City School District.

**Parent or Guardian Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_

All documents are to be returned to:

**Troy City School District Central Registration Office**

School 12, 475 First St., Troy, NY 12180

Phone: (518) 328-5007 Fax: (518) 271-5445

## Student Emergency Management Form

The Troy City School District has developed an Emergency Management Plan to ensure the safety of your children 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 there are no surprises or misunderstandings in the event of an emergency and/or early closing.

### IT IS VERY IMPORTANT THAT THIS FORM BE FILLED OUT SO THAT EACH STUDENT HAS AN ALTERNATE PLAN AT DISMISSAL.

When there is an evacuation to an alternate site or an unscheduled dismissal, information will be given out by way of the local media.

**SCHOOL:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**If not at home, at which 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 than parent/guardian*

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

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

**Emergency Contact 2:** Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Other than parent/guardian*

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

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

My child can (Please check one of the following):

- A. Go home by him/herself
- B. Can go home with \_\_\_\_\_
- C. Can go to \_\_\_\_\_
- D. Other (please explain): \_\_\_\_\_

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

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

## Request for Records

I give permission for the release of information concerning my child

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Former District: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Former School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Office Use Only**

### Request for Records

✓	SCHOOL	ADDRESS	PHONE/FAX	CONTACT
	Troy High School	1950 Burdett Avenue Troy, NY 12180	P: (518) 328-5472 F: (518) 271-5164	Guidance Office
	Troy Middle School	1976 Burdett Avenue Troy, NY 12180	P: (518) 328-5365 F: (518) 271-5492	Guidance Office
	Carroll Hill School	112 Delaware Avenue Troy, NY 12180	P: (518) 328-5701 F: (518) 274-4587	Kate Talham
	School 2	470 Tenth Street Troy, NY 12180	P: (518) 328-5601 F: (518) 271-5205	Nickole Farnan
	School 14	1700 Tibbits Avenue Troy, NY 12180	P: (518) 328-5801 F: (518) 274-0371	Kristen Buffington
	School 16	40 Collins Avenue Troy, NY 12180	P: (518) 328-5101 F: (518) 274-4585	Tammie Hayner
	School 18	412 Hoosick Street Troy, NY 12180	P: (518) 328-5501 F: (518) 274-4374	Emily Ruffinen
	Central Registration	School 12 475 First Street Troy, NY 12180	P: (518) 328-5007 F: (518) 271-5445	Central Registration Office
	Special Education Department	School 12 475 First Street Troy, NY 12180	P: (518) 328-5075 F: (518) 279-7600	Pupil Services Office

**Items Requested:**

- Transcripts
- Current Report Cards
- Standardized Test Scores
- Regents Competency Test (RCT) results
- NYS Regents Scores
- NYS Regents Science Labs
- Birth Certificate
- NYS Proficiency Scores
- Cumulative Health Records/Immunizations
- Attendance Records
- Psychological Evaluations
- Disciplinary Records
- NYS \_\_\_\_\_ Grade Test Results
- Special Education Records, including most recent IEP

**Thank you for your prompt attention to this matter.**





**Committee on Preschool Education  
Referral Form**

PLEASE PRINT

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent or Guardian's

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent Signature: \_\_\_\_\_