



Central Registrar
Berlin MSHS Counseling Office
P.O. Box 259
Berlin, NY 12022
P: (518) 658-1500, X1070 F: (518) 658-0483

**Berlin Central School District
Student Registration Form**

Student Information

Student Last Name: _____ Student First Name: _____
Grade: _____ Date of Birth: _____ Birth place: _____ Gender: ___ M ___ F
(City) (State/Province/Region)
Home Language: _____

Ethnicity: Is this student Hispanic, Latino, or of Spanish Origin? Yes () No ()
Race: () White () Black/African American () Asian () American Indian/Alaska Native () Native Hawaiian/Other Pacific Islander

Parent/Guardian Name: _____

Mailing Address: _____

911 Address: _____

Home Phone Number: _____ Unlisted: _____

Cell Phone Number: _____

Housing Information

Foster Home: _____

Transitional Housing: _____

Migrant: _____

None of the above: _____

Is your current address a temporary living arrangement (Y/N?) _____

Is this temporary living arrangement due to loss of housing or economic hardship (Y/N)? _____

If you answered yes, to the above questions, please answer the following question:

Where is the student presently living (check one)

___ In a motel

___ In a shelter

___ With more than one family in a house or apartment

___ Moving from place to place

___ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

PARENT /GUARDIAN INFORMATION

Pupil Resides with: *(Please circle)* Both Parents Mother Father Guardian Foster Parent

Legal Arrangements: Please indicate below with Parent/Guardian information.

Joint Custody___ Sole Custody___ Temporary Custody___ Visitation Rights___ Foster Student___

Name of Legal Guardian: _____

Documentation provided: _____

PRIMARY CONTACT

PARENT/GUARDIAN NAME _____ **RELATION:** _____

Legal Arrangements: _____

Mailing Address: _____ *Email:* _____

Home Phone#: _____ *Business Phone#:* _____ *Alternate Phone#* _____

Occupation: _____ *Employer:* _____

PARENT/GUARDIAN NAME: _____ **RELATION:** _____

Legal Arrangements: _____

Mailing Address: _____ *Email:* _____

Home Phone#: _____ *Business Phone#:* _____ *Alternate Phone#* _____

Occupation: _____ *Employer:* _____

PARENT/GUARDIAN NAME: _____ **RELATION:** _____

Legal Arrangements: _____

Mailing Address: _____ *Email:* _____

Home Phone#: _____ *Business Phone#:* _____ *Alternate Phone#* _____

Occupation: _____ *Employer:* _____

Siblings (Preschool age, Private Schools, K-12 students)

Sibling Name: _____ Birth date: _____ Age: _____

School History

Previous School Attended (including Pre-school): _____

Address of Previous School: _____

Was student previously enrolled in Berlin? _____ If yes, what grade? _____

SERVICES RECEIVED IN PREVIOUS SCHOOL

Please check all that apply: Special Education: _____ IEP _____ Section 504 Accommodations: _____

Individual Education Plan (IEP): _____ 504 Accommodation Plan: _____

Academic Intervention Services: Math _____ ELA _____ Science _____ Social Studies _____
English as Second Language Services: _____

I have attached a copy of my child's special education plan _____

Request a copy from my child's previous school: _____

**NOTICE TO PARENTS
SPECIAL EDUCATION SERVICES**

If you suspect that your child may have a physical, cognitive, or emotional disability, you have the right to refer your child to the District's Committee on Special Education for an evaluation, and a determination as to whether your child is eligible to receive special education services and programs. More information regarding your rights is set forth in the New York State Education Department's *Parent's Guide to Special Education in New York State for Children Ages 3-21*, available at <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

To refer your child to the Committee on Special Education, or to obtain more information regarding the District's special education services and programs, please contact:

Director of Office of Exceptional Education
Berlin Central School District
PO Box 259
Berlin, NY 12022
(518) 658-1500, 1151

Parent Signature

Date

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT: _____
 SCHOOL: _____ GRADE: _____
 STUDENT NAME: _____
 DATE OF BIRTH: ____/____/____
 STUDENT IDENTIFICATION NUMBER: _____
 COUNTRY OF BIRTH/ANCESTRY: _____
 NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____
 NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION: _____

 DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? **English** **Other** _____
specify

2. What language(s) are spoken most of the time to the student, in the home or residence? **English** **Other** _____
specify

3. What language(s) does the student understand? **English** **Other** _____
specify

4. What language(s) does the student speak? **English** **Other** _____
specify

5. What language(s) does the student read? **English** **Other** _____ **Does Not Read**
specify

6. What language(s) does the student write? **English** **Other** _____ **Does Not Write**
Specify

7. In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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"/>

Signature of Parent/Guardian/Other

Date: Month Date Year

AFFIDAVIT OF SHARED RESIDENCE (complete if you do not have proof of residency)
(to be completed by the resident homeowner
or tenant with whom a student and his or
her parent/legal guardian is doubled-up)

1. I, _____ (name of resident homeowner or tenant) reside at _____
_____, within the Berlin Central School District. I _____ own/____
_____ rent my dwelling at that address.

2. I understand that _____ (name of parent/guardian) seeks to enroll the
following children as resident students in the District: _____
_____ (names of children). I attest that I have given
permission to these children and their parent(s) to reside with me at my home or apartment, and that they do in fact reside
with me and have no other residence.

3. This living arrangement began on _____, 20____, and is expected to continue until _____
_____. The reason for this living arrangement is (check one):
_____ to enable the children named above to attend school in the District;
_____ due to lack of other housing for the family named above;
_____ other. Explain: _____.

4. The following attached documents will provide proof that I am a homeowner or tenant at the above address (at
least two must be provided).

- _____ A deed or other document of real property ownership;
- _____ A lease or rental agreement;
- _____ A utility bill in the resident's name;
- _____ A driver's license showing the resident's address;
- _____ A current paystub or public assistance benefits check showing the resident's address;
- _____ Other (must be satisfactory to the District).

5. This affidavit is made for the purpose of requesting the Berlin Central School District to admit
_____ as a resident student on a tuition-free basis. I agree to notify the Berlin Central School
District in writing if at any time during the above child's attendance there is any change in the facts set forth above. I
understand that signing this statement is a representation that the information provided is correct and true.

[Signature]

Sworn to before me this _____
day of _____, 20____.

Notary Public

Berlin Middle High School
CUSTODY/GUARDIAN/FOSTER INFORMATION SHEET

Student Name: _____

Grade: _____

In order to insure, to the best of our abilities, the welfare and safety of all students attending Berlin Middle High School, we are asking that **families involved with one of the circumstances below complete and return this form. We also ask that you update the school with any changes throughout the school year.**

For all cases listed below **please list individuals who may**, with your notification to the school pick up this child.

For all cases listed below **please list individuals who may not** pick up this child.

A. Court-Issued Sole or Joint Custody (Including Visitation Rights)

Current Custody Order on file at Berlin Middle High School? ____yes ____no

Date of latest Custody/Visitation Order _____

Name of Primary Custodial Parent _____

Current daytime telephone number of Primary Parent _____

Any arrangements affecting the school's responsibility concerning your child.

B. Guardianship or Legal Custody

Name of current Legal Guardian _____

Current daytime telephone number of Legal Guardian _____

Date of latest Guardian/Custody Order _____

Any arrangements affecting the school's responsibility concerning your child.

C. Foster Care

Name of current Legal Foster parent _____

Current daytime telephone number of Legal Foster Parent _____

Date Assumed Foster Care _____

Any arrangements affecting the school's responsibility concerning your child.



P.O. Box 259
Berlin, NY 12022

Date: _____

I, _____, hereby give my permission to the Berlin Central School District to release to/obtain from _____ those school records checked below, as they relate to:

Student: _____ D.O.B. _____

- Academic Information: _____ Exit grades _____ Report Cards _____ State Testing
- Health Records: _____ Immunization Records _____ Physical Exam Report
- Attendance Records
- Psychological Reports
- CSE Recommendations
- Other _____

Parent/Guardian Signature: _____

Relation to Student: _____

Address: _____

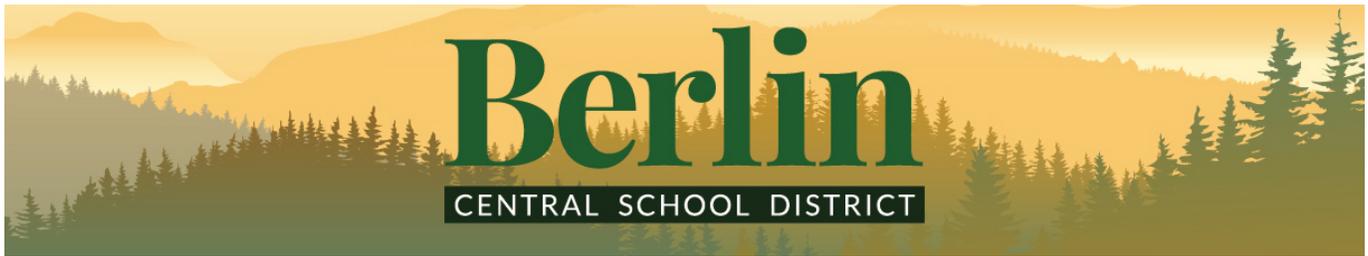
Telephone number: _____

Person processing this release: _____

Title: _____

Counseling Office Fax Number: (518) 658-0483

Counseling Office Telephone Number: (518) 658-1500, Ext. 1070



PO Box 259
Berlin, NY 12022

Release of Information

In the event my child transfers from the Berlin Central School District to another school district, I hereby authorize the officials of the Berlin Central School District to release and forward such school records as may be requested by the new school district. These records usually consist of a transcript of grades, copies of cumulative folder information and health records.

Should there be any confidential information on my child, such as a psycho-educational evaluation, I.E.P. information, I also give my permission for these records to be released to the new school.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____



Berlin C.S.D. Policy 6.241-11F

STAFF & STUDENT ACCEPTABLE USE AGREEMENT FORM
Staff & Student Acceptable Use Policy available at Berlin Central School District Website

I have read and understand this Acceptable Use Policy and agree to abide by it.

(Student Printed Name)

Grade Level

(Student Signature)

Date

I understand that my child's name, work, likeness, personal still and/or video image may be published for school related events.

I have read and discussed this Acceptable Use Policy with my child.

(Parent Printed Name)

(Parent Signature)

Date

***If I disagree with any portions of the above agreement, I will contact the school's main office in writing.**

BERLIN CENTRAL SCHOOL DISTRICT

EMERGENCY CARD

Student's Name _____ Grade _____ Homeroom/Teacher _____

Mailing Address _____ Home Phone _____

911 Address _____ Age _____ Male/Female Date of Birth _____

Father's Name _____ Work Location _____ Phone _____

Mother's Name _____ Work Location _____ Phone _____

Step-Parent/Guardian _____ Work Location _____ Phone _____

Child lives with: Both Parents Mother Father Other (specify) _____

Custody of Child belongs to: Both Parents Mother Father Other (specify) _____

In the event of early dismissal, illness or injury – please provide emergency contact phone numbers:

Name of relative/friend _____ Location _____ Phone _____

Name of relative/friend _____ Location _____ Phone _____

Name of Physician _____ Location _____ Phone _____

Name of Dentist _____ Location _____ Phone _____

Hospital Preference _____ Does this student have Health Insurance? YES NO

Parent/Guardian Signature _____ Date _____

The school authorities will exercise their responsibility in providing emergency care to students when parents and or guardians are not available.

Does your child have any serious health concerns that may require care while in school? YES NO

If yes, please explain _____

Has your child had any serious illnesses, injuries or hospitalizations within the past year? YES NO

If yes, please explain and provide date(s) _____

Does your child have any allergies to insects, food, medication or the environment? YES NO

If yes, please explain _____

Does your child take any prescription or over-the-counter medications on a regular basis? YES NO

If yes, please explain _____

Please list the names all other children living in the home. (Include their age and name of school, if attending).

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please notify school whenever there are changes in the emergency contact(s) or health information.

Please explain any serious illnesses, injuries, or hospitalizations: _____

Please list all allergies to:

Food _____

Medication _____

Environmental Factors _____

Please list all medications:

Daily Medications _____

As Needed Medications _____

Please use the space below to explain anything else you would like us to know about your child:

PLEASE COMPLETE CURRENT MEDICAL INFORMATION ASR REQUESTED ON THIS FORM AND SUBMIT ALL WRITTEN MEDICAL DOCUMENTATION AS REQUESTED FROM HEALTH CARE PROVIDERS

MEDICAL DOCUMENTATION REQUESTED FROM YOUR HEALTH CARE PROVIDERS:

Physical Examination – Please provide a copy of a physical examination from your child’s physician. **Please note: If a copy of a physical examination is not received within 30 days of entry, your child will be scheduled for a physical examination from the school’s physician.**

Immunization Records – Please attach a copy of your child’s complete immunization record from a physician. **Please note: Immunizations are required within 10 days of school entry for students entering from New York State and within 30 days of entry from outside of New York State. If immunizations are not received within the appropriate amount of time or are incomplete, your child will be excluded from school until the necessary immunizations or documentation has been received in accordance with New York State education law.**

Dental Health Certificates – In accordance with New York State education law effective September 2009, all students entering school are requested to provide proof of a complete dental examination by a NYS licensed dentist. A list of dentists providing reduced or no cost dental services can be provided to you at your request.

Parent/Guardian Signature: _____ **Date;** _____

BERLIN CENTRAL SCHOOL DISTRICT
PO BOX, 259, BERLIN, NY 12022
(518) 658-1500 (Phone) (518) 658-0483 (Fax)

AUTHORIZATION TO RELEASE/RECEIVE HEALTH INFORMATION
PURSUANT TO "HIPAA"

Students Name: _____ DOB: _____

I, _____, hereby authorize Berlin Central School District, PO Box 259, Berlin, NY 12022 to release/receive records pertaining to _____.

The type and amount of information to be released or disclosed is as follows:

The information specified above is authorized to be released/received:

To:	From:
Name: _____	Name: _____
Address: _____	Address: _____
Agency: _____	Agency: _____

The purpose for the disclosure of the specified information is for the purpose of:

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: If I fail to specify an expiration date, event or condition, this authorization will expire at the end of the current school year.

I understand that authorizing the disclosure of this health information is voluntary. I understand I may inspect or copy the information to be used or disclosed, as provided above. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Student or Legal Parent/Guardian:

Date:

(If not signed by student, relationship to student)

Berlin Middle High School Athletic Participation Form (Grades 7 - 12)

Have you participated on a school sports team? Yes ___ No ___ If yes, complete this form.

Name: _____ Telephone: _____

New Address: _____

Entering Grade: _____ Male/Female _____ Date of Birth: _____

With Whom Are You Living in This District: _____

Parent Name: _____ Telephone: _____ Date: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

<u>Sports Played in Previous School</u>		<u>Level & Number of Years Played</u>		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason for leaving previous school: _____

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Counselor's Initials

Have You Repeated a Grade in High School: _____ Yes _____ No

If Yes, which grade? _____

- Please list below any other high schools you have attended

The Berlin Central School District offers a variety of sports. We would like to know if you have an interest in playing any of the following sports: (Please circle the list of sports below that you may be interested in)

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Cross Country	Boys Volleyball	Baseball
Soccer	Basketball	Softball
Girls Volleyball	Swimming	Track and Field
	Wrestling	

Counseling Center should forward this form to the Director of Athletics when the student has been accepted for enrollment.



P.O. Box 259 Berlin, NY 12022 | Phone: 518-658-1500

Dear Berlin Parent/Guardian,

The Berlin Central School District is committed to providing parents with the information they need to help their children be successful throughout their learning journey. To assist you, BCSD is pleased to provide the SchoolTool Parent Portal – BCSD’s electronic student information system for all individuals with students in grades K through 12.

The Parent Portal is a web-based communication program that allows parents secure internet access to attendance, marking period grades, and schedules information. In order to access the Portal, you will need to have a valid e-mail address to receive a password from the portal. Please find the Parent Portal Account Application form attached to this letter.

Parents that have already signed up for an account in the past will not need to sign up again. Only new users or those seeking to update their email addresses will need to complete the Request for Permission process.

When you complete and sign the form, **please return it to the main office. Families need only complete one form per household.** You may also email scans or pictures of the form to your building contact listed below. Upon receipt of your request for access, your account will be activated and you will receive an e-mail with directions for the rest of the set-up process. The email will come from our SchoolTool Admin with a subject line which reads BCSD SchoolTool Account Activation. Once you complete the process by following the directions included as a pdf. file attachment, you will be able to access the Parent Portal through your internet browser or Mobile Application available for both Apple™ and Android™ devices. Upon accessing the Portal, you and your child(ren) will be able to view real-time information regarding daily attendance, marking period grades, course schedules, and other information that will be helpful in maintaining your child(ren)’s success. I would encourage you to take advantage of this wonderful program to expand opportunities for communication in working together as partners in your child(ren)’s education.

Additional information and a student/parent user guide will be sent as attachments to the e-mail that you will receive as part of the activation process. To easily navigate to the site from the BCSD webpage click on the “Parents” link at the right hand top of the page, then “Parent Portal” in the quick-link list along the left side.

Please feel free to email questions to your building’s Parent Portal contact:

Berlin Elementary School K-5:

Ms. Heather Barto hbarto@berlincentral.org

New Students & Berlin Middle High School 6-12:

Ms. Christine Demick cdemick@berlincentral.org

Please include your name, your child(ren)’s name(s) and school building(s), and best contact information in your email.

Thank you,

Berlin Central School District

Berlin Central School District Parent Portal Account Application

My Name (Please Print) _____ Date _____

I am a parent or guardian of the following Berlin Central School District student(s):

Student Name (Please Print)	School Building (Circle One)			Grade Level
	Elementary	Middle	High	
	Elementary	Middle	High	
	Elementary	Middle	High	
	Elementary	Middle	High	
	Elementary	Middle	High	
	Elementary	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 Northeast Regional Information Center of the Capital District 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 and phone number 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: _____ @ _____

My present phone number for this purpose is: _____

(Please use the phone number, either cell or landline, that you want emergency and informational alerts to go to. Text alerts and reminders are also used by our notification system and we recommend providing a cell phone number for this purpose.)

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.

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

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: _____