



**CENTRAL REGISTRATION OFFICE**  
**1500 Colvin Boulevard**  
**Buffalo, NY 14223**  
**(716) 871-2090**

## Welcome to the Ken-Ton School District!

We are looking forward to working with you as new members of the Ken-Ton school community! The Board of Education, administration, teachers, and support staff are all committed to providing your student(s) with a high quality educational program in safe and secure schools. We encourage you to join us in fulfilling the District's purpose which is to provide our students with the supports, tools, and diverse opportunities needed to meet the challenges of an ever-changing world.

### PRIVATE, PAROCHIAL AND CHARTER SCHOOL - NEW STUDENT REGISTRATION PACKET

Please complete the attached forms and also provide the required documentation as listed in the grid below. After you have completed all forms and collected the required documentation, call our Central Registration Office at (716) 871-2090 or (716) 871-2091 to schedule an appointment. **All registrations are done BY APPOINTMENT ONLY at our Central Registration Office.** Our address is 1500 Colvin Boulevard, Buffalo, NY 14223. Our FAX number is (716) 871-2092. At the time of your appointment, our staff will review and verify all information and complete the registration process if everything is in order. If you are unable to complete the forms, supply all the required documentation, or have any questions, please contact our Central Registration Office to discuss your circumstances prior to making an appointment.

### REQUIRED DOCUMENTATION

	Two proofs of residency as listed below: <ul style="list-style-type: none"> <li>• Lease/Rental Agreement, Mortgage Statement, Deed, or Closing Statement for home purchase</li> <li>• Utility Bills dated within the past 30 days (National Fuel, National Grid, Cable, or Water Bill)</li> <li>• Renter's or Homeowner's Insurance</li> <li>• Property Tax Bills</li> </ul>
	(1) If available, a certified transcript of a birth certificate or record of baptism; or (2) If documentation in Category (1) is not available, a passport; or (3) If documentation in Categories (1) and (2) are not available, other documentary or recorded evidence in existence two years or more, such as: a. Official driver's license; b. State or other government issued identification; c. School photo identification with date of birth; d. Consulate identification card; e. Hospital or health records; f. Military dependent identification card; g. Documents issued by federal, state or local agencies; h. Court orders or other court-issued documents; i. Native American tribal document; or j. Records from non-profit international aid agencies and voluntary agencies.
	DSS-2999 Form if living in foster care; Guardianship papers/custody papers if applicable
	Photo ID of Parent/Guardian
	Student's immunization records – required by New York State
	For students with special needs - provide a copy of current IEP & psychological report or 504 Accommodation Plan

Kenmore-Town of Tonawanda Union Free School District

# STUDENT REGISTRATION for Private, Parochial & Charter Schools

(To be completed by parent or guardian. Please provide all information requested.)

## STUDENT INFORMATION:

Name: \_\_\_\_\_  Male  Female  
(last) (first) (middle)

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(street) (town) (zip code)

Apt. # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(month/day/year)

By what name does this student wish to be called: \_\_\_\_\_

## STUDENT RACIAL and ETHNIC IDENTIFICATION

Please review the Racial/Ethnic definitions which follow. Put a check in the box for the category or categories which best describe your child. The Ken-Ton UFSD understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a district registrar will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

### Please answer Questions 1 and 2:

**1. Ethnicity:** 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 other Spanish culture or origin, regardless of race.

- Yes – Hispanic/Latino  
 No – not Hispanic/Latino

**2. Race:** Check all racial groups that apply to your child – you must check at least one box.

- AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- BLACK or AFRICAN AMERICAN:** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

### FOR OFFICE USE ONLY

School:	Student ID #:	<input type="checkbox"/> IC Entry
Today's Date:	<input type="checkbox"/> Transportation Request	<input type="checkbox"/> Enrolled
Start Date:	<input type="checkbox"/> Informational Only	<input type="checkbox"/> Fax for CSE
Entering Grade Level:	<input type="checkbox"/> IEP <input type="checkbox"/> Immunizations	<input type="checkbox"/> Conditional Letter
Verification of Birth Date:	Proofs of Residency (need two):	<input type="checkbox"/> Scanned to CR Files
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/> DSS-2999 (Foster Care)	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Closing Statement <input type="checkbox"/> Deed <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Homeowner's or Renter's Insurance <input type="checkbox"/> National Fuel <input type="checkbox"/> National Grid <input type="checkbox"/> Water <input type="checkbox"/> Cable <input type="checkbox"/> OTHER: _____	CR Staff taking Registration: _____  CR Staff processing Registration: _____
<input type="checkbox"/> ID of Parent/Guardian	Conditional Letter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No for: _____	



**EMERGENCY CONTACT INFORMATION:**

1. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

2. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

3. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

**PREVIOUS SCHOOL INFORMATION:**

- Has this student previously attended a school in the Ken-Ton School District?  Yes  No  
If yes, name of school: \_\_\_\_\_

**RESIDENCY INFORMATION:**

- List below all addresses at which you and/or the student have resided at any time during the past five years and the dates of residence:

Address	Date of Residence
_____	_____
_____	_____
_____	_____
_____	_____

- Specify the length of time that you and/or the student intend to reside at your current address. If you are renting or leasing at your current address, specify the length of the current rental agreement of lease.  
\_\_\_\_\_
- Indicate below any locations, other than the residence specified on page 1 of this form, at which the student resides or spends a substantial amount of time during any day(s) or nights(s) of the week, and also indicate the date, times, and reasons for such arrangements:  
\_\_\_\_\_

**DISMISSAL:**

- Describe any issues/activities which may affect the student's dismissal at the end of the school day.  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

- Describe any conditions or requirements of which the District should be aware (food allergies, asthma, medications, etc.).  
\_\_\_\_\_  
\_\_\_\_\_
- List any additional information you would like known about this student.  
\_\_\_\_\_  
\_\_\_\_\_

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 certificates. 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
- In a hotel/motel
- In a car, park, bus/train station, or campsite
- Temporarily housed in a shelter awaiting an Office of Children and Family Services permanent foster care placement
- With another family or person because of loss of housing or as a result of economic hardship
- In permanent housing (with the parent/guardian)

\_\_\_\_\_  
**PRINT Name of Parent/Guardian**  
or Student – if unaccompanied homeless youth

\_\_\_\_\_  
**SIGNATURE of Parent/Guardian**  
or Student – if unaccompanied homeless youth

.....  
Is this student a child of a migrant worker?  Yes  No      Is this student a child of a parent currently in the Armed Forces?  Yes  No  
.....

**SPECIAL SERVICES:**

- Describe any special services that the student is receiving and also indicate if the student has an IEP (Individualized Educational Program) or a Section 504 Accommodation Plan.

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

Please be advised that the provision of 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 educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses. The cost of educating a student in the District ranges from approximately \$8,000 to \$30,000 per school year.

**CERTIFICATION**

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1, within the Kenmore-Town of Tonawanda Union Free School 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.

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

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

# Immigrant Student Data Form

Complete this section for **ALL STUDENTS**:

Student's Name: \_\_\_\_\_

Registration Date with Ken-Ton Schools: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

If born in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, **do not complete the rest of this form.** **The student is NOT an Immigrant.** Leave the rest of the form blank and place in the student's file.

**If not born in one of the United States or its territories as listed above, COMPLETE the rest of this form,** place it in the permanent file, and send a copy to the English for Speakers of Other Languages (ESOL) Director.

- Date of entry into the United States: \_\_\_\_\_
  - Date first enrolled in a U.S. School: \_\_\_\_\_
  - Location of first U.S. School enrollment: \_\_\_\_\_
  - Name of School, City, and State: \_\_\_\_\_  
\_\_\_\_\_
  - Other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands.
- None. This is the first time the student has enrolled in a U.S. school.

_____	_____	_____
State/Territory	Date From	Date To
_____	_____	_____
State/Territory	Date From	Date To

## Principal:

Note: If the student has been enrolled in schools in one of the United States or its territories for MORE THAN three (3) years, they are NOT an Immigrant. Place this form in the student's file, and DO NOT send a copy to the ESOL Director.

**KENMORE-TOWN OF TONAWANDA UNION FREE SCHOOL DISTRICT**

**Transportation Department - 1680 Military Rd., Kenmore, NY 14217**

Phone: (716) 874-8611

Fax: (716) 874-8618

**APPLICATION FOR TRANSPORTATION FOR 20 -20 SCHOOL YEAR**

**TRANSPORTATION OF STUDENTS TO NON-PUBLIC SCHOOLS**

In accordance with NYS Education Law, Section 3635, parents or legal guardians of students residing within our school district desiring to have their child receive transportation to a non-public school located in district and outside the district, must complete **one application for each student** and **submit the application to this department prior to April 1st of the preceding school year. Late filing could result in denial of transportation.** New residents after April 1 must submit a written request within thirty (30) days after establishing their residency in the district.

**TRANSPORTATION WHEN THE PUBLIC SCHOOL IS NOT IN SESSION**

Transportation will not be provided to any school when the Kenton Public Schools are closed due to weather conditions. Nor will transportation be provided to any school that is located within the boundary of a public school that is closed due to weather conditions. Transportation will not be provided when Kenton Public Schools, as listed in the school calendar, are not in session including staff development days.

**PLEASE PRINT**

**NAME OF STUDENT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS OF STUDENT:** \_\_\_\_\_

**DATE RESIDENCY ESTABLISHED IN THIS SCHOOL DISTRICT:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE IN SEPT.** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

**SCHOOL HOURS:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_

**TRANSPORTATION REQUESTED (please check):** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMERGENCY PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Signature)

**PLEASE NOTE:** Most students attending a non-public school outside this school district will be required to transfer buses in the AM.