



Heatly School
GREEN ISLAND UFSD

171 Hudson Avenue
Green Island, New York 12183
P: (518) 273-1422
F: (518) 270-0818
www.greenisland.org

Kimberly Ross
Superintendent

Jodi Mazzeo
PreK-12 Principal

Tiffany Dzembo
Curriculum Director

Angela E. Legault
District Clerk

Christopher Karwiel
Business Manager

Kimberly Watkins
District Treasurer

UPK/Head Start Application

To register parent/guardian must attend registration

All attached forms must be completed.

The following documents are also required for registration:

Required documents checklist

- Cumulative Health Records
- Up to date Immunization Records
- Birth Certificate
- Proof of Residency (Mortgage statement, lease, electric bill within 30 days or district residency form with name of parent/guardian- all must include name of parent/guardian)
- Custody papers (if applies)
- Last 4 weeks' worth of income for each member of the household
- Parent/Guardian ID
- Child Insurance Card

Questions? Contact the main office at 518-273-1422 Fax- 518-270-0818

The following attached documents must be completed and returned to the district before your child may start school.

- Student Registration Form
- Student Residency Questionnaire
- Parent Guardian Information
- Annual Student Health Update Form
- Student Emergency Management Form
- Acceptable Use Policy for Computer and Network
- Home Language Questionnaire

Photo Disclaimer

We are happy to announce that we will soon publish a new Green Island Union Free School District Facebook Page. Pictures of students will enhance this page. If you do not want your child/children's pictures used on this page or in other school publications, please notify the school at 273-1422.



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Parent/Guardian Information

Family Type:

Male/Female single parent Single adult Adults w/ child(ren) Adults w/ no child(ren) Other: _____

Mother/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Mother Step-parent Legal Guardian Foster Parent Other _____ Resides in Home Yes No
Custodial Parent Yes No Is to Receive correspondence Yes No Address if different then child

Home Phone (____)-_____ Work Phone (____)-_____ Cell Phone (____)-_____ Email
Address: _____

Father/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Father Step-parent Legal Guardian Foster Parent Other _____ Resides in Home Yes No
Custodial Parent Yes No Is to Receive correspondence Yes No Address if different then child

Home Phone (____)-_____ Work Phone (____)-_____ Cell Phone (____)-_____ Email
Address: _____

Other Children Living in the Household- Please include children not of school age

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No Name: _____

Date of Birth: _____ Gender: Male Female Registered at GIUFSD: Yes No

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No Name: _____

Date of Birth: _____ Gender: Male Female Registered at GIUFSD: Yes No

Legal Information (If Applicable) If parents are divorced or separated, is there a court approved custody document? :

Yes No Who retains legal custody? _____ Relationship to child: _____

If joint, who has residential (physical custody)? _____ Is the child in
the care of a guardian(s) other than his/her mother or father? : Yes No

If yes, name of legal guardian(s) _____ Relationship to
child: _____ Is the child in foster care? Yes No If yes, please

provide copy of placement order (DSS-2999)



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Parent/Guardian Information Continued... (ACAP Parent Questionnaire)

What is your family's primary mode of transportation?

Private Car Public Transportation Friend's/Relative's Car Other Please Specify: _____

Are you a recent Refugee family? If YES, Please specify the agencies you work with: _____

Yes No Is anyone in your household currently receiving Food Stamps / SNAP? If YES, Please specify who: _____

Yes No Is anyone in your household currently receiving WIC? If YES, Please specify who: _____

Yes No Is anyone in your household currently deployed on military duty? If YES, Please specify who: _____

Yes No Have any of your children attended Head Start previously? If YES, Please specify where: _____

Yes No Do you receive a child care subsidy? If YES, where does it come from (DSS, WDI, etc...)?

Yes No Is anyone in your household pregnant? If YES, Please specify who: _____
 What is her due date? _____

Yes No Is anyone in your household disabled? If YES, Please specify who: _____
 Please specify: _____

Parent/Guardian Education and Employment

Name	Relation-ship to child	Date of Birth	Gender	Education Level	Race	Language	Employment Status	Income source
	Self		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> non grad <input type="checkbox"/> HS Grad <input type="checkbox"/> 2 yr college <input type="checkbox"/> 4 yr college <input type="checkbox"/> other	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> other		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> self <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> Other	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> non grad <input type="checkbox"/> HS Grad <input type="checkbox"/> 2 yr college <input type="checkbox"/> 4 yr college <input type="checkbox"/> other	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> other		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> self <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> Other	



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Student Residency Questionnaire

Name of Student: _____

Name of School : _____ Grade: _____

Gender: Male Female Date of Birth: _____

Address: _____ Zip: _____ Phone: _____

This questionnaire is intended to help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Student 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, immunizations records, or birth certificate. 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 permanent housing
- In a shelter In a motel/hotel
- With another family or person because of loss of housing or economic hardship
- In a car, park, bus, train, or campsite
- Other temporary living situation _____

Name of Parent/Guardian or Student, please print

Signature of Parent/Guardian or Student

Date



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Landlord Affidavit

I _____ do swear that _____ does reside at

(NAME OF THE LANDLORD)

(NAME OF PERSON RESIDING AT PROPERTY)

_____ in the village/town of Green Island,

(STREET ADDRESS)

County of Albany, State of New York.

This affidavit attests to that the relationship between the above named persons is in accordance with Education Law 3202 (1) and 8 NYCRR 100.2(y): and should this relationship be ended, the Green Island Union Free School District will be notified.

(SIGNATURE OF LANDLORD)

(LANDLORD'S STREET ADDRESS)

(LANDLORD'S STREET ADDRESS)

Sworn to before me this _____

Day of _____, 20_____

(NOTARY PUBLIC)



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Annual Student Health Update Form

Name of Student: _____ M _____ F _____ Date of Birth _____ Grade _____

Please take a moment to provide the school nurse with all the necessary health information that will allow her to provide prompt quality care to your child and help your child maximize his/her academic potential in the classroom.

Does your child have a physician? Yes _____ No _____ If yes, Name of physician _____

Address _____ Phone _____ Does your child have a dentist? Yes _____ No _____ If yes, Name of dentist
 _____ Address _____ Phone _____

Allergies : Yes _____ No _____ Please list allergens _____ Please describe child's reactions to allergens _____ Epi Pen Ordered Yes _____ No _____

Other medication prescribed for allergies _____

Please check the following is applicable

<input type="checkbox"/> Asthma	If on medication, please list: _____
<input type="checkbox"/> Diabetes	If on medication, please list: _____
<input type="checkbox"/> Seizures	If on medication, please list: _____
<input type="checkbox"/> Bleeding Problems	If on medication, please list: _____
<input type="checkbox"/> Eye/Vision Problems	If on medication, please list: _____

Wears Glasses _____ Contacts _____ For reading books _____
 For distance _____ both _____

Ear/Hearing Problems Right ear _____ Left ear _____ both _____

Dental Concerns Please list _____

Any other current or past health problems? _____ Yes _____ No For example, frequent stomachaches, headaches, constipations, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac concerns, dietary concerns, broken bones or sprains. Please explain: _____

Has your child had any recent surgeries? _____ Yes _____ No Please list and date _____

Is your child taking any medications on a regular basis? _____ Yes _____ No Purpose of

Medication: _____ Name of
 Medication: _____ Does child dosage during the
 school day: _____ Yes _____ No Please list: _____

Signature of Parent/Guardian _____ Date _____



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STUDENT EMERGENCY MANAGEMENT FORM

The GIUFSD has developed an Emergency Management Plan to insure the safety of our students in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal. It is recommended that these directions be discussed with the parties involved so that there are no surprised or misunderstandings in the event of an emergency and/or early closing.

When there is an evacuation to an alternate site or an unscheduled early dismissal, information will be given out as the seen fit by the district safe school committee and district administration.

Student Name: _____ **Age:** _____
Home address: _____ **Grade:** _____ **++** _____
Parent/Guardian; _____ **Home Phone:** _____
Email Address: _____

If not at home, what phone number can parents/guardians be contacted: Mother/Guardian

Phone: _____ or Phone: _____ **Father/Guardian**

Phone: _____ or Phone: _____

Emergency Contact 1:

Name: _____ Relationship to student: _____

Phone: _____ Phone: _____

Address: _____

Emergency Contact 2:

Name: _____ Relationship to student: _____

Phone: _____ Phone: _____

Address: _____ IN

THE EVENT OF AN EMERGENCY EARLY DISMISSAL MY CHILD CAN: (please check off one of the following)

- _____ Is to be picked up by parent or guardian
- _____ Go home by him/her self or sibling
- _____ Can go home with _____
- _____ Can go to _____
- _____ Other _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION



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Pursuant to the Federal **No Child Left Behind Act** signed into law in January of 2002, the school district must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of our high school students. However, the district must also notify parents/guardians of their rights and the rights of their children to request, in writing, that the district NOT release such information if it is requested. Parents/guardians or students who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and institutions of higher learning must sign and return the form attached below to school by November 30, 2014. _____ Erin

Peteani, Principal (7-12)

NOTIFICATION TO SCHOOL DISTRICT

TO: Erin Peteani, Principal Green Island Union Free School District 171 Hudson Avenue Green Island, NY 12183 RE: Reservation of Consent for the Release of Certain Student Information under the No Child Left Behind Act.

Please DO NOT release the name, address or telephone number of (check those that apply):
_____ to military recruiters

(Print name of student on line above)

to institutes of higher learning.

(Parent/Guardian Signature)

Date