

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 518-328-5007 (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: _____ / _____ / _____ 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 _____

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 _____ MCKINNEY-VENTO

- Lunch Form Completed
- Birth Certificate Passport Network Form

Court Papers

- DSS 299-District _____
- Custody
- Parent/Custodial Affidavits
- Immunization
- Religious Exemption
- Dental certificate
- Physical Adoption
- 14 Day Letter

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

✓	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) 328-5061	Central Registration Office
	Special Education Department	School 12 475 First Street Troy, NY 12180	P: (518) 328-5075 F: (518) 328-5060	Pupil Services Office

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: _____