



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

Dear Parent/Guardian:

Welcome to the Brockport Central School District!

The attached registration packet is the first step to completing the registration process for your student to apply for our Universal Pre-Kindergarten program (UPK). You will need to complete one packet per student.

The following supporting documentation is **REQUIRED** with the registration packet:

- Proof of birth (Birth certificate or baptismal certificate) (**Date of birth must be between 12/2/19-12/1/2020 to be eligible to participate in our 2024-2025 UPK program**)
- Proof of residency (utility bill, copy of lease, copy of mortgage statement) dated within the last 30 days
- Parent photo ID
- Custody or guardianship papers (if applicable)
- Most recent physical and immunizations (doctors office may fax to 585-637-1838)

You may return the above paperwork one of the following ways:

- Fax to 585-637-1899
- Scan and email to Registrar@bcs1.org
- Mail to the Office of Registration, 40 Allen St, Bldg #100, Brockport, NY 14420
- Take pictures with a smartphone and email it from your phone to Registrar@bcs1.org
- Call the office at 585-637-1891 to **make an appointment** to bring paperwork into the office
- Drop paperwork off in lobby of District Office, 100 Central School Dr, Brockport (Behind tennis courts on campus). Doors to lobby are open 8:00 am – 4:30 pm daily.

The Office of Registration is currently open Monday thru Friday from the hours of 8:00 AM – 3:00 PM. Please remember that if you select to bring paperwork into the office, you **MUST HAVE AN APPOINTMENT** and registration paperwork must be completed prior to your appointment. Your registration appointment could take up to 30 minutes. Feel free to contact our office should you have any questions regarding the registration process.

Again, welcome to the Brockport Central School District.

Sincerely,

Dawn M. Gruka
District Registrar



BROCKPORT

Central School District

Office of Instruction • 40 Allen Street, Brockport, New York 14420 – 2296 • Phone (585) 637-1818 • Fax: (585) 637-1802

Ryan Lanigan
Assistant Superintendent for Instruction

ryan.lanigan@bcs1.org

Dear Parent/Guardian,

Congratulations! Your child qualifies to attend BCSD’s Universal Pre-Kindergarten (UPK) Program for the 2024-2025 school year. We look forward to offering this early learning opportunity to our young students. Students will attend UPK at the Ginther School or one of our area private preschools. All students will receive the same UPK curriculum taught by certified teachers. **Consistent attendance is key to the success of any program. Student attendance will be monitored regularly throughout the year.**

We will make every effort to place all students in a time slot/location that best meets your needs. Please complete the form below with your preference checked. If you can be flexible for the morning or afternoon sessions and/or location, please indicate that so we can accommodate those who may need a certain time slot/location. **If we have too many students for a certain time slot or location, students will be randomly selected through a lottery to ensure slots are filled fairly.** If you select not to have your child participate, please select “my child will not be able to participate” at the bottom of this letter and return ONLY this letter.

If your first preference is a private preschool, please indicate your first choice. However, if a lottery is held for your first choice of school and your child is not selected, please put a ‘2’ in the Ginther location/time that best fits your needs. If a Ginther location will not fit your needs, you may also make note of this on the letter.

Please remember that families are responsible for providing their own transportation to and from UPK programs. If you have any special requests pertaining to carpooling, please make note of that on this letter. We look forward to a successful year of Universal Pre-Kindergarten. Please call Ginther Elementary at 585-637-1830 for any questions.

Sincerely,

Ryan Lanigan
Assistant Superintendent for Secondary Instruction

Universal Pre-Kindergarten Program

Please print student’s name: _____

Session Location Preference (Please mark your choice #1, #2, etc)

- | | |
|---|--|
| <input type="checkbox"/> Ginther Elementary School (8:45 – 11:15 AM) | <input type="checkbox"/> Ginther School-Full Day (8:45 AM-2:30 PM) |
| <input type="checkbox"/> Ginther Elementary School (12:00 – 2:30 PM) | <input type="checkbox"/> Ginther School-No Preference |
| <input type="checkbox"/> Brockport Child Care Center | |
| <input type="checkbox"/> The Schoolhouse of Brockport | |
| <input type="checkbox"/> JLU Child Care of Brockport | |
| <input type="checkbox"/> Inspire!* | * Please note: This private preschool only has morning sessions available |
| <input type="checkbox"/> Ready Set Grow!* | |
| <input type="checkbox"/> Brockport/Clarkson Learning Center* | |
| <input type="checkbox"/> My child will be unable to attend the UPK program because: _____ | |

Please indicate so that we may use your suggestion to improve the UPK program

Parent Signature: _____ Date: _____

Office of Registration & Records
Phone: 585-637-1857
Fax: 585-637-1899

Email: registrar@bcs1.org

Brockport Central School District
40 Allen Street
Brockport, NY 14420

HOUSEHOLD INFORMATION FORM

Primary Address _____ City _____ State _____ Zip _____

Children in the Household (Include all Pre-School Age Children):

Name of Child (First, Middle, Last)	Date of Birth	Sex	Hispanic (Y/N)	Ethnicity	Current Grade
1					
2					
3					
4					
5					

Parent/Guardian Information:

Parent/Guardian #1	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email: Must list email address			
Parent/Guardian #2	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email: Must list email address			

Other Persons who live in household:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

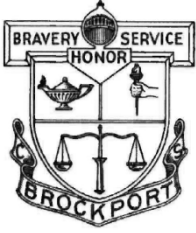
Emergency Contact Information:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

PEDIATRICIAN: _____

Parent Signature

Date



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CUSTODY DISCLOSURE FORM

The Office of Registration & Records is responsible for registration, not the responsibility in determining which parent/guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child in the Brockport Central School District, it is **your** responsibility to provide custodial documentation for the Office of Registration and Records. NOTE: a current legal court document must be provided to ensure compliance with custody orders.

You may contact your child's school principal to review the custodial arrangements although the custodial paperwork will be attached to your child's account. Please provide any new/updated court documents to the Office of Registration and Records as soon as possible so that your child's account may be updated immediately.

Information of Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, state statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights. (Authority: 20 U.S.C. 1232g)

Please select the current custody/guardianship arrangement:

- Parents/guardians are together residing at the same residence
- Single parent (father/mother is not listed on the birth certificate)
- Parents/guardians divorced/separated – joint custody
(no court documentation required unless stipulations on either parent)
- Parents/guardians divorced/separated – sole custody
(Documentation required-otherwise non-residential parent rights are the same as sole custodian)
- Custody/Guardianship is transferred – requires legal documentation
- Student is emancipated – requires legal documentation
- Other: _____

Please check all that apply:

- I have disclosed my current custody/guardianship agreement
- I have attached a copy of the pages of the legal court documents that describe custody arrangements
- I understand that it is my responsibility to update the Office of Registration & Records with any changes in custody

Student Name

Parent Signature



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Studentsⁱ**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Previous School Attended: _____

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

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

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Ethnicity Form

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name: _____ Grade _____

Please answer questions (1) and (2). Please read them before you respond. (For question (1) check the box that best describes your child. Check only ONE box.

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, regardless of race.

- YES**, Hispanic
- NO**, not Hispanic

Select one or more races from the following five racial groups. (For question (2), check all groups that apply to your child. Check at least one box.)

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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 HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian _____ Date _____



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RESIDENCY STATEMENT

The undersigned, being the parent/guardian(s) of _____
(herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

- The undersigned are permanent residents of the Brockport Central School District, (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at _____.
- The undersigned grants permission for the District to verify residency at the above address at the time of registration of the Student and from time to time in the future as the District deems necessary.
- If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District in writing immediately. Notifications will be sent to the school the Student attends or the Office of Registration and Records.
- If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned moved out of the District.
- The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.
- If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Date

Parent Input Form

(Grades UPK-8 ONLY)

Please note that placement decisions are focused on providing the best academic setting and groupings to maximize students' instructional experiences. For this reason the instructional criteria items override placing friends together. We highly suggest parents encourage their children to be comfortable meeting and making new friends. Also, please be aware classroom teachers do incorporate ice breakers and activities for building classroom friendships starting the first day of school.

Child's Name: _____

Person Completing Form: _____

Relationship to child: _____

Present Grade: _____ Present Teacher: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

1. To help in the placement process, please check any items which **best describe** your child:

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> shy | <input type="checkbox"/> outgoing | <input type="checkbox"/> unable to demonstrate self-control | <input type="checkbox"/> needs frequent adult assistance |
| <input type="checkbox"/> sensitive | <input type="checkbox"/> creative | <input type="checkbox"/> has difficulty staying focused | <input type="checkbox"/> tends to be withdrawn |
| <input type="checkbox"/> independent worker | <input type="checkbox"/> motivated | <input type="checkbox"/> demonstrates leadership skills | <input type="checkbox"/> lacks self-motivation |
| <input type="checkbox"/> makes friends easily | <input type="checkbox"/> is active | <input type="checkbox"/> needs academic challenge and enrichment | <input type="checkbox"/> relates easily to adults |

2. What is the **most important** information to be considered in **your child's placement**?

3. Please list any additional information that will assist us in **placing your child**.

(over)

Parent Input Form
(Grades UPK-8 ONLY)

Child's Name: _____

Person Completing Form: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

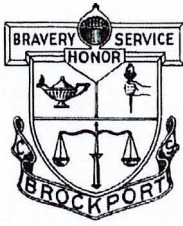
4. Please provide any additional information you feel is important to **next year's teacher**.

Academic:

Social:

Emotional:

Please return this form in the registration packet or you may also return it to the school office.



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HEALTH NOTIFICATION FOR PARENTS AND HEALTH STATUS CHECKLIST

HEALTH NOTIFICATION

New York State law requires parents to show proof of a current physical exam for all new entrants. This examination shall not have been given more than 12 months prior to the first day of school in the year of entry. The school physician will be scheduled to examine new entrants whose parents have not scheduled or obtained proof of an exam.

Please indicate below your responses to this requirement:

1. I have enclosed the proper physical form with my registration
2. I have scheduled a physical for my children on _____
(Date of physical or estimated date of physical)
3. I wish to have the Brockport Central School District Physician give my child a health appraisal
4. I agree to provide Immunization (shots) per the NYS Law Section 2164

Student Name (Please print)

Legal Parent/Guardian Signature

Date

NOTES: _____



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STUDENT HEALTH HISTORY FORM (Page 1)

Student Name: _____ Sex: _____ Date of Birth: _____

Physician Name: _____ Ph #: _____

Dentist Name: _____ Ph #: _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? If Yes, please describe:

	NO	YES	Please Describe
1. Allergies			
2. Asthma			
3. Diabetes			
4. Seizures			
5. Bleeding tendencies			
6. Heart disease			
7. Tuberculosis			
8. Rheumatic Fever			
9. Severe headaches			
10. Frequent ear infections			
11. Pneumonia			
12. Chicken pox			
13. Skin conditions			
14. Cancer			
15. Leukemia			
16. Vision problems			
17. Hearing problems			
18. Speech problems			
19. Orthopedic (such as scoliosis or club foot)			
20. Other			

Date of last physical: _____

Examining Physical Name: _____



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STUDENT HEALTH HISTORY FORM (Page 2)

Student Name: _____

Is your child now or has he/she ever been on any regular medication? If so, please explain: _____

Has your child had any operations (including tonsillectomy, tubes in ears, etc.)? If yes, please explain: _____

Has your child had any serious accidents or injuries (including concussions)? If yes, please explain: _____

Has your child ever been hospitalized? Please explain: _____

Does your child have any special or inherited family disease? If so, please explain: _____

Does your child have any dietary restrictions? If so, please explain: _____

Does your student have any physical restrictions? If so, please explain: _____

Is there anything not covered in the above medical history that you think would be important for us to know about your child: If so, please explain: _____

Signature of Parent

Date

If there are any significant medical history or problem, please call and talk to the school nurse.



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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Physician's Name/Group: _____

Street Address: _____

Telephone #: _____

Fax # _____

AUTHORIZATION FOR RELEASE OF RECORDS:

Student Name: _____ Date of Birth _____

I hereby authorize my child's physician identified above to release to the Brockport Central School District information relating to my child's Immunization and health records for the purpose of enrollment in the Brockport Central Schools. I understand that any information released by my child's physician relating to my child's Immunization and health records to the Brockport Central School District will be used for the sole purpose of determining whether my child is eligible to be enrolled in public school as required by New York State Law. I further understand that no child may be admitted to school or allowed to attend school for more than 14 days without an appropriate Immunization certificate or acceptable evidence of Immunization. In the event proof of Immunization is not provided within the legal time frame, I understand that my child's admission to school will be denied and the local health authority will be notified.

I further authorize my child's physician to release the following information to the Brockport Central School District for the following purposes:

- Physicals to comply with NYS health regulations and sport requirements
- Immunizations to comply with NYS health regulations
- Authorizations for prescriptions to be administered by the nurse during school hours
- Sports related clearances to allow for reinstatement in athletic programs after an injury
- Hearing exam results for maintenance of the student's health history
- Eye exam results for maintenance of the student's health history
- To assess a medical basis for modification of transportation and/or tutoring
- Authorization to obtain any needed prescriptions for occupational or physical therapy

Signature of Parent/Guardian

Date

This authorization expires on my child's last date of enrollment at Brockport Central School District. I understand that I have the right to revoke this authorization in writing, by submitting that revocation to the Office of Registration and Records, but that such revocation will not affect any disclosure that was made pursuant to this authorization prior to the receipt of such revocation by the Brockport Central School District, Office of Registration and Records. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand that the physician identified above cannot refuse to treat the student if I refuse to sign this authorization.

This form complies with HIPAA regulations

Volunteer Form

This form is now online. You will need to access <https://www.applitrack.com/brockport/onlineapp/>

This form does not require that you volunteer. It is a multi-use form that is required if you have any intention of visiting the school during the school year and during school hours. I.E., field trips, class parties, lunch with your student, etc.,

Please contact Diane Heed In our Human Resources Office, 637-1915, with any questions relating to the Volunteer Form as paper copies can no longer be accepted.



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Dear Parent/Guardian:

Welcome to Brockport Central School District! This enclosure is to inform you of your right to refer your child at any time for an evaluation by the Committee on Special Education. You can access more information regarding this right by accessing the Parent's Guide to Special Education on the New York State Education Department's website at <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>.

Should you have any additional questions, please feel free to contact me at 637-1856.

Sincerely,

Lynn P. Carragher
Assistant to the Superintendent for Inclusive Education and Instruction