To register your child at Onondaga Central School District, please contact Lisa Wadsworth to schedule an appointment:

315-552-5070
lwadsworth@ocs.cnyric.org

Proof of Age
When you register your child for school, please be sure to bring their birth certificate with you. Record of baptism or passport may also be used to determine a child’s age for purposes of enrollment/registration in school if a birth certificate is not available.

Health Related Information
Please review and complete the packet provided by the Health Office carefully as it includes important health information.

Proof of Residency Requirement
In order to register your child in the Onondaga Central School District, proof of residency must be provided. Please provide two (2) forms of proof of residency from the list below at the time of registration if possible, if not, they will be required within 3 school days. One form may be from the secondary list. **Please note that the proof of residency requirement is waived if students are eligible for services under the McKinney-Vento Act.**

- **Primary Proof of Residency:**
  - Residential tax bill (within current year); copy of signed purchase agreement for residential real property within the district
  - Residential mortgage agreement/deed; lease/rental agreement
  - Notarized letter from owner of house stating the parent/legal guardian and student(s) are residing with them (must include address of the property and utility bill of owner)

- **Secondary Proof of Residency:** (containing the residential address within the district and with the name of the parent/legal guardian displayed)
  - Bank statement
  - Driver’s license
  - Utility bill (for current month) or a letter indicating that the service to begin in 30 days at a residential address within the district being billed in the name of the Parent/Legal Guardian. Examples: electricity, telephone, or natural gas/propane
  - Social Services correspondence or statement
  - Social Security correspondence or statement
  - U.S Postal Service verification of change of address
  - Federal or NY State income tax documentation with preprinted name and address (i.e. W2 form)
  - Homeowner's insurance binder or renter’s insurance
To Whom It May Concern:

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student’s record without a written consent for such release.

Please forward this form to the appropriate departments so that all records for the following student are received. This includes any of the following items that are checked:

- Transcript of courses completed
- Most recent report card *(including transfer grades, if applicable)
- Science Labs
- Attendance
- Standardized test scores, 3-8 assessments, Regents assessments, academic intervention service records
- Health records (including immunizations)
- Discipline records
- Special education information including IEP/Section 504 plan and evaluations
- Birth certificate

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Birth Date</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Name of Previous School: Phone number:

Registration Date: Anticipated Enrollment Date:

Please send records to the office checked below:

Diana Hunter [ ] Warren Smith [ ] Margaret Hart [ ]
Guidance Office of Admissions Wheeler Elementary School Rockwell Elementary School
Onondaga Jr/Sr High School 4543 S. Onondaga Road 208 Rockwell Road
4479 S. Onondaga Road Nedrow, NY 13120 Nedrow, NY 13120
Nedrow, NY 13120 315-552-5050 315-552-5070
315-552-5023 315-552-5054 FAX 315-469-7732 FAX
315-552-5027 FAX wsmith@ocs.cnyric.org mhart@ocs.cnyric.org
dhunter@ocs.cnyric.org

Thank you for your cooperation.

_________________________________________________  _____________________
Signature of Parent/Guardian      Date

8/2018
Onondaga Central School District
Student Registration Form/Residency Questionnaire

Student ID: ____________________________
(Office use only)

Date: ____________________

Student Name: __________________________________________ Gender: Male □ Female □ Birthdate: _______ / _______ / _______

Physical Address: __________________________________________ Home Phone: ______________________

City: __________________________ State: ______ Zip: __________

Does student reside with parent/guardian on active military duty? Yes □ No □ Start Date: ___________ End Date: ___________

Parent/Guardian Information

*If divorced or separated, has custody been established? □ No □ Yes

□ Joint □ 50/50 □ Sole: Mother or Father (Please circle one) *If Joint or 50/50, who has primary physical custody? _______________________

Note: Under Onondaga Central School District Policy: Unless court papers are on file with the district, both parents have equal access to their child(ren) and school records.

Parent/Guardian Name: __________________________ Relationship to student: __________________ Contact Order: 1 or 2

Contact in case of an emergency closing or early dismissal? Yes □ No □ Receives Mailings: Yes □ No □

Address: __________________________________________

City: __________________________ State: ______ Zip: __________

□ Check if student primary residence

*Mailing Address: __________________________________________

(If different from above)

City: __________________________ State: ______ Zip: __________ Email: __________________________

Call order for phones (circle)

Home Phone: __________________________ 1 2 3

Cell Phone: ___________________________ 1 2 3

Work Phone: ___________________________ 1 2 3

Ext: _________________________________

Can Pick Up: Yes □ No □

Parent/Guardian Name: __________________________ Relationship to student: __________________ Contact Order: 1 or 2

Contact in case of an emergency closing or early dismissal? Yes □ No □ Receives Mailings: Yes □ No □

Address: __________________________________________

City: __________________________ State: ______ Zip: __________

□ Check if student primary residence

*Mailing Address: __________________________________________

(If different from above)

City: __________________________ State: ______ Zip: __________ Email: __________________________

Call order for phones (circle)

Home Phone: __________________________ 1 2 3

Cell Phone: ___________________________ 1 2 3

Work Phone: ___________________________ 1 2 3

Ext: _________________________________

Can Pick Up: Yes □ No □
Please list two additional contacts allowed to pick-up student in the event parent/guardian is not available:

**Contact #1**
Name: ____________________________________________ Relationship to student: ________________________
Address: ____________________________________________
City: __________________________ State: _____ Zip: _____________

<table>
<thead>
<tr>
<th>Call order for phones (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: __________________ 1 2 3</td>
</tr>
<tr>
<td>Cell Phone: _________________ 1 2 3</td>
</tr>
<tr>
<td>Work Phone: _________________ 1 2 3</td>
</tr>
<tr>
<td>Ext: ________________</td>
</tr>
</tbody>
</table>

**Contact #2**
Name: ____________________________________________ Relationship to student: ________________________
Address: ____________________________________________
City: __________________________ State: _____ Zip: _____________

<table>
<thead>
<tr>
<th>Call order for phones (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: __________________ 1 2 3</td>
</tr>
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</tr>
<tr>
<td>Work Phone: _________________ 1 2 3</td>
</tr>
<tr>
<td>Ext: ________________</td>
</tr>
</tbody>
</table>
Is the student Hispanic, Latino or of Spanish origin? ____ Yes, Hispanic ____ No, not Hispanic

Select one or more races from the following five racial groups: (Check all groups that apply to the student, select at least one)

____ American Indian or Alaska Native     ____ Asian     ____ Native Hawaiian or Pacific Islander

____ Black or African-American    ____ White

Is the student bilingual? ____ Yes ____ No

Has the student had academic instruction in a language other than English? ____ Yes ____ No

Student has received the following:

_____ Academic Intervention Services     _____ Remedial Services     _____ Student Support Services

Previous School Attended: ________________________________________________________

Address: ______________________________________________________________________

City: ____________________________________ State: ___________ Zip: _________________

Phone Number: ________________________________ Fax Number: _____________________________

Grade: __________

Other Information:

Do you have any children in your household that have not reached school-age yet? Yes / No

Last Name, First Name: _________________________________ Date of Birth: _______/_____/__________

Month Day Year

Last Name, First Name: _________________________________ Date of Birth: _______/_____/__________

Month Day Year

Last Name, First Name: _________________________________ Date of Birth: _______/_____/__________

Month Day Year

Last Name, First Name: _________________________________ Date of Birth: _______/_____/__________

Month Day Year

Last Name, First Name: _________________________________ Date of Birth: _______/_____/__________

Month Day Year
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. If the student is not living in permanent housing, proof of residency is waived and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student’s educational records, including immunization records, and the enrolling district’s LEA liaison must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Student: _________________________________________________________

Last     First

Where is the student currently living? (Please check one box.)

☐ NONE
☐ Shelter
☐ Transitional Housing
☐ Doubled-up (With another family or other person because of loss of housing or as a result of economic hardship)
☐ Hotel/Motel
☐ Unsheltered (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
Onondaga Central Schools
TRANSPORTATION ENROLLMENT FORM

Matthew Dodge – School Bus Dispatcher
4457 South Onondaga Rd.
Nedrow, New York 13120
Phone: (315) 552-5090
Fax: (315) 492-9624

Start Date: ____________
Re-enter: Yes____ No____

***Please remember to notify transportation any time your address and/or phone number(s) change.

ID#______________________  Grade_____ Male_____  Female____

School- Jr/Sr High___Wheeler____ Rockwell____ Other (Name)________________________

Student's Name (please print): ____________________________________________________

Date of Birth: ___________________

Home Street Address: _______________________________________________________________

City / Town: _________________ _______________________________

State / Zip: _________________ _______________________________

Pickup address if different: _______________________________________________________

Drop-off address if different: _____________________________________________________

Name of sitter (please print): __________________________________ Phone # _________

Father's name (please print):

Home # _________________ Work# _________________ Cell#__________________________

Mother's name (please print):

Home # _________________ Work# _________________ Cell#__________________________

Guardian's name (please print):

Home # _________________ Work# _________________ Cell#__________________________

Emergency contact person: _______________________________ Phone #_________________

Emergency days/half-days drop off location: ________________________________

Special Transportation if needed (wheelchair): ______________________________________

_______________________________________
(Parent / Guardian Signature) (Date)
Dear Parent, Guardian, and School Staff:

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relations, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

The Onondaga Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- A school remains unoccupied for a continuous 72-hours following an application.
- Anti-microbial products.
- Nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children.
- Nonvolatile insecticidal baits in tamper resistant bait stations in area inaccessible to children.
- Silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children.
- Boric acid and disodium octaborate tetrahydrate.
- The application of EPA designated biopesticides.
- The application of EPA designated exempt materials under 40CFR152.25.
- The use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list. If you would like to receive 48-hour notification of pesticide applications that are scheduled to occur in your school, please complete the form on the bottom of this page (additional forms are available at the address below) and return it to:

Onondaga Central School District, Transportation/Maintenance Department
4457 South Onondaga Road, Nedrow, NY 13120.

Please contact Debra Eichholtz, School Business Administrator, at 552-5000 or fax 492-4650 for further information on these requirements. Note: Requests must be renewed each school year.

Request for Advance Notice of Pesticide Application
Onondaga Central School District

(Please print)

Name of Parent/Guardian or Staff: ________________________________

(School staff members only) Work Location: ________________________________

Mailing Address: ________________________________ Phone: __________

Name of child: ____________________ Grade: _____ School Building: __________

Name of child: ____________________ Grade: _____ School Building: __________

Name of child: ____________________ Grade: _____ School Building: __________

Signature: ________________________ Date: __________

Notification will be via the School Messenger System