

**DONNA KEEFER
CENTRAL REGISTRAR
GENERAL BROWN CENTRAL SCHOOL DISTRICT
17643 CEMETERY ROAD
DEXTER, NY 13634
Tel: 315-779-2300, option 9/Fax: 315-639-6916**

Dear Parents/ Guardians,

We would like to welcome you to the General Brown Central School District. General Brown Central schools take great pride in providing a quality education for all students. We believe that our school's purpose is to educate all students to high levels of academic performance while fostering positive growth in behaviors and attitudes.

Parents/Guardians should remember to bring the following documents:

- For Documentation of Age of your child:
 - a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
 - b) If (a) is not available, either a foreign or domestic passport; or
 - c) If (a) or (b) are not available, any other documentary or recorded evidence in existence two or more years, including but not limited to the following:
 1. official driver's license;
 2. state or other government issued identification;
 3. school photo identification with date of birth;
 4. consulate identification card;
 5. hospital or health records;
 6. military dependent identification card;
 7. documents issued by federal, state or local agencies (e.g., local social service agency, federal
 8. Office of Refugee Resettlement;
 9. court orders or other court-issued documents;
 10. Native American tribal document; or
 11. records from non-profit international aid agencies and voluntary agencies.

- Proof of residency: (one of the following is required)
HOMEOWNERS: Proof of Ownership, Original Tax Bill, Title, Mortgage Statement, or Other Forms of Documentation below

OR

RENTERS: Original Lease (Parent/Guardian's name must appear on this lease) or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT: Resident of the District provided statement that parent/guardian and children reside in the District, along with proof of residency listed above.

OR

OTHER FORMS OF RESIDENCY DOCUMENTATION:

- a. Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;
- b. Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
 1. pay stub;
 2. income tax form;
 3. utility or other bills;
 4. membership documents (e.g., library cards) based upon residency;
 5. voter registration document(s);
 6. official driver's license, learner's permit or non-driver identification;
 7. state or other government issued identification;
 8. documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
 9. evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

In addition, please bring the following documents if applicable and if you have them.

- Immunization Record
- Last Report Card
- Special Education Services (IEP, 504 Plan, if applicable)
- Custody Papers (if applicable)

If there are any questions please feel free to contact the District Office at 315-779-2300 option #9.

General Brown Central School District
Central Registration
PO Box 500
17643 Cemetery Road
Dexter, NY 13634

Phone: (315)779-2300
FAX: (315)639-6916

STUDENT RECORD REQUEST

Student Name: _____
Date of Birth: _____ **Grade:** _____
Parent/Legal Guardian: _____
Previous School: _____
Address: _____
Phone: _____
FAX: _____

The student listed above has enrolled with the General Brown Central School District on _____ . Please record an exit date from your district prior to the above date.

Parent/Legal guardian hereby authorizes to release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following school: (Please include Birth Certificate, Health records, Academic Records including Standardized Testing, Last Report Card and Sign out grades, Confidential/Psychological/Special Education Records, IEP,504 Plan, Custody, or Guardianship Papers.)

___ JR/SR High School
17543 Cemetery Rd
Dexter, NY13634
FAX:315-639-3444

___ Brownville /Glen Park Elementary Grades 3-6
PO Box 10
Glen Park, NY 13601
FAX:315-788-6976

___ Please send IEP to:
CSE
ATTN Lisa Leubner
17643 Cemetery Rd
Dexter, NY 13634
FAX: 315-639-4299

___ Dexter Elementary
415 East Grove St
Dexter, NY 13634
FAX:315-639-6845

GENERAL BROWN CENTRAL SCHOOL DISTRICT

New Student Registration Form

Building Enrolling In:

- Jr-Sr High School
 Brownville/Glen Park Elem
 Dexter Elementary

I. STUDENT INFORMATION	Name:				
			(Last)	(First)	(Middle)
	Resident Address:				
		(Street)	(City)	(State)	(Zip)
	Mailing Addr: (if Different)				
		(Street)	(City)	(State)	(Zip)
	Home Telephone:	()		Gender:	M F
	Birthdate (M/D/Y):			Age:	
	Birth Place (City/State/Country):				
	Have you attended General Brown before? If so, when?				
Last School Attended:		Address:			

IEP ?	Y	N
504 Plan ?	Y	N
Ethnicity:		
Check all that apply.		
<input type="checkbox"/>	American Indian/Alaskan	
<input type="checkbox"/>	Black/African American	
<input type="checkbox"/>	Asian/Pacific Islander	
<input type="checkbox"/>	Hispanic/Latino	
<input type="checkbox"/>	White	
<input type="checkbox"/>	Hawaiian/Other Islander	

II. FAMILY INFORMATION	PRIMARY GUARDIANS		Male Guardian	Female Guardian		
	Full Name:					
	Relationship:					
	Address (if Different):					
	E-Mail: (Indicate Home/Work)					
	Employer:					
	Military Unit and Rank:					
	Telephones:	Home:	()	()		
		Cell:	()	()		
		Work:	()	()		
	Does student reside with both guardians?		Y	N	(If No, physical custody is with the following:)	
	<i>If No, a copy of custody papers must be on file in school office, along with:</i>		Name/Relationship:			
			Address:			
	SIBLINGS Name		Gender	Birthdate	School	Grade
	1.					
2.						
3.						

AFFIRMATION: I, the undersigned, affirm that the above information is true and correct, that I am the custodial parent or legal guardian of the student listed in section I above, and that we are residents of the General Brown Central School District (GBCSD). *Furthermore, I hereby authorize the last school attended listed in section I above to release any and all academic and confidential information from the records of the student listed in section I above to the GBCSD. By providing false information to the General Brown Central School District, I may be committing a crime, including but not limited to perjury in the third degree and/or offering a false instrument in the first degree, I may be prosecuted on such criminal charges, and the student's right to attend school in the District will be terminated. Also, I will be required to pay the full tuition for the time of the student's enrollment in the General Brown Central School District as a non-resident.*

Signature:	Date:
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OFFICE USE ONLY:

Student ID:		Grade:		Bus In/Pick-Up/Walk:	
Teacher:		Homeroom:		Bus Out/Drop-off/Walk:	

In case of an emergency, please provide the name(s) of at least one additional person whom the school should contact when neither parent/guardian can be reached.

III. EMERGENCY CONTACTS	CONTACTS	Contact #1	Contact #2
	Full Name:		
	Relationship:		
	Address:		
	Telephones: Home:	()	()
	Cell:	()	()
	Work:	()	()

NOTE: STUDENT RELEASES

No Student will be released from school without written authorization from his/her parents/guardians.

Transportation arrangements are made on the assumption that students will be picked-up and dropped-off at the home address. If different arrangements need to be made, please indicate below, (i.e., babysitter):

NOTE: Students cannot be transported to residences outside the district.

IV. TRANSPORTATION	How will student be transported to school?		<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Parent Car	<input type="checkbox"/>	Student Car	<input type="checkbox"/>	Walk		
	How will student be transported from school?		<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Parent Car	<input type="checkbox"/>	Student Car	<input type="checkbox"/>	Walk		
	If riding the bus, will student have an alternate location besides home address? If Yes,									Y	N	
	ALTERNATE	Full Name:										
		Relationship:										
		Address:										
		Home Phone:	()									
		Cell Phone:	()									
	EMERGENCY	Times:	<input type="checkbox"/>	AM Pick-Up	<input type="checkbox"/>	PM Drop-Off	<input type="checkbox"/>	Both				
		In case of an early dismissal, student will:		Ride regular PM bus home.								
Be transported to the following emergency drop:												
Full Name:												
Relationship:												
Address:												
Home Phone:	()											
Cell Phone:	()											

OFFICE USE ONLY	<input type="checkbox"/>	Copy CSE	<input type="checkbox"/>	Residency Ver	<input type="checkbox"/>	Student Packet	<input type="checkbox"/>	Request Records	<input type="checkbox"/>	Trip Perm (EL)
	<input type="checkbox"/>	Copy Trans	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Handbook	<input type="checkbox"/>	Rcvd Records	<input type="checkbox"/>	Spec Svcs (EL)
	<input type="checkbox"/>	Copy Food Svc	<input type="checkbox"/>	Custody Papers	<input type="checkbox"/>	Planner	<input type="checkbox"/>	Perm Rec Card	<input type="checkbox"/>	Guide Fldr (EL)
	<input type="checkbox"/>	Copy Tch (EL)	<input type="checkbox"/>	Imm Rec (EL)	<input type="checkbox"/>	Menu	<input type="checkbox"/>	Home Lang CSE	<input type="checkbox"/>	Class List (EL)
	<input type="checkbox"/>	Copy Princ (HS)	<input type="checkbox"/>	Health Form(EL)	<input type="checkbox"/>	Library	<input type="checkbox"/>		<input type="checkbox"/>	List Count (EL)
	<input type="checkbox"/>		<input type="checkbox"/>	Health Rel (HS)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Form Date: Feb 2015



General Brown Central School District
Consent to Release Student Health Information

Name of Student: _____ DOB: _____

Address: _____

Phone Number: _____

Health Care Provider: _____

I authorize all health care providers to release medical information to the General Brown School District as requested. I also authorize the release of any pertinent health information from my child's school health record to relevant staff of the General Brown School District or, on request, to any certified health care provider. It is understood that only "need to know" information will be released to further insure the welfare of my child.

Parent/Guardian Signature

Date

I do not authorize the release of any pertinent health information or medical records as they pertain to my child.

Parent/Guardian Signature

Date

Building
Jr. / Sr. High
BGP Elementary
Dexter Elementary



General Brown Central School District Health Office Emergency Contact Form

In the event that a student's parent /guardian CANNOT be reach during the school day, Please designate another person whom the school nurse may call in case of illness/injury. This person would have you permission to come to school to sign out your student for illness/injury only.

I authorize the school nurse to allow the following persons to sign out my child from school for illness/injury in the event NO parent/guardian can be reached by the school nurse.

Emergency Person name and contact number _____

Emergency Person name and contact number _____

Parent/Guardian Signature _____

Students Name _____ Grade _____

Building
Jr. / Sr. High
BGP Elementary
Dexter Elementary

HEALTH INFORMATION RECORD

PARENT/GUARDIAN: _____

CHILD'S FULL NAME: _____

PLEASE CHECK DISEASES YOUR CHILD HAS HAD, AND GIVE DATES:

Chicken Pox _____ Pneumonia _____ Hepatitis _____

Scarlet Fever _____ Asthma _____ Epilepsy _____

Strep Throat _____ Allergies _____

Diabetes _____ Rheumatic Fever _____ Heart Disease _____

Ear Infections _____ Colds and Sore Throats _____ Serious Injury _____

Bronchitis _____ Asthma _____

Serious Illnesses - give details & dates _____

Operations - give details & dates _____

1. Has this child ever been hospitalized? _____ For what reason & Date _____

2. How much did your child weigh at birth? _____

3. Was this a normal pregnancy? _____

4. Does your child have a physical handicap? _____

5. Does your child take medication regularly? _____ For what reason? _____

Name of medication _____

6. Has your child had an eye examination? _____ Name of doctor? _____ Phone # _____

Date of last visit? _____

Name of family doctor? _____ Date of last visit? _____ Phone # _____

Name of family dentist? _____ Date of last visit? _____ Phone # _____

General Brown Central School District
Elementary Educational Trips

Parent/Guardian's Permission to take Educational Trips:

An important part of education is provided through planned trips as part of the regular school program. The following information is essential and will accompany your student when they go on an educational trip.

I give permission for _____ to participate in educational trips during the
_____ (Name of Student)
_____ school year.

Signed: _____
(Parent or Guardian)

I give my consent for emergency medical treatment for _____
In case I can not be reached.

Date: _____ Signed: _____

Student Name: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies: _____

Known Medical Problems: _____



GENERAL BROWN CENTRAL SCHOOL DISTRICT

General Brown Junior-Senior High School

17643 Cemetery Road
Dexter, NY 13634
Tel 315-779-2300 / Fax 639-3444

Brownville/Glen Park Elementary School

PO Box 10
Brownville, NY 13615
Tel 315-779-2300 / Fax 788-6976

Dexter Elementary School

415 East Grove Street
Dexter, NY 13634
Tel 315-779-2300 / Fax 639-6845

**CSE Office**

17643 Cemetery Road
Dexter, NY 13634
Tel (315) 779-2300 Fax (315) 639-4299

General Brown School District
Office of Student Services
Screening Consent Form

Dear Parent/Guardian;

Under the New York State Education Law, it is required that incoming students meeting the criteria will be screened in the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading fluency and comprehension, mathematical calculation and problem solving, motor development, articulation and cognition. Your child may take part in the screening process in these areas when he/she enters this school district. The results will be used to help us better meet the needs of your child.

CSE/CPSE Chairperson

_____ I have been informed that my child _____ may be screened, as required by New York State Law.

Please sign below to indicate that you have read the above criteria information. Failure to sign does not mean that your child will not be screened.

Date

Signature of Parent/Guardian

A TRADITION IN FINE EDUCATION
Equal Opportunity - Affirmative Action Employer

For more information about our District, please visit our website: www.gblions.org
and subscribe to receive E--Alert Updates.



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
<input type="text"/>	<input type="text"/>
<i>District Name (Number) & School</i>	<i>Address</i>

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

**General Brown Central School District
Enrollment Application
Mc-Kinney-Vento Act Student Residency Questionnaire**

Name of School: General Brown Central School District

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

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

Mc-Kinney-Vento Liaison Signature

**General Brown Central School District
Special Services Information**

Student Name _____ Date _____
 Date of Entry _____ Date of Birth _____
 Previous School _____
 Contact Name _____
 Phone / Fax _____

- Yes No 1. Does your child currently have an IEP or 504 Plan?
 Yes No 2. Has your child ever been tested for special education services?
 Yes No 3. Has your child received any type of special education related services at a previous school?

Has your child received any of the following services?

	Currently Receiving	Received in Past	Never Received
Resource Room	_____	_____	_____
Special Education class	_____	_____	_____
Physical Therapy	_____	_____	_____
Speech Therapy	_____	_____	_____
Occupational Therapy	_____	_____	_____
Counseling	_____	_____	_____
Reading Services	_____	_____	_____
Math Services	_____	_____	_____

Special Alerts _____
 (please provide documentation of services received if possible)

For Foster Care students

Caseworker name _____ Phone # _____
 County of origin _____
 Foster Care agency _____