



# Windham Ashland Jewett

## CENTRAL SCHOOL DISTRICT

Main Street, P.O. Box 429, Windham, N.Y. 12496  
518-734-3400 fax 518-734-6050

### Registration Application

**Please Print Clearly**

Student's Name	Birth Date	Nickname (optional)

*Last First Middle*

Physical Address	State, Zip
Mailing Address (if different than physical)	State, Zip

Birth Place	US Citizen	Gender
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female

Ethnicity <i>Check those which apply</i>	Race <i>Check those which apply</i>
Is the child of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other

Last School Attended	Address
Date of Last Attendance	Grade

**Parent/Guardian(s) living in the home:**

Parent/Guardian Name	Home Phone	Relationship
Parent's Email Address	Work Phone	Cell Phone
Employer's Name & Address		

Parent/Guardian Name	Home Phone	Relationship
Parent's Email Address	Work Phone	Cell Phone
Employer's Name & Address		



**Parent/Guardian(s) not living in the home:**

Parent/Guardian Name	Relationship	Phone
Mailing Address	Receives Mail	Employer Name
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Children in the Family:**

Name	Relationship	DOB	Lives at Residence
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Persons Living in this Residence:**

Name	Relationship

**Emergency Contacts:** *(other than Parent/Guardian)*

Name	Relationship	Phone
1.		
2.		

**Custody:**

Are there any divorce, separation, guardianship or adoption conditions?	
<input type="checkbox"/> Yes <i>Please explain</i>	<input type="checkbox"/> No

Are there any special custody arrangements?	
<input type="checkbox"/> Yes <i>Please explain</i>	<input type="checkbox"/> No

Is this student in foster care?	
<input type="checkbox"/> Yes <i>Please explain</i>	<input type="checkbox"/> No

*(For all extenuating circumstances, you must include court documentation. i.e Custody Agreement, Order of Protection, Guardianship Paperwork, Court Documents, etc.)*

**Special Home Circumstances:** *(Only complete if you are a foster parent or foster care agent)*

Name of Foster Parent(s)	Home Phone	DSS Case #
Name of Agency	Agency Code #	Type of Agency
Agency Address	Case Worker	Phone #



**Transportation:**

Transportation required to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical 911 Address
---	----------------------

*(Kevin Mattice - Transportation Supervisor - (518)734-3206 or kmattice@wajcs.org)*

**Related Services:**

Does this student receive Special Education Services? <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Aide <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Self-Contained Classroom <input type="checkbox"/> Resource Room <input type="checkbox"/> Academic Intervention Services(AIS) <input type="checkbox"/> Counseling
--

*(Sandy Miller - Director of Student Services - (518)734-3400 or smiller@wajcs.org)*  
*(NYSED's A Parent's Guide to Special Education is available online in both English and Spanish.)*

**Home Language:**

Country of Birth/Ancestry:	English	Other Please Specify
What language(s) is spoken in the student's home or residence?	<input type="checkbox"/>	
What language is spoken most of the time to the student in the home?	<input type="checkbox"/>	
What language(s) does the student understand?	<input type="checkbox"/>	
What language(s) does the student speak?	<input type="checkbox"/>	
What language(s) does the student read?	<input type="checkbox"/>	<input type="checkbox"/> Does Not Read
What language(s) does the student write?	<input type="checkbox"/>	<input type="checkbox"/> Does Not Write

In your opinion, how well does the student understand, speak, read and write English?	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this student ever been in an ESL, ELL or Bilingual Program? <input type="checkbox"/> Yes (please indicate grades) <span style="float: right;"><input type="checkbox"/>No</span>
--



*The residency answers you give 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. The McKinney-Vento Act of 1987 is a federal law that provides money for homeless shelter programs.*

*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. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.*

*All students are entitled to a free and appropriate education in the district in which they reside and are domiciled. WAJ requires in district residency to attend our school. Please be advised that providing false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties the entire actual cost of education for a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's school without authorization and/or under false pretenses. I hereby certify that the student listed on this registration form actually resides at the address specified within the District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form. I authorize the request of student records from previous schools and give permission to the WAJ Central School District to verify telephone numbers, addresses and employment. I understand that if the District believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided by you, the District has the right under New York State Law to investigate and to withdraw the child from the WAJ Central School District.*

**Residency:**

<b>Where is this student living? (Please check <i>one</i> box)</b>	
<input type="checkbox"/> Rent/own house/apt	<input type="checkbox"/> In a hotel/motel
<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a car, park, bus, train, or campsite
<input type="checkbox"/> With another family or person because of loss of housing as a result of economic hardship	<input type="checkbox"/> In a shelter

<b>Student Resides With:</b>	<b>Is This a Temporary Living Arrangement?</b>
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Yes
<input type="checkbox"/> Custodial Mother	<input type="checkbox"/> No
<input type="checkbox"/> Custodial Father	<i>If yes, please explain</i> _____
<input type="checkbox"/> Mother/Stepfather	_____
<input type="checkbox"/> Father/Stepmother	_____
<input type="checkbox"/> Foster Parents	
<input type="checkbox"/> Other	
<i>Specify Relationship</i> _____	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



### **Proof of Residency Documentation:**

Students **must physically reside** with parent/guardian at the address given to the district at the time of registration. Parent/guardian will need to provide the following:

---

#### **Home Ownership:**

If the parent/guardian is a WAJ Central School District **Home Owner** you must provide **all three** of the following for registration:

1. Resident Affidavit (and)
2. Recent Utility bill with a WAJ Central School District address. (and/or)
3. Second recent Utility Bill with a WAJ Central School District address.

*\*Additional Residency Documentation options at the bottom of this page.*

---

#### **Renter:**

If the parent/guardian is a WAJ Central School District **Renter** you must provide **all three** of the following for registration:

1. Landlord Affidavit – (and)
  2. Recent Utility bill with a WAJ Central School District address. *Additional Residency Documentation options at the bottom of this page.* (and/or)
  3. Landlord Lease.
- 

#### **Living with Family Members or Friends:**

If the parent/guardian is a WAJ Central School District **Living with Family members or Friends** you must provide **all three** of the following for registration:

1. Living with Family members or Friends Affidavit (and)
  2. Recent Utility bill with a WAJ Central School District address. *Additional Residency Documentation options at the bottom of this page* (and/or)
  3. Closing Statement or Deed verifying the residency of the family member or friend.
- 

#### **Additional Residency Documentation Options:**

*The district shall consider other forms of documentation including but not limited to the following:*

- a) pay stub;
- b) income tax form;
- c) utility or other bills from within the last 30 days;
- d) official driver's license, learner's permit or non-driver identification;
- e) state or other government issued identification;
- f) documents issued by federal, state or local agencies



**Directions:** Please determine which of the following affidavits fit your circumstances and complete that section. This form along with the required Residency Documentation must be submitted at the time of student registration.

**Resident Affidavit:**

I, \_\_\_\_\_ do solemnly swear under penalty of perjury that I am a resident  
*Print Parent/Guardian Name*  
of \_\_\_\_\_  
*Print Address*  
with my child/children \_\_\_\_\_  
*Print Student Name(s)*

I also understand that the WAJ Central School District will seek restitution for tuition if it is determined that my child was admitted as a resident of the WAJ Central School District, and it is later determined that such information was false.

\_\_\_\_\_  
*Signature of Parent/Guardian*

---

**Landlord Affidavit:**

I, \_\_\_\_\_ do solemnly swear under penalty of perjury that  
*Print Landlord's name*  
\_\_\_\_\_ is a tenant in an apartment/home owned by me within the  
*Print Parent/guardian's name*  
boundaries of the WAJ Central School District.

\_\_\_\_\_  
*Signature of Landlord*

---

**Living with Family or Friends Affidavit:**

I, \_\_\_\_\_ do solemnly swear under penalty of perjury that I am residing with  
*Print Parent/guardian's name*  
\_\_\_\_\_ at \_\_\_\_\_  
*Print Name of Family or Friend who you are residing* *Print Address*  
with my child/children \_\_\_\_\_  
*Print Student Name(s)*

I also understand that the WAJ Central School District will seek restitution for tuition if it is determined that my child was admitted as a resident of the WAJ Central School District, and it is later determined that such information was false.

\_\_\_\_\_  
*Signature of Parent/Guardian*



**Please return completed application along with the following required documents to the Mrs. Aplin:**

- Signed release of records if applicable
- Copy of immunization records
- Copy of current physical (must be from within the last 12 months and from a NYS Physician)
- Completed student health history form
- Copy of child's birth certificate
- Copy of custody/court documents if applicable
- Residency verification documents and completed affidavit of residency

---

***For Administrative Use Only:***

Application submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_