

**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

Date: \_\_\_\_\_

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

| Student Name             | Birth Date | Grade         |
|--------------------------|------------|---------------|
|                          |            |               |
| Name of Previous School: |            | Phone number: |
|                          |            |               |

Registration Date: \_\_\_\_\_ Anticipated Enrollment Date: \_\_\_\_\_

**Please send records to the office checked below:**

Diana Hunter   
Guidance Office of Admissions  
Onondaga Jr/Sr High School  
4479 S. Onondaga Road  
Nedrow, NY 13120  
315-552-5023  
315-552-5027 FAX  
dhunter@ocs.cnyric.org

Warren Smith   
Wheeler Elementary School  
4543 S. Onondaga Road  
Nedrow, NY 13120  
315-552-5050  
315-552-5054 FAX  
wsmith@ocs.cnyric.org

Margaret Hart   
Rockwell Elementary School  
208 Rockwell Road  
Nedrow, NY 13120  
315-552-5070  
315-469-7732 FAX  
mhart@ocs.cnyric.org

Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Student ID: \_\_\_\_\_  
(Office use only)

**Onondaga Central School District  
Student Registration Form/Residency Questionnaire**

Student Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: Male  Female  Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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.**

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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: \_\_\_\_\_

Can Pick Up: Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

|                   | Call order for phones (circle) |   |   |
|-------------------|--------------------------------|---|---|
| Home Phone: _____ | 1                              | 2 | 3 |
| Cell Phone: _____ | 1                              | 2 | 3 |
| Work Phone: _____ | 1                              | 2 | 3 |
| Ext: _____        |                                |   |   |

\_\_\_\_\_ **Check if student primary residence**

\*Mailing Address: \_\_\_\_\_  
(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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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: \_\_\_\_\_

Can Pick Up: Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

|                   | Call order for phones (circle) |   |   |
|-------------------|--------------------------------|---|---|
| Home Phone: _____ | 1                              | 2 | 3 |
| Cell Phone: _____ | 1                              | 2 | 3 |
| Work Phone: _____ | 1                              | 2 | 3 |
| Ext: _____        |                                |   |   |

\_\_\_\_\_ **Check if student primary residence**

\*Mailing Address: \_\_\_\_\_  
(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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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: \_\_\_\_\_

| Call order for phones (circle) |   |   |   |
|--------------------------------|---|---|---|
| Home Phone: _____              | 1 | 2 | 3 |
| Cell Phone: _____              | 1 | 2 | 3 |
| Work Phone: _____              | 1 | 2 | 3 |
| Ext: _____                     |   |   |   |

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**Contact #2**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| Call order for phones (circle) |   |   |   |
|--------------------------------|---|---|---|
| Home Phone: _____              | 1 | 2 | 3 |
| Cell Phone: _____              | 1 | 2 | 3 |
| Work Phone: _____              | 1 | 2 | 3 |
| Ext: _____                     |   |   |   |

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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

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Previous School Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Grade: \_\_\_\_\_

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**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

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**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

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**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)

# Integrated Pest Management Program

## Annual Notification

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.

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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.

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### 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