Enclosed you will find the registration packet for your child. The processing time for this packet is approximately two school days from the day it is submitted. This ensures that your child’s transportation, food service accounts and classroom needs will be properly addressed.

When you have completed the forms, please send the District Registrar, Linda Wood at Madison Central School, 7303 State Route 20, Madison or email to lwood@madisoncentralny.org

When returning this packet, please attach the following items:

Child’s Birth Certificate
Child’s Immunization Records
Adult’s proof of residence in the Madison Central School District ex: lease agreement with name and address, utility bill, etc.
(post office box cannot be used as a proper resident address)
Any school records from previous school(s) ex: last report card
Custodial papers (if applicable)

All above items must be received by the registrar before a student can be registered into the district. Students may not start school unless all forms have been received.

If you have any questions please do not hesitate to call Ms. Linda Wood the Central Registrar at 893-1878 x 201. If there is no answer, please leave a message and your call will be returned promptly.

Welcome to Madison.

Form Updated: 8-Apr-20
Upon your child’s enrollment or attendance in the Madison Central School District we must notify every parent or person in parental relationship to their rights regarding referral and evaluation of your child:

Upon your child’s enrollment in the Madison Central School District you have the right to refer your child for an evaluation for the purpose of special education services/program, according to applicable federal and state laws.

Our District contact is:

Mr. Brian Latella, Chairperson for the Committees on Preschool and School Age Special Education
7303 State Route 20
Madison, NY 13402
blatella@madisoncentralny.org
315-893-1878 ext. 265

A Parent’s Guide to Special Education ages 3-21 can be found at:


Or available, upon request, at the Special Education Office.
MADISON CENTRAL SCHOOL  
MADISON, NY 13402

Name of Student

Date of Birth: ____________  Sex:  Male__/Female __

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.

1. Is your current address a temporary living arrangement?  ____Yes  ____No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  ____Yes  ____No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

☐ In a Motel
☐ In a shelter
☐ With more than one family in a house or apartment
☐ Moving from place to place
☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Name of Parent(s)/Legal Guardian(s): _____________________________

Address ________________________________ Phone ____________

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.  TEC Sec.25.002(3)(d).

Signature of Parent/Legal Guardian ____________________________ Date ____________

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

McKinney-Vento Liaison Signature ____________________________ Date ____________
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.

Home Language Questionnaire (HLQ)

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of Birth:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Parent/Person in Parental Relation Info:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?
   - ☐ English
   - ☐ Other [specify]

2. What was the first language your child learned?
   - ☐ English
   - ☐ Other [specify]

3. What is the Home Language of each parent/guardian?
   - ☐ Mother [specify]
   - ☐ Father [specify]
   - ☐ Guardian(s) [specify]

4. What language(s) does your child understand?
   - ☐ English
   - ☐ Other [specify]

5. What language(s) does your child speak?
   - ☐ English
   - ☐ Other [specify]
   - ☐ Does not speak

6. What language(s) does your child read?
   - ☐ English
   - ☐ Other [specify]
   - ☐ Does not read

7. What language(s) does your child write?
   - ☐ English
   - ☐ Other [specify]
   - ☐ Does not write

---

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

**School District Information:**

| District Name (Number) & School | Address |

**Student ID Number in NYS Student Information System:**
Home Language Questionnaire (HLQ) — Page Two

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
   □  □  □  *If yes, please explain:__________________________

How severe do you think these difficulties are?  □ Minor  □ Somewhat severe  □ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  □ No  □ Yes*  *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
   □ No  □ Yes – Type of services received:

Age at which services received (Please check all that apply):
   □ Birth to 3 years (Early Intervention)  □ 3 to 5 years (Special Education)  □ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  □ No  □ 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?

________________________________________________________________________

Signature of Parent or of Person in Parental Relation

Month:  Day:  Year:  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:  □ No  □ Yes

**DATE OF INDIVIDUAL INTERVIEW: ___________________________

OUTCOME OF INDIVIDUAL INTERVIEW:
   □ ADMINISTER NYSITELL
   □ ENGLISH PROFICIENT
   □ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: ___________________________  POSITION: ___________________________

DATE OF NYSITELL ADMINISTRATION: ___________________________

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
   □ ENTERING  □ EMERGING  □ TRANSITIONING  □ EXPANDING  □ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

ENGLISH
MADISON CENTRAL SCHOOL
Acceptable Use Policy (AUP)
Regarding Use of District Device Technology

Inappropriate Uses of Technology Among Users Include the Following:

1. Violation of the property rights and copyrights in data and device programs.

2. Intentional or neglectful destruction or damage of other user's data or programs.

3. Unauthorized access to and use of an account, and the network facilities, or use of such facilities, for purposes other than those for which they were permitted the user.

4. Unauthorized access to and use of an account, and the network facilities for personal or private gain.

5. Reading or use of private files/data without proper authorization.

6. Unauthorized attempts to alter device hardware or software.

7. Unauthorized use of "outside" or unapproved software.

8. Use of the network for slanderous, abusive, intimidating or otherwise offensive messages.

9. Using the network to send or display unsolicited, non-educational related messages or pictures, which are offensive, obscene, harassing, attacking, or insulting to others.

10. Fraudulent use of another person's name or ID to send or receive messages or pictures – or to gain access to network software.

11. Use of the Internet for purposes other than education and educational research. Inappropriate use includes e-mail, downloading or streaming music, videos, images, etc.

12. District connectivity to the Internet is filtered by Lightspeed filtering.

Madison Central School Technology User
Agreement and Authorization

When there is any indication of unauthorized use or abuse of the system, or any other action which interferes with the proper functioning of the system, or infringes on the rights of other users, Madison Central School will be authorized to investigate. Unethical or irresponsible use of the system will be referred to the building principal for appropriate disciplinary or legal action.

As a system user, I have the responsibility to maintain the integrity of the system and to use it only in an authorized and appropriate manner.

I am aware that the District has the right to monitor my technology use including device and Internet use and that my privileges could be lost due to inappropriate use.

User's Name (Please Print): ____________________________ (grade) ______ Date: ________

User's Signature: ____________________________ Date: ________

Parent/Guardian Signature: ____________________________ Date: ________
MADISON CENTRAL SCHOOL
Technology Violations

Access to the computer network is easy and enjoyable as long as certain guidelines are followed. The use of the computer network is a privilege for authorized users only. With this privilege comes the responsibility for using the network appropriately. **Access to the Internet is for Educational purposes only.** The use of our Internet account must be in support of education and research and consistent with the Educational objectives of the Madison School District. Students should always have a specific subject matter in mind when they use the Internet. **There should be no expectation for privacy when using District technological resources!**

All authorized users of Madison Central School’s computer resources must have a signed written agreement on file with the District office as to the terms of authorized usage of the computer facilities. Failure to do so will result in denial of a user access and use of computers.

Examples of inappropriate usage of computer/technology:

- Logging in under another USER’s ID.
- Seeking to gain access to another student’s files.
- Using improper language on any device, sending it to another person, or printing.
- Inappropriate use of the Internet including but not limited to: security violations, vandalism, browsing and downloading, e-mail, non-educational video streaming, etc.
- Doing any physical damage to any district devices; any and all components of the network system.

Consequences include but are not limited to:

1st Offense – Losing login privileges for two weeks.
2nd Offense – Losing login privileges for the remainder of the school year.

Level III – IV of student handbook; loss of all device privileges; held liable for those damages.
IMPORTANT - PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN AUGUST 20, 2020 EVEN IF INFORMATION IS THE SAME AS LAST YEAR. PLEASE HIGHLIGHT ANY CHANGES FROM THE LAST SCHOOL YEAR TO MAKE IT EASIER TO UPDATE OUR RECORDS

Madison Central School District

Student Transportation Form

Student Name:

_Circle one:_ Elementary School    High School    Grade: _________    Homeroom Teacher

________________________

Health Issues/Accommodation Driver should be aware of:

________________________

_Location #1 – Home Address_

Parent/Guardian(s) : ___________________________    Relationship:

________________________

House #: ___________    Apt. #: ___________    Home Phone:

________________________

Street/Road Name: ___________________________    Cell Phone: (Male) ___________

(Female) ___________

City/Town: ___________________________    Work Phone: (Male) ___________

(Female) ___________

_Location #2 – Alternate Address_

Name: ___________________________    Relationship: ___________________________

________________________

House #: ___________    Apt. #: ___________    Home Phone:

________________________

Street/Road Name: ___________________________    Cell Phone: (Male) ___________

(Female) ___________

City/Town: ___________________________    Work Phone: (Male) ___________

(Female) ___________
Pick-up & Drop-off Request

Please indicate at which location (use number from above) the student is to be picked up or dropped off at in the appropriate box for the day of the week.

<table>
<thead>
<tr>
<th>Pick-up Location (AM)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-off Location (PM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ My student is in elementary in grades Pre-K through 3rd but will be getting dropped off with an older student and DOES NOT REQUIRE ADULT VISUAL CONTACT upon bus drop off.

_____ My student is in grades 4 or 5, and REQUIRES ADULT VISUAL CONTACT upon bus drop off.

_____ My student is in grades 4 or 5 and I DO NOT REQUIRE AN ADULT VISUAL CONTACT upon bus drop off. I understand as the parent/guardian of this child that it is my decision and my responsibility for this decision to drop my student off at their afterschool location without a verified adult present via visual contact. I hereby release Madison Central School from any liability associated with my decision.

Is student a walker: ☐ Yes ☐ No  Effective Date: ________________

Parent/Guardian Signature: ___________________________________________ Date: ____________________
2020-21

Dear Parents/Guardians:

From time to time we have activities here at school that are covered by the media, such as Student of the Month. At the bottom of this letter is a form. This form tells us whether or not you give your permission for your child’s picture and/or name to appear in our school newsletter, a local newspaper, on a local TV station, or the MCS website.

Please complete and return this form to your child’s homeroom teacher.

Sincerely,

Jason Mitchell
Superintendent

JM/Iw

________________________________________________________________________________________________

Please circle one

**I give do not give** my permission for my child's picture to be used in media coverage of school activities.

Child's Name __________________________ Child's Teacher __________________________

Parent/Guardian Signature __________________________ Date ____________
Does your child or children receive free or reduced lunch at MCS? If so, check this out!

Blue Packs

September 2020

Dear Parents and Guardians,

Your child/children is eligible to be a recipient of the Blue Packs program as they are currently receiving free or reduced lunch. This program provides a modest breakfast, lunch, and snack for Saturday and Sunday. Once the program is implemented he or she will receive a bag of food every Friday.

Please indicate below if you would like your child/children to be a part of this program or not. Please sign below and return the letter to the school. The program will begin on September 11, 2020.

Please check one:

_____ I DO NOT want my child to participate in the Blue Packs program.

_____ I DO want my child to participate in the Blue Packs program.

Child's/Children's Name: ___________________________ Grade: _____

___________________________ Grade: _____

___________________________ Grade: _____

___________________________ Grade: _____

Total number of children living in your household: ________

Signature _________________________________________

This program is made possible by the PTO through generous donations from individuals and businesses in our community. If you would like to donate please send to:

Madison Central School
PTO Blue Backpacks
7032 Route 20
Madison, NY 13402
# Student Health History Update

<table>
<thead>
<tr>
<th>Has your child ever:</th>
<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had an ongoing medical condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seen a medical specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had allergies: food, environmental, insect medication, other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been hospitalized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had an operation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had an injury requiring an Emergency Room visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed 5 days of school in a row due to illness/injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a bone/muscle injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed out, had a concussion or serious head injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a convulsion/seizure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a vision problem or condition</td>
<td></td>
<td></td>
<td>glasses □ □ contacts</td>
</tr>
<tr>
<td>Had a hearing problem or condition</td>
<td></td>
<td></td>
<td>hearing aid □ □ cochlear implant</td>
</tr>
<tr>
<td>Worn dental bridge, braces or mouthpiece</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- ADHD
- Asthma/trouble breathing
- Autism/Asperger
- Dental Injuries
- Diabetes
- Ear Infections
- GI Conditions (ulcer, reflux, IBS)
- Headaches/migraines
- Heart Conditions
- High Blood Pressure
- Mental Health Condition
- Depression, eating disorder, anxiety, OCD, ODD, etc.
- Scoliosis
- Single Organ (□ kidney, □ testicle)
- Skin Condition
- Speech Condition
- Urinary Condition

**CURRENT MEDICATIONS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list name, dose, time(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Given at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taken at home</td>
</tr>
</tbody>
</table>

**ASSISTIVE EQUIPMENT**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>During or outside of school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ crutches □ walker □ wheelchair □ other:</td>
</tr>
</tbody>
</table>

**TREATMENTS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>During or outside of school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ insulin/blood glucose monitoring □ inhaler/nebulizer/peak flow monitoring □ special diet</td>
</tr>
</tbody>
</table>

Is there any condition that would prevent your child from participating in physical education or sports?  
_____ No  _____ Yes: ____________________________

In the event of a medical emergency, if you cannot be reached, does the school have your permission to call for emergency transport of your child to the nearest hospital emergency room for treatment?   
_____ Yes  _____ No  If so, preferred hospital: ____________________________