



CENTRAL REGISTRATION OFFICE
1500 Colvin Boulevard, Buffalo, NY 14223
phone: (716) 871-2090 / fax: (716) 871-2092
email: central_registration@ktufsd.org

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, schedule an appointment at our website www.ktufsd.org/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

	<p>Two proofs of residency as listed below:</p> <ul style="list-style-type: none"> • Lease/Rental Agreement, Mortgage Statement, Deed, or Closing Statement for home purchase • Utility Bills dated within the past 30 days (National Fuel, National Grid, Cable, or Water Bill) • Renter's or Homeowner's Insurance • Property Tax Bills
	<p>(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.</p>
	<p>DSS-2999 Form if living in foster care; Guardianship papers/custody papers if applicable</p>
	<p>Photo ID of Parent/Guardian</p>
	<p>Student's immunization records – required by New York State</p>
	<p>For students with special needs - provide a copy of current IEP & psychological report or 504 Accommodation Plan</p>

STUDENT REGISTRATION for Private, Parochial & Charter Schools

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

STUDENT INFORMATION:

Male
 Female
 Non-Binary

Name: _____
(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: _____
<input type="checkbox"/> ID of Parent/Guardian	Conditional Letter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No for: _____	CR Staff processing Registration: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Date of Birth: _____
 Relationship: Mother Father Guardian Foster Parent Other _____
 Marital Status: Single Married Divorced
 Address: _____ (street) _____ (town) _____ (zip code) Email Address: _____
 Home Phone # _____ Cell Phone # _____ Work Phone # _____
 Education Level: _____ Employer: _____
 High School Diploma or Equivalent Associate's Degree
 Baccalaureate Degree Master's Degree Doctoral/Professional Degree
 Certificate, less than Associate's Degree Foreign Higher Education Degree
 Less than High School Some college but no formal award Unknown
 Occupation: _____
 Notifications: Voice Text Email

Parent/Guardian Name: _____ Date of Birth: _____
 Relationship: Mother Father Guardian Foster Parent Other _____
 Marital Status: Single Married Divorced
 Address: _____ (street) _____ (town) _____ (zip code) Email Address: _____
 Home Phone # _____ Cell Phone # _____ Work Phone # _____
 Education Level: _____ Employer: _____
 High School Diploma or Equivalent Associate's Degree
 Baccalaureate Degree Master's Degree Doctoral/Professional Degree
 Certificate, less than Associate's Degree Foreign Higher Education Degree
 Less than High School Some college but no formal award Unknown
 Occupation: _____
 Notifications: Voice Text Email

Student resides with (check one): Both Parents Mother Father Guardian(s) Foster Parent(s) Other _____

• If there is a custodial parent/guardian who does not reside with the student:

- May the student be released to the non-custodial parent/guardian? Yes No
- May the student's educational records be released to the non-custodial parent/guardian? Yes No

Note: If the student or educational records relating to the student may not be released to the non-custodial parent/guardian, legal documents establishing such a prohibition must be provided to the main office by the first day of school, or any time there is a legal change in custody.

- Custodial Documentation provided at time of registration? Yes No
- Describe any other custodial arrangements of which the District should be aware –

Please list below the full names of the student's brothers and sisters living in this household, if any:

First and Last Name	Date of Birth	School Attending (if any)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____

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 #: _____

CURRENT SCHOOL INFORMATION:

- Which school are you registering the student for?

Name of school: _____ Last grade completed: _____

Address of school: _____ Phone #: _____

Do you require transportation? (form attached) Yes No

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. @ V °

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 & Crisis or Disaster Indicator Form

COMPLETE THIS SECTION FOR ALL STUDENTS:

Student's Name: _____

Country of Birth: _____

Please indicate if your family has been displaced due to a natural disaster (flood, earthquake, etc.), civil conflict (war), health disaster (pandemic, epidemic, etc.), or another crisis/disaster: YES NO
If YES, please complete the crisis/disaster section.

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 this section of the form. The student is NOT an Immigrant.** Leave the rest of this section blank.

If not born in one of the United States or its territories as listed above, please COMPLETE the rest of this form.

- Date of entry into the United States: _____
- Date first enrolled in a U.S. School: _____
- Name, City, and State of first U.S. School: _____
- 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.

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

None - this is the first time the student has enrolled in a U.S. school.

School staff, please 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 ENL Director.*

Crisis / Disaster Information:

If your family has been displaced due to a crisis or disaster, please choose one of the following:

- Natural Disaster: A natural disaster includes but is not limited to hurricanes, tropical storms, landslides, tornadoes, tsunamis, wildfire, sinkholes.
- Civil Conflict: A civil disaster includes but is not limited to manmade intentional, accidental disasters such as war, fire accidents, and industrial accidents.
- Health Disaster: A health disaster includes but is not limited to pandemics and epidemics.
- Other Crisis: The crisis or disaster leading to the student being displaced is unclear.

Crisis/Disaster Name: _____ Date of Crisis/Disaster: _____



Kenmore-Town of Tonawanda Union Free School District

Transportation Department
1680 Military Road., Kenmore, NY 14217, (716) 874-8611

Non-Public School Transportation Application

School Year 20__ - 20__

In accordance with Section 3635 of the NYS Education Law, parents or legal guardians of students residing within the Kenmore-Town of Tonawanda UFSD desiring to have their child receive transportation to a non-public school may, upon written request submitted not later than **April 1st** preceding the next school year, be provided transportation. A new application must be submitted each year by April 1st. Please complete one application for each child.

PLEASE PRINT CLEARLY:

STUDENT INFORMATION

NAME of Child _____ **Date of Birth:** _____
FIRST NAME LAST NAME MM/DD/YYYY

ADDRESS of Child: _____

DATE Residency Established: _____

NON-PUBLIC SCHOOL INFORMATION

NAME of Non-Public School: _____

ADDRESS of Non-Public School: _____

SCHOOL HOURS: _____ **to** _____ **SCHOOL PHONE:** _____
START TIME END TIME

TRANSPORTATION REQUESTED (please circle) **AM*** **PM**

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

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact (name and phone): _____

****Please note: Transportation will not be provided to any school when the Kenmore-Town of Tonawanda UFSD is not in session. Please refer to the district calendar at www.ktufsd.org. Transportation will not be provided to any school when the Kenmore-Town of Tonawanda UFSD is closed for any reason, including weather conditions. Transportation will not be provided to schools outside of the Kenmore-Town of Tonawanda UFSD district boundaries, when the public school in which the non-public school resides is closed for any reason.**

Please return this form to the Transportation Department using one of the following:

Email: transportation_office@ktufsd.org
Fax: (716) 874-8618
In Person/mail: 1680 Military Road, Kenmore NY 14217



Kenmore-Town of Tonawanda Union Free School District

Transportation Department

1680 Military Road., Kenmore, NY 14217, (716) 874-8611

ELIGIBILITY REQUIREMENTS FOR TRANSPORTATION

Any resident pupil who legally attends a regular day school program in grade Kindergarten through twelfth grade, in an approved private, parochial or charter school is entitled to transportation if he or she qualifies according to the following conditions:

AGE AND GRADE ELIGIBILITY

Transportation will be provided for eligible students, in accordance with the Age of Entrance Policy 7120 and the Entitlement to Attend Policy 7130 of the Kenmore-Town of Tonawanda UFSD Board of Education. These policies can be found at www.ktufsd.org.

BOUNDARIES:

Students in **Kindergarten through Fourth Grade (K-4)** who reside **beyond 0.5 miles** of their non-public school are eligible for transportation.

Students in grades **Five through Seven (5-7)** who reside **beyond 0.75 miles** of their non-public school are eligible for transportation.

Students in grades **Eight through Twelve (8-12)** who reside **beyond 1.0 mile** of their non-public school are eligible for transportation.

NOTE: Transportation is NOT provided to any address outside of the Kenmore-Town of Tonawanda UFSD district boundaries.

CHANGE OF SCHOOL OR ADDRESS:

If a student has a change of school or address during the school year, a new application must be submitted to the Transportation Department.

Due to the many steps necessary to accommodate transportation requests and to provide safe transportation to all students, please note that changes may take 7-10 business days to go into effect.