



CARMEL HIGH SCHOOL

30 FAIR STREET • CARMEL, NY 10512 • 845-225-8441 • FAX 845-228-2307

PRINCIPAL
LOUIS T. RIOLO

ASSISTANT PRINCIPAL
JOHN FINK

ASSISTANT PRINCIPAL
LAUREN SANTABARBARA

ASSISTANT PRINCIPAL
BRIAN PIAZZA

Dear Parents & Students:

It is my pleasure to welcome you to Carmel High School. I trust that you will take advantage of all that we have to offer in the classroom, athletics and extracurricular activities.

The faculty and staff at Carmel High School are committed to helping you attain a quality of education and look forward to assisting you. I am confident that you will strive to achieve success.

The guidance staff will assist you with the registration process and prepare your schedule.

You are welcome and I wish you success!

Yours truly,

Louis T. Riolo
Principal

LTR/kd

CARMEL HIGH SCHOOL
30 Fair Street, Carmel, New York 10512

Guidance and Counseling Department

Dear Parent/Guardian:

Please find the enclosed **Registration Packet** you requested from our High School.

Once you have received your student's final report card/transcript and immunization records, please call me to set up an appointment to review all of your completed paperwork and to set up an appointment with your student's guidance counselor to create his/her schedule.

Listed below are the documents that you need to bring with you for registration:

- **Two (2) proofs of residency which shows the name and physical address (not a post office box) in the Carmel School District. This can be a mortgage note, rental lease agreement, utility bill, insurance bill, driver's license, etc.**
- **Student's Birth Certificate or Passport**
- **Student's Immunization Records & Current Physical Exam**
- **All forms in the packet completed**
- **All final year records from the student's present school**
- **Copy of student's IEP (Individualized Education Program) or 504 Accommodations Plan, if they have one.**

Please review all of the enclosed paperwork and if you have any questions, please feel free to contact me. I look forward to meeting with you to begin your child's registration process.

Sincerely,

Kristen Douchkoff
Carmel High School Registrar
Hours: Mon. - Fri. 8am to 11am
Tel: 845-225-8441, ext. 449, Fax: 845-228-2307
E-mail: kdouchko@carmelschools.org

CARMEL CENTRAL SCHOOL DISTRICT

Registration Form

Check One: CHS
 GFMS
 KES
 KPS
 MPES

Date Entering Grade/School: ___ / ___ / ___

Today's Date: ___ / ___ / ___

DEMOGRAPHIC INFORMATION

| | |
|---|---|
| Student Last Name: _____ MI: _____ First Name: _____ Nick Name: _____ | |
| Date of Birth: ___/___/___ <small>MM DD YYYY</small> | Place of Birth (City/State): _____ Birth Country: _____ <small>if applicable</small> |
| Social Security No (optional): _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Language Predominantly Spoken at Home: _____ | Born in USA: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Grade Level: _____ |
| | Date of Entry into USA: ___/___/___ <small>mm/dd/yyyy</small> |
| | Date of First-Time Entry into a School in the USA: ___/___/___ <small>mm/dd/yyyy</small> |

PREVIOUS SCHOOL INFORMATION

| | |
|---|-------------------------------------|
| Name of School Previously Attended: _____ | Phone: (____) ____ - _____ |
| Street Address: _____ | City: _____ State: _____ Zip: _____ |

STUDENT RACIAL AND ETHNICITY INFORMATION: The Carmel Central School District policy requires the collection and recording of the ethnic identity of students in the Carmel Central School District in accordance with the federal categories and definitions. The information will be used to report information to the State and Federal Education Departments, plan educational programs and make sure that they are readily available to all students, study the movement of students in different ethnic groups as they move from school to school, and to analyze differences in academic performance, attendance and completion of school.

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin.

YES – Hispanic NO – Not Hispanic

For certain Federal and State programs, the district must report student racial group. Check one or more races from the five racial groups:

- WHITE:** A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East
- BLACK:** A person having origins in any of the black racial groups of Africa
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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 AMERICAN INDIAN OR NATIVE ALASKAN:** A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)

STUDENT CONTACT INFORMATION

| | | | |
|--|-------------|--------------|------------|
| Mailing Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Home Phone: (____) ____ - _____ | | | |
| Physical Address (if different): _____ | City: _____ | State: _____ | Zip: _____ |
| Previous Address: _____ | City: _____ | State: _____ | Zip: _____ |

EMERGENCY INFORMATION

| | | |
|--------------------------------|-----------------------------|------------------------------|
| Emergency Contact Name1: _____ | Phone1: (____) ____ - _____ | Mobile1: (____) ____ - _____ |
| Emergency Contact Name2: _____ | Phone2: (____) ____ - _____ | Mobile2: (____) ____ - _____ |
| Family Doctor Name: _____ | Phone: (____) ____ - _____ | Mobile: (____) ____ - _____ |

CARMEL CENTRAL SCHOOL DISTRICT

Registration Form

| | | | | | |
|---|--|---|---|---|-------------------------|
| GUARDIAN INFORMATION | | | Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | | |
| First Name: _____ | | Middle Initial: _____ | | Last Name: _____ | |
| Language of Correspondence: _____ | | | Email Address: _____ | | |
| Occupation: _____ | | | Education: _____ | | |
| State or Province of Birth: _____ | | | Birth Country: _____ | | |
| Address (if different from above): _____ | | | City: _____ | | State: _____ Zip: _____ |
| Home Phone: (____) _____ - _____ | | Work Phone: (____) _____ - _____ | | Mobile Phone: (____) _____ - _____ | |
| <small>FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. Priority Phone #1 is used for all attendance and school communications (message, school delays/closings). Priority Phone #2 and #3 is only used during an emergency.</small> | | | | | |
| Priority Phone #1: (____) _____ - _____ | | Priority Phone #2: (____) _____ - _____ | | Priority Phone #3: (____) _____ - _____ | |

| | | | | | |
|---|--|----------------------------------|---|------------------------------------|-------------------------|
| GUARDIAN INFORMATION | | | Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ | | |
| First Name: _____ | | Middle Initial: _____ | | Last Name: _____ | |
| Language of Correspondence: _____ | | | Email Address: _____ | | |
| Occupation: _____ | | | Education: _____ | | |
| State or Province of Birth: _____ | | | Birth Country: _____ | | |
| Address (only if different from above): _____ | | | City: _____ | | State: _____ Zip: _____ |
| Home Phone: (____) _____ - _____ | | Work Phone: (____) _____ - _____ | | Mobile Phone: (____) _____ - _____ | |

| SIBLINGS INFORMATION (Please list all other siblings, including non-school aged children) | | | | |
|--|--------------|---------------|----------------|-------|
| Name | Relationship | Date of Birth | Present School | Grade |
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |

| | | |
|---|--|--|
| LEGAL INFORMATION (if applicable) | | |
| Is there a joint-custody or parenting plan in effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, legal papers must be on file with the school for enforcement |
| Is there a restraining order in effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, legal papers must be on file with the school for enforcement |
| Restraining order is against: | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other | |

| | | |
|---|---|--|
| OTHER PERTINENT INFORMATION (if applicable) | | |
| Does your child have an IEP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have a 504 plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child ever participated in a gifted program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child ever been suspended/expelled from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child an out-of-district transfer student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In the previous school, has your child ever received free/reduced meal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you intend to enroll your student in: | <input type="checkbox"/> Private School | <input type="checkbox"/> Carmel Central School District <input type="checkbox"/> Home School |
| Does your child have any allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child take any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any physical disabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CARMEL CENTRAL SCHOOL DISTRICT

Registration Form

STUDENT LIVING STATUS: This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

| | | |
|----------------------|---|--|
| Student Living With: | <input type="checkbox"/> Parents (with Father & Mother) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent | <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other |
|----------------------|---|--|

| | |
|---|--|
| Is your current address a temporary living arrangement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered YES to the above questions, please answer the question below. If you answered NO, you may omit the question below.

| | |
|--|---|
| Where is the student presently living? | <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment |
| | <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite |

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

 Print name of Parent, Guardian, or Student (for unaccompanied homeless youth):

 Signature of Parent, Guardian, or Student (for unaccompanied homeless youth):

 Date

 Date

| | FOR OFFICE USE ONLY | | | Verified By | Date |
|---|--------------------------|--------------------------|--------------------------|-------------|-------|
| | Yes | No | Not Applicable | | |
| Proof of Age/Birth Certificate: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Proof of Residency (2 Proofs Required): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Health Information Record Form Complete: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Immunization Records Submitted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Foster Child Care Form has been Submitted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Legal Papers for Joint-Custody or Parenting Plan: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Legal Papers for Restraining Order: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

CARMEL CENTRAL SCHOOL DISTRICT
ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

NOTE TO REGISTRARS: Please assist students and families filling out this form.

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Address: _____ 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. Students 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, 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 a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

CARMEL HIGH SCHOOL
Attn: Registrar, Guidance Department
30 Fair Street, Carmel, New York 10512
Phone: (845) 225-8441 Fax: (845) 228-2307
Website: www.carmelschools.org

Request for Release of Records

To: _____
(School Name)

(Address)

(Telephone) (Fax)

In accordance with the provisions of the Family Educational and Privacy Act of 1974, we hereby request copies of school records listed below for the following student:

(Student Name) (Date of Birth)

Please fax to: 845-228-2307 or email to KDouchko@carmelschools.org:

- _____ Unofficial transcript (please mail official)
- _____ Most recent report card
- _____ Withdrawal grades if withdrawn mid-term
- _____ Science Labs, if applicable (please mail folder)
- _____ Standardized test scores
- _____ Birth Certificate
- _____ Immunizations and most recent physical exam
- _____ IEP, 504 Plan, evaluations/testing (if applicable)
- _____ Custody papers (if applicable)
- _____ Discipline Records

Please indicate if this student is in need of any special educational/psychological services.

(Signature of Parent or Guardian) (Date)

**CARMEL CENTRAL SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM**

A note to Parents and Pupils:

Date _____

Your cooperation is requested in completing and returning this "Pupil Information Form". The form is designed to provide this School District with the appropriate information for purposes of bus routing, scheduling, loading and general pupil safety. Every pupil should have a form completed regardless of whether he/she presently rides a school bus or not. Once completed and returned, this form will be kept on file as long as the pupil is attending school and lives in the Carmel Central School district. Please print when completing this form.

STUDENT'S NAME _____

STUDENT'S DATE OF BIRTH _____

PHYSICAL ADDRESS _____

(WHERE STUDENT WILL RESIDE)

HOME TELEPHONE () _____

PARENT/GUARDIAN NAME _____

PARENT CELL () _____

PERSON TO CALL IN CASE OF EMERGENCY _____

EMERGENCY CONTACT HOME # () _____ CELL # () _____

SCHOOL CHILD WILL ATTEND _____

GRADE _____

CHECK ONE:

STUDENT WILL RIDE BUS

STUDENT WILL WALK TO AND FROM SCHOOL

STUDENT WILL DRIVE OR BE DRIVEN TO AND FROM SCHOOL

NEAREST INTERSECTING ROADS TO PHYSICAL ADDRESS: _____

NOTE: CHILD CARE MUST BE IN THE SAME ATTENDANCE ZONE AS THE SCHOOL THE STUDENT WILL ATTEND.



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

| TO BE COMPLETED BY SCHOOL PERSONNEL | | | |
|---|------|--|--|
| DISTRICT <small>Please print or type clearly</small> | | | |
| SCHOOL | | GRADE | |
| STUDENT NAME | | | |
| DATE OF BIRTH | | | |
| Month: | Day: | Year: | |
| STUDENT IDENTIFICATION NUMBER | | | |
| COUNTRY OF BIRTH / ANCESTRY | | | |
| NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. | | | |
| NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION | | | |
| DETERMINATION: | | <input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient | |

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?
 English Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence?
 English Other _____
specify
- What language(s) does the student understand?
 English Other _____
specify
- What language(s) does the student speak?
 English Other _____
specify
- What language(s) does the student read?
 English Other _____ Does Not Read
specify
- What language(s) does the student write?
 English Other _____ Does Not Write
specify

7. In your opinion, how well does the student understand, speak, read and write English?

| | Very well | Only a little | Not at all |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian/Other

Month: _____ Day: _____ Year: _____
Date

**CARMEL CENTRAL SCHOOL DISTRICT
OFFICE OF PUPIL SERVICES
PATTERSON, NY 12563**

**VERIFICATION OF RESIDENCY
PARENT/GUARDIAN INFORMATION SHEET**

INTRODUCTION:

As part of the process of registering a child in the Carmel School District, you are being asked to provide information that will allow the district to verify that this child is legally entitled to an education in Carmel. The education of each child in our schools is a responsibility we take seriously. Each one requires space, staff time and supplies that are expenses borne by the district. We hope that you will understand the obligation we have to our taxpayers to be sure that we are educating only those children who have a right to that education.

The law assumes that a child resides with his/her parents. If the claim is made that a child's residence is with someone other than the child's parent or legal guardian, it will be necessary to obtain additional information to establish the child's residence in the district.

PROOF OF RESIDENCE IN THE DISTRICT:

You will need to present to the school two forms of proof that you do reside in the Carmel School District. The documents you will need to submit will vary depending on whether you own your home or rent/lease it.

1. Homeowner: If you own your own home you must submit a copy of your tax bill or the deed to your home, and one of the following:
 - ❖ Utility bill (gas, electric, telephone) or
 - ❖ Driver's license with the home address on it
2. Rental or Lease: If you pay rent, you must submit a copy of your rental or lease agreement. If no lease exists you must submit a written notarized statement from your landlord stating that you live at that address or a notarized copy of the CCSD Affidavit of Landlord. In addition you must submit one of the following:
 - ❖ Utility bill (gas, electric or telephone) or
 - ❖ Drivers license with the home address on it
3. Other: If neither of the above apply, we will attempt to gather the information needed to determine your residency status when you register.

NOTE: It is the responsibility of the parent to notify the district if any change in residency status occurs after registration.

CARMEL CENTRAL SCHOOL DISTRICT

**In the Matter of the Investigation
Of the Residency Status of:**

AFFIDAVIT OF LANDLORD

(Name(s) of Lessee/Renter)

Pursuant to Section 3202 of the Education Law

STATE OF NEW YORK)
)
COUNTY OF PUTNAM) SS.:

_____ being duly sworn, deposes and says:
(Name of Landlord)

1. I am the owner or corporate officer of the owner of property within the Carmel Central School District located at:

(Address of property)

2. I have rented or leased occupancy of the premises described above to: _____ and the person or persons who reside at the premises are as follows:

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

To the best of my knowledge and information, the persons named above are residences of the described premises.

3. The foregoing statements are made by me under the penalties for perjury and on the knowledge that the information I have given will be used by the Carmel Central School District in making determinations based upon the accuracy of my statements.

Signature of Landlord

Sworn to before me this _____ day of _____, 20

Notary Public

Aobrev.11/03

CARMEL CENTRAL SCHOOL DISTRICT
P.O. BOX 296, SOUTH STREET
PATTERSON, NEW YORK 12563

REQUEST FOR PERMISSION TO REGISTER

DATE: _____

NAME OF PARENT(S): _____

CURRENT ADDRESS: _____

TELEPHONE: _____

| NAME OF CHILDREN | GRADE |
|------------------|-------|
| | |
| | |
| | |
| | |

Request for permission to register the child/children listed above to attend school in the Carmel Central School District will be based on the following:

{ } In accordance with Board of Education policy 5152, based on your assuming residency in the District within the first 10 weeks of the school year. (Documentation Supplied).

{ } Eligibility for Non -Citizen Yes No

{ } Care and custody of the child/children has been assumed by

NAME: _____

CURRENT ADDRESS _____

TELEPHONE _____

{ } The student is an emancipated minor residing in the District.

{ } Other (explain): -----

{ } APPROVED

{ } DISAPPROVED

Janet Warden, Assistant Superintendent of Schools

NEW SPECIAL EDUCATION ENTRANTS

Need: Current IEP
or PPT Plan (Connecticut) to
register

If possible, also bring:

1. Psychological Evaluation

2. Educational Evaluation

3. Social History

4. Copy of Physical Exam
(within one year)

5. Immunization Record