



# Peru Central School District

## Registration Information

### Pre-School

*Preparing Our Students for Success*

Welcome to the historic Peru Central School District. We are excited that you have chosen for your child to be educated within our halls and look forward to working with you and your family for many years to come.

To register your child, please provide the following documentation to our registrar:

- 2 Proofs of Residency (please see form within packet for requirements)
- Student's Birth Certificate
- Parent/Guardian Driver's License/ID
- Completed packet
- All Legal or Custody Documents
- Current Medical Records
- Physical and Immunization Record

You may email the registration packet and supporting documents to [rjoy@perucsd.org](mailto:rjoy@perucsd.org). If you are unable to email the registration packet, please call for an appointment PRIOR to arriving to submit paperwork. Please contact the registrar, Robin Joy, with any questions and further directions on how to get to the office.

Hours: 7:00 a.m. to 3:00 p.m.

Phone: (518)643-6009

Fax: (518)643-6080

Email: [rjoy@perucsd.org](mailto:rjoy@perucsd.org)



# Peru Central School District

## Proof of Residency

Peru Central School District requires that all students will reside within the district boundaries for attendance. Two proofs of residency are required. Items reflecting a P.O. Box are not valid proofs of residency. All items must be dated within the last 30 days.

You must provide two forms of proof of residency from the list below:

- Lease or Mortgage Agreement or
- Rental Agreements

AND

- Telephone Bill
- Cable Bill
- Utility Bill
- Car or Home Insurance Policy
- Bank Account Statement
- Credit Card Bill
- Pay Stub
- Tax Bill
- Voter Registration

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I, \_\_\_\_\_, am a resident of the Peru Central School district.  
Please accept copies of the indicated documentation as proof of residency.

Date \_\_\_\_\_

The Peru Central School District educates homeless youth and children in accordance with the federal McKinney-Vento Homeless Assistance Act, which requires states and school districts to ensure that homeless children and youths have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. 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 Homeless Liaison will assist the student and family.



# Peru Central School District

## PERU CENTRAL SCHOOL DISTRICT REGISTRATION

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date Entering: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Has your child ever attended PERU CSD? \_\_\_\_\_ If so, when? \_\_\_\_\_

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

- In permanent housing with: \_\_\_\_\_ Father only \_\_\_\_\_ Mother only \_\_\_\_\_ Both \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other
- 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): \_\_\_\_\_

### Parent/Guardian Information:

Salutation: __ Mr. __ Mrs. __ Ms. __ Miss __ Natural Father/Mother __ Step Father/Mother __ Guardian __ Foster Parent __ Grandfather/Grandmother __ Uncle/Aunt <hr/> <p style="text-align: center;"><b>Full Legal Name</b></p> <hr/> <p style="text-align: center;">(First)                      (Middle)                      (Last)</p> <b>Physical Address</b> _____ _____ _____ <b>Mailing Address</b> _____ _____ _____ Cell # _____ Work # _____ Place of Work _____ Email _____	Salutation: __ Mr. __ Mrs. __ Ms. __ Miss __ Natural Father/Mother __ Step Father/Mother __ Guardian __ Foster Parent __ Grandfather/Grandmother __ Uncle/Aunt <hr/> <p style="text-align: center;"><b>Full Legal Name</b></p> <hr/> <p style="text-align: center;">(First)                      (Middle)                      (Last)</p> <b>Physical Address</b> _____ _____ _____ <b>Mailing Address</b> _____ _____ _____ Cell # _____ Work # _____ Place of Work _____ Email _____
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Email address (used for "going green" communication and enrollment for parent portal).



# Peru Central School District

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

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

Names of all other children in household including preschool age children (for school census purposes). Please fill in complete full name (including middle name).

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female
2. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female
3. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female
4. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female

Any legal custodial restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please attach court documents.

PRE-SCHOOL REGISTRATION PACKET



# Peru Central School District

## Student Racial and Ethnic Identification as specified by the NYS Dept. of Education

1. 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 Spanish culture or origin regardless of race.

Yes, Hispanic  No, not Hispanic

2. Select one or more races from the following five racial groups:

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. Ex. Cherokee, Mohawk, Inuit.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including (for ex.) Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, 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:** 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.

### Special Education Needs:

Is your child **CURRENTLY** receiving special education services?  No  Yes

If Yes, please checkmark next to each service he/she is receiving.

Speech/Language Therapy  Consultant Teacher  BOCES  Classroom Aide

Occupational Therapy  Self-Contained Classroom  504 Plan  1:1 Aide

Physical Therapy  Resource Room  Declassified  Testing Accommodations

Other Special Education Needs:

### Academic Intervention Services:

AIS Reading  AIS Math Other: \_\_\_\_\_



# Peru Central School District

## Emergency Contact

Names, addresses and phone numbers of people with whom you have made arrangements to take responsibility for your child in the event you cannot be reached.

1. Name:	3. Name:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
2. Name:	4. Name:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

### Pediatrician Information:

Name of Pediatrician \_\_\_\_\_

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

**Parent/Guardian Statement:** I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Peru Central School District.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



# Peru Central School District

## RECORD RELEASE AUTHORIZATION

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

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The following student has enrolled in our district:

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Please forward the following records for the student listed above:

- ✓ Health/Immunization Records (Also, copy of last physical, if less than a year old.)
- ✓ Academic Records (Transcript/Last Report Card/Last Progress Report/Standardized Test Scores/Current Schedule)
- ✓ All Discipline Records
- ✓ Special Education Records, including psych. evaluations, if applicable
- ✓ Birth Certificate
- ✓ Other: \_\_\_\_\_

Please send the information listed above to:

\_\_\_\_\_

Peru Central School District

17 School Street

Peru, NY 12972

The student listed below has enrolled in the Peru Central School District on

\_\_\_\_\_

Please record an exit date from your district that is earlier than this date so that the student is not shown as being simultaneously enrolled in both districts. Thank you.

Fax to: \_\_\_ K-2 Main Office 1(518)643-6126

\_\_\_ 3-5 Main Office 1(518)643-6212

\_\_\_ 6-8 Main Office 1(518)643-6023

\_\_\_ 9-12 Main Office 1(518)643-6438

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Peru Central School District

## HOME LANGUAGE QUESTIONNAIRE

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. Please complete the Language Background below as required by the New York State Education Department. Your assistance in answering these questions is greatly appreciated.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Language Background

1. What language(s) is(are) spoken in the student's home or residence?  English  Other \_\_\_\_\_
2. What was the first language your child learned?  English  Other \_\_\_\_\_
3. What is the Home Language of each parent/Guardian? Please specify for each.
 

	Mother/Guardian _____
	Father/Guardian _____
4. What language(s) does your child understand?  English  Other \_\_\_\_\_
5. What language(s) does your child speak?
 

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
<input type="checkbox"/> Does not speak	
6. What language(s) does your child read?
 

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
<input type="checkbox"/> Does not read	
7. What language(s) does your child write?
 

<input type="checkbox"/> English	<input type="checkbox"/> Other _____
<input type="checkbox"/> Does not write	

### Official Office Use Only

Oral Interview Necessary:  No  Yes

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_





# Peru Central School District



## NEW YORK STATE MIGRANT EDUCATION PROGRAM IDENTIFICATION & RECRUITMENT OFFICE PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take few minutes to complete this questionnaire.*

**Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?**

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answer YES, please provide your contact information below:*

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

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

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**



This page may be submitted with the registration packet.