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](https://www.troycsd.org/district-services/registration))
- Photo identification of parent/guardian

Questions?

Contact Central Registration at 518-328-5007 (Fax 518-328-5061)

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 Pre Kindergarten or Kindergarten with the Troy City School District.
Housing Questionnaire

Name of School:____________________________________________   Grade:_______

Name of Student:__________________________________________________________________________

Last            First        Middle

Gender: [ ] Male  [ ] Female  [ ] Nonbinary  Date of Birth: ____/____/______

Month    Day      Year

Address:____________________________________________________________  Zip Code:____________

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 are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization 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:________________________________________________

__________________  ______________________________________
Print name of Parent, Guardian or Student               Signature of Parent/Guardian or Student

__________________
Date
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: _____________________________________________ 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

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 __________________

☐ Tuition Paying – District ________________ ☐ MCKINNEY-VENTO

☐ DSS 299-District__________
☐ Custody
☐ Parent/Custodial Affidavits

☐ Immunization
☐ Religious Exemption

☐ Court Papers
☐ Birth Certificate ☐ Passport ☐ Network Form

☐ 14 Day Letter

☐ Network Form

☐ Immunization
☐ Religious Exemption

☐ 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) 328-5061
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

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<tr>
<th>SCHOOL</th>
<th>ADDRESS</th>
<th>PHONE/FAX</th>
<th>CONTACT</th>
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<tbody>
<tr>
<td>Troy High School</td>
<td>1950 Burdett Avenue</td>
<td>P: (518) 328-5472 F: (518) 271-5164</td>
<td>Guidance Office</td>
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<td></td>
<td>Troy, NY 12180</td>
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<tr>
<td>Troy Middle School</td>
<td>1976 Burdett Avenue</td>
<td>P: (518) 328-5365 F: (518) 271-5492</td>
<td>Guidance Office</td>
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<td>Troy, NY 12180</td>
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<tr>
<td>Carroll Hill School</td>
<td>112 Delaware Avenue</td>
<td>P: (518) 328-5701 F: (518) 274-4587</td>
<td>Kate Talham</td>
</tr>
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<td></td>
<td>Troy, NY 12180</td>
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<tr>
<td>School 2</td>
<td>470 Tenth Street</td>
<td>P: (518) 328-5601 F: (518) 271-5205</td>
<td>Nickole Faman</td>
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<td>Troy, NY 12180</td>
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<tr>
<td>School 14</td>
<td>1700 Tibbits Avenue</td>
<td>P: (518) 328-5801 F: (518) 274-0371</td>
<td>Kristen Buffington</td>
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<tr>
<td>School 16</td>
<td>40 Collins Avenue</td>
<td>P: (518) 328-5101 F: (518) 274-4585</td>
<td>Tammie Hayner</td>
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<td>Troy, NY 12180</td>
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<tr>
<td>School 18</td>
<td>412 Hoosick Street</td>
<td>P: (518) 328-5501 F: (518) 274-4374</td>
<td>Emily Ruffinen</td>
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<tr>
<td>Central Registration</td>
<td>School 12</td>
<td>P: (518) 328-5007 F: (518) 328-5061</td>
<td>Central Registration Office</td>
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<td>475 First Street</td>
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<td>Special Education</td>
<td>School 12</td>
<td>P: (518) 328-5075 F: (518) 328-5060</td>
<td>Pupil Services Office</td>
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<td>Department</td>
<td>475 First Street</td>
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Items Requested:
- Transcripts
- Cumulative Health Records/Immunizations
- Current Report Cards
- Attendance Records
- Standardized Test Scores
- Psychological Evaluations
- Regents Competency Test (RCT) results
- Disciplinary Records
- NYS Regents Scores
- NYS Grade Test Results
- NYS Regents Science Labs
- Special Education Records, including most
- Birth Certificate recent IEP
- NYS Proficiency Scores

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: ___________________________________