



Vernon Verona Sherrill

Student Registration Packet

I. STUDENT INFORMATION (<i>Legal Name on Birth Certificate</i>) PLEASE PRINT		
First Name:	Middle Name:	Last Name:
Child's Preferred Gender:	Grade Level for the School Year Registering:	
Mailing Address:		
Home Address, if different:		
Home Phone:		Cell Phone:
Child's Age:	Child's Birthdate:	Birth Place (City, State):
Name and location of previous school district:		
Student lives with (select all that apply):		
Both parents	Mother	Father
Stepmother	Stepfather	Grandparents
Legal Guardians	Homeless	Foster Family
Foreign Exchange Family	Other (Please explain): _____	
*Language spoken most in the home:		

** If other than English, complete Home Language Questionnaire- See appendix*

II. GUARDIAN INFORMATION		PLEASE PRINT
Mother's Full Name:	Maiden Name:	
Mother's Address:	Employer:	
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Father's Full Name:		
Father's Address:	Employer:	
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Legal Guardian's/Foster Parent's Full Name:		
Address:	Employer:	
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Legal Guardian's/Foster Parent's Full Name:		
Address:	Employer:	
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	

III. CUSTODY INFORMATION**PLEASE PRINT***Please select the option which most closely reflects the child's home environment*

<input type="checkbox"/> Two parents in home	<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Joint Custody Agreement *
<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Parent and Step Parent	<input type="checkbox"/> Foster Placement *	Other: _____

Restrictions on Contact and Information: _____

Please provide any relevant details: _____

Order of Protection:**Expiration Date:**List any individuals who are denied access to your child-
Documentation required.** Additional documentation required- See Appendix for Parent/guardian affidavit; see Appendix for DSS 2999 Foster Care Form***IV. HEALTH INFORMATION****PLEASE PRINT**

Date of Last Physical: _____ Physician's Name: _____

Please indicate whether your child has experienced any of the following **health conditions**:

<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear Condition	Current Medications: _____
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Surgery	
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Serious Injuries	Additional Information: _____
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Cancer	<input type="checkbox"/> Concussion(s)	
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other	

Please indicate whether your child has experienced any of the following **allergies**:

<input type="checkbox"/> Food	<input type="checkbox"/> Environmental	Additional Information: _____
<input type="checkbox"/> Bees	<input type="checkbox"/> Other	
<input type="checkbox"/> Epipen prescribed	<input type="checkbox"/> Benadryl prescribed	_____

V. HOMELESS INFORMATION**PLEASE PRINT**

Is the child considered homeless under the federal McKinney-Vento Homeless Education Assistance Act? _____ *

** Additional documentation required- see Appendix for Regulation 7021.2*

Is there any reason why the child may be considered homeless? _____

Sole Custody	Parent and Step Parent	Foster Placement	Other: _____
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VI. EMERGENCY CONTACTS		PLEASE PRINT
<i>In the event of an emergency at school, parents/guardians will be contacted first, followed by emergency contacts if necessary</i>		
Name:	Phone:	Relationship to Student:
Address:		Parent/Guardian Permission to pick-up child YES NO

Name:	Phone:	Relationship to Student:
Address:		Parent/Guardian Permission to pick-up child YES NO

VII. CHILDCARE CONTACT		PLEASE PRINT
Name:		Phone:
Address:		

VIII. SIBLINGS (Please list ALL)			PLEASE PRINT
Name	Date of Birth	School Building (if applicable)	Grade (if applicable)

VIII. DEMOGRAPHIC INFORMATION		PLEASE PRINT
Please read the following questions and mark the box which most accurately describes your child.		
<p>1.) Is the student Hispanic, Latino or of Spanish origin (example: Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race).</p> <p><input type="checkbox"/> YES, Hispanic (If “YES,” skip to section IX)</p> <p><input type="checkbox"/> NO, not Hispanic (If “NO,” continue to next question)</p>		
<p>2.) Select one or more races from the following five racial groups; check all that apply to your child.</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North America and who maintains a cultural identification through tribal affiliation</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands</p> <p><input type="checkbox"/> Black: A person having origins in any of the black peoples of Africa</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, North Africa, or Middle East</p>		

IX. BUSING INFORMATION	PLEASE PRINT
Address of pick-up location: _____	
Address of drop-off location: _____	
Person responsible for getting child off bus: _____	
<p><u>PRE-K ENROLLEES ONLY</u></p> <p style="color: red;">Daily busing pick-up and drop-off points. This information will determine whether your PreK child attends a.m. or p.m. Prek.</p> <p>Address of pick-up location: _____</p> <p>Address of drop-off location: _____</p> <p>Person responsible for getting child off bus: _____</p> <p style="color: red;">Please note, should this information change after bus routes have been established, transportation may <u>not</u> be available for your child. Requests for a.m. or p.m. PreK cannot be honored.</p>	
<p><u>PRE-K ENROLLEES ONLY</u></p> <p>LEAD SCREENING</p> <p>As a result of the Lead Poisoning Act of 1994, we are required to ask if your child has been screened for lead. If your child has not been screened for lead, we encourage you to have this testing completed as high lead content can significantly affect learning. Under the Lead Poisoning Act, the District is required to provide parents and guardians with information on lead screening locations.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Oneida County Health Department</div> <div>(315) 798-5250</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Madison County Health Department</div> <div>(315) 366-2361</div> </div>	
<p>I understand and verify that I have read the information above</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Parent Signature: _____</div> <div>Date: _____</div> </div>	

PARENT/GUARDIAN ATTESTATION:

As the parent or guardian of the student above, I certify that the student above is a resident of the Vernon Verona Sherrill School District and that the child resides at the address listed above. FALSIFYING RESIDENCY IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS CURRENT AND CORRECT.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Vernon Verona Sherrill Schools

RECORDS REQUEST

To: _____
(School District)

From: _____
(VVS School Building)

Re: Request for Student Records

A student formerly enrolled in your district, _____ has registered at
(student name)

Vernon Verona Sherrill. Please send the following:

- Medical History including immunization records
- Psychological Report
- IEPs and IEP Progress Reports
- Initial Referral Date
- Initial Consent to Place letter signed by parent
- Social History
- Attendance Records
- Report Cards
- State Test Results

Please mail or fax the above information to the following:

Thank you for your assistance.

<u>For Wettel Elementary</u> Tracy Killian 4329 Peterboro St Vernon, NY 13476 P: (315) 829-7300 F: (315) 829-4326	<u>For J.D. George Elementary</u> Jacqui Cole 5647 E. Main St Verona, NY 13478 P: (315) 829-7361 F: (315) 361-5895	<u>For McAllister Elementary</u> Katherine DeJesus 217 Kinsley St Sherrill, NY 13461 P: (315) 829-7330 F: (315) 361-4783	<u>For VVS Middle School</u> Chris Breckenridge 5275 State Rt 31 Verona, NY 13478 P: (315) 829-7448 F: (315) 829-5966	<u>For VVS High School</u> Robyn Coufal 5275 State Rt 31 Verona, NY 13478 P: (315) 829-7446 F: (315) 829-4465
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Parent Signature: _____

Date: _____

Vernon-Verona-Sherrill Central School District
Request for Permission to Access the SchoolTool Student/Parent Portal

My Name (Please Print) _____ Date _____

I am a parent or guardian of the following Vernon-Verona-Sherrill Central School District student(s):

Student Name (Please Print)	School Building (Circle One)						Grade Level
	WA Wettell	JD George	EA McAllister	Middle	High		
	WA Wettell	JD George	EA McAllister	Middle	High		
	WA Wettell	JD George	EA McAllister	Middle	High		
	WA Wettell	JD George	EA McAllister	Middle	High		
	WA Wettell	JD George	EA McAllister	Middle	High		
	WA Wettell	JD George	EA McAllister	Middle	High		

I request that the District provide me with a login password that will allow me access to information about my child's school performance, including schedule, teacher names, attendance, and grades. I understand that this information is stored in a database called SchoolTool, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login password, I agree to the following Terms of Network Access:

Please acknowledge each item by initial and sign at the bottom.

☐

I will maintain a valid e-mail address that the District may use to send me the login password and other messages about SchoolTool or my child(ren).

My present e-mail address for this purpose is: _____@_____

☐

I will only attempt to view information about the student(s) listed above. I will not attempt to "hack", manipulate, or otherwise try to evade the security measures to access information regarding any other person.

☐

I will not intentionally transfer to the SchoolTool network any virus, Trojan horse, or other malicious computer code.

☐

If granted the ability to enter data into my child's record, I will only enter accurate information

☐

I understand that the District's use of the SchoolTool network is supported by technical assistance from the Mohawk Regional Information Center, Mindex Inc., and possibly other consultants, and that employees of these entities are instructed to keep confidential any personally identifiable information, including educational records, that they may see in the performance of their duties.

I consent to the disclosure of information about me or the student(s) listed above under these conditions.

☐

I understand that all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

☐

I understand that the SchoolTool network may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the District and subject to review by the District.

☐

I agree that I will not disclose my login password to any other person, other than another parent/guardian of my child(ren) that has a legitimate right to access the child(ren)'s educational records. I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool network using the login password assigned to me.

☐

I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the Terms of Network Access.

Signature of Parent/Guardian _____

Date _____

For District Use Only

Received By: _____ Date: _____

Account Activated By: _____ Date: _____

Login Sent By: _____ Date: _____

APPENDIX

1. If the spoken language at home is other than English, please complete the Home Language Questionnaire.
2. For students in foster placements, please complete the DSS-2999 form.
3. For students who may be homeless, please complete Regulation 7021.2, the McKinney-Vento Residency Questionnaire.
4. For students who are impacted by custody agreements, please complete Regulation 7019.2, the Parent/Guardian Affidavit.
5. For students who are not living with parents, please complete Regulation 7019.1, the Student Affidavit of Emancipation.
6. For students who may be eligible to receive migrant services, please complete the Migrant Education Services form.
7. For parents/guardians who are full-time, active duty members of the Armed Forces (including branches of the Army, Navy, Air Force, Marine Corps, Coast Guard, or are full time National Guard), please complete the Active Duty form.
8. For students with special needs (i.e. IEP, 504, related services such as speech, physical therapy, occupational therapy, special class, etc.) please refer to the Special Services Form.