Fayetteville-Manlius SCHOOL DISTRICT

8199 East Seneca Turnpike
Manlius, NY 13104
Phone: (315) 692-1234

Registration Form – Part Two

Student Name: _____

Number of years enrolled in the United States school system _____

Is there a custody agreement in place? ☐ Yes ☐ No *(If yes, please provide a copy of the agreement.)*

If yes, which parent/guardian has physical custody? _____

Proof of your child's most recent dental exam is requested. The requested form and a list of low-cost dental providers can be found on the New York State Education Department website.

Ethnicity/Race: Is your child Hispanic, Latino, or of Spanish origin? ☐ Yes ☐ No
(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.)

Please select one or more races from the following racial groups that apply to your child (please select at least one):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African-American

☐ Native Hawaiian/ Other Pacific Islander ☐ White

Please indicate services previously/currently provided to your child, including the number of years that the services were provided:

☐ Speech/Language ☐ Special Education ☐ OT/PT ☐ English as a Second Language

☐ Math Support ☐ Reading Support ☐ Psychological/ Counseling

Does your child currently have an IEP? ☐ Yes ☐ No Does your child currently have a 504 Plan? ☐ Yes ☐ No

**If you suspect that your child has an educational disability, please contact the Asst. Supt. for Special Services at (315) 692-1203.*

Transportation Use Details: Please select the option that best describes your student's transportation needs:

☐ Full Opt-Out (Both AM and PM): My student will not utilize school transportation.
☐ Morning (AM) Opt-Out Only: My student will be dropped off at school but will utilize school transportation in the afternoon.
☐ Afternoon (PM) Opt-Out Only: My student will take the bus to school in the morning but will not utilize school transportation in the afternoon.
☐ Full Use (Both AM and PM): My student will utilize school bus transportation for both the morning and afternoon.

Describe any special transportation circumstances such as busing to/from a registered day care within F-M or alternating addresses within a school zone due to a shared custody agreement. Please note: If your student is going to or from a daycare, you must also complete the daycare transportation form.

____

____

The two questions below are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

***If you answered YES to the above questions, please complete a McKinney-Vento Act Residency Questionnaire.**

(Optional) Are you/your spouse/your child a migratory worker? ☐ Yes ☐ No

Please provide any additional information which will help us to understand your child:

____

____

Submitted by ____ Date: ______________________

I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. ________(Initial here please)

- -

FOR OFFICE USE ONLY:

☐ Home Language Questionnaire ☐ Proof of Custody/Guardianship (if applicable)

Approved by: ____ Date: __________