

Student Name: \_\_\_\_\_



## Fort Edward Union Free School District Registration Packet

Dear Parents:

Please be sure you have **ALL** the required documentation **BEFORE** you submit your packet. Note: your child will **NOT** be able to start until we have all the required documentation on file.

Office Hours:

During School Year: 7:30 – 3:30 PM

Summer Hours: 7:30 – 2:00 PM

- Housing Questionnaire**
- Registration/Census Form**
- Health Office History Form**
- Permission for Medical Treatment Form – Field Trips**
- Consent to Bill Medicaid** (even if your child does not or will not qualify) Will need a copy of card, if qualified.
- Student's Record Release Form** (for grades 1-12)
- Home Language Questionnaire**
- Eligibility Screen for Migrant Education Services**
- LINQ Connect** (please go online and complete the CEP Household Income Eligibility Form)
- Birth Certificate** (if you have, please bring; if not, it will be requested from former school district)
- Custody Papers** (if student does not reside with both natural parents)
- Foster Care Letter** (if applicable)
- Physician Completed Health Appraisal** (or immunization & latest physical)
- Athletic Transfer Form** (for grades 7-12)
- Proof of Residency** – you need one of the three approved proofs:

1. **Current Lease** with your name(s), your address, and signature and contact information of the landlord

- OR -

2. **Current Fort Edward Tax Bill and/or Mortgage Statement** in your name(s) for the residence in which you reside

- OR -

3. **Signed and Notarized Residency Affidavit** (included), which lists all those living in the household, the landlord's name, contact information, and signature. **LANDLORDS SIGNATURE MUST BE NOTARIZED on the Residency Affidavit to be valid.**

**NO other proofs of residency will be accepted.** Your child will not start, paperwork will not be accepted, and records will not be requested without proof of residency.

Please bring **completed** registration packet to the Superintendent's Office. Once it is confirmed that all necessary documentation has been received, the file will be passed on to the Guidance Department and they will contact you to set up a date and time to meet with you.

**Any questions, please call the Superintendent's Office at (518) 747-4529 x3113.**



## HOUSING QUESTIONNAIRE

Name of LEA: Fort Edward School District

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 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
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**



**DISTRICT INFORMATION**

Grade Entering \_\_\_\_\_ If above 9<sup>th</sup> Grade, what date did you first enter 9<sup>th</sup> Grade? \_\_\_\_/\_\_\_\_/\_\_\_\_ Was the student previously enrolled in the District?  Yes  No  
 Does your child receive special education services?  Yes  No What services does your child receive? \_\_\_\_\_

**LAST SCHOOL ATTENDED**

Name of School	Address	Date Entered	Date Left	Reason

For school closings & other announcements what number(s) should we call: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name	School Attending & Grade	Birth Date	Name	School Attending & Grade	Birth Date
1.			5.		
2.			6.		
3.			7.		
4.			8.		

**EMERGENCY CONTACT INFORMATION**

If your child needs to be sent home during the day, who do we call (**not parent/guardian**)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Ph. # \_\_\_\_\_ Ph. # \_\_\_\_\_ Ph. # \_\_\_\_\_ Ph. # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Please note: It is the responsibility of the parent to keep us updated of any and all changes to phone numbers and addresses. If your address changes you **MUST** provide us with new proof of residency. Your address will **NOT** change without this proof. Also, when providing us with a new phone number, please let us know if it is taking the place of a number that is no longer valid.



# Fort Edward Union Free School District Health Office History Form

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Best phone number to reach you during school hours: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever had any of the following health problems? Please give the **DATE**.

Chicken Pox \_\_\_\_\_ Mononucleosis \_\_\_\_\_

Pneumonia \_\_\_\_\_ Ear Conditions \_\_\_\_\_

Frequent Colds \_\_\_\_\_ Frequent Sore Throat \_\_\_\_\_

For the following, please give the **DATE, Medications Taken, and any Special Needs or Reactions.**

**Anemia:** Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Special Needs: \_\_\_\_\_

**Diabetes:** Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Special Needs: \_\_\_\_\_

**Epilepsy:** Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Special Needs: \_\_\_\_\_

**Asthma:** Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Special Needs: \_\_\_\_\_

**Allergies:** Please specify \_\_\_\_\_

Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Reactions: \_\_\_\_\_

**Bee Sting Allergy:** Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Reaction: \_\_\_\_\_

**ADD/ADHD/or other behavioral disorder:** Please specify \_\_\_\_\_

Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Reactions: \_\_\_\_\_

**Anxiety or other emotional difficulties:** \_\_\_\_\_

Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Reactions: \_\_\_\_\_

**Developmental Problems:** \_\_\_\_\_

Date: \_\_\_\_\_ Medication(s) \_\_\_\_\_ Reactions: \_\_\_\_\_

**Physical Defect(s):** Please specify \_\_\_\_\_

Are there any restrictions related to this defect? \_\_\_\_\_

**Other Medical Condition:** Please specify \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:  
Immunization Records: \_\_\_\_\_ requested \_\_\_\_\_ received \_\_\_\_\_ due  
Physical Records: \_\_\_\_\_ requested \_\_\_\_\_ received \_\_\_\_\_ due



## Fort Edward Union Free School District Permission for Medical Treatment Form – Field Trips

Dear Parents:

Educational field trips are scheduled throughout the school year in order to enhance our children's learning experiences. In order for your child to participate, a field trip permission slip must be completed, signed, and returned to your child's teacher prior to the trip. Only official school field trip permission slips are accepted. Permission by phone cannot be given for field trips or other activities.

Field trips are a privilege; a student may be denied the right to participate if academic or behavioral requirements are not met.

Your child's teacher will provide you, in advance, with dates, locations, times, cost (if applicable), and any other relevant information regarding each field trip.

Your signature indicates your permission for field trips throughout the school year.

\_\_\_\_\_ has my permission to attend all educational field trips during the 2022-2023 school year.

To Whom It May Concern:

I, the undersigned, being the parent, or legal guardian of \_\_\_\_\_, hereby authorize any necessary medical treatment for this student while participating in the 2022-2023 school year field trips. I guarantee payment for services rendered.

Medical Insurance Carrier: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Allergies:** (please specify) \_\_\_\_\_

**Bee Sting Allergy:**  Yes  No Do you carry Epinephrine?  Yes  No

**Asthma:**  Yes  No Do you carry an inhaler?  Yes  No

**Diabetes:**  Yes  No Attach instructions as needed.

**Special medical problems:** \_\_\_\_\_

**Medication:** Will the student require medication during the trip?  Yes  No

If so specify: \_\_\_\_\_

Family Physician or Healthcare Provider: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**



# Fort Edward Union Free School District

## CSE/CPSE Office

### Medicaid Consent

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program (IEP). This consent allows the School District to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose. **Please provide the office with a copy of the student's Medicaid card if applicable.**

I, \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_

have received a written notification from the School District that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that: providing consent will not impact my child's/my Medicaid coverage. Upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District to release the following records/information about my child to the State's Medicaid Agency for billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)
IEP
Written Order/Referral
Evaluation Reports
Session Notes
Medication Administration Report
Special Transportation Log
Other Personally Identifiable Information
Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Fort Edward Union Free School District**  
**220 Broadway, Fort Edward, NY 12828**  
**(518) 747-4529**

To:

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

Previous School Name, City and State

The following student has registered with the Fort Edward Union Free School District:

Student Name	DOB	Grade
_____	_____	_____

At your earliest convenience, please forward the following school records to:  
**Fax K-5 records to (518) 747-6149 or e-mail to [dlebarron@fortedward.org](mailto:dlebarron@fortedward.org)**  
**Fax 6-12 records to (518) 747-6149 or email to [jscotch@fortedward.org](mailto:jscotch@fortedward.org)**

- Academic Record
- Attendance Record
- Standardized Test Scores
- Health/Immunization Record
- Birth Certificate
- Documentation of Eligibility for Free or Reduced Lunch
- 3-8 Science Investigations Records
- CSE Records** (i.e., I.E.P., social history, psycho educational reports, related service records, scripts/orders, copy of initial consent)
- Records of any special services (i.e. RTI, AIS, speech improvement)

It is understood that the privilege and confidential nature of such records will be preserved.

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

**For Office Use Only**

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date request sent:** \_\_\_\_\_





**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Elisa Alvarez, Associate Commissioner Office of  
Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

### Home Language Questionnaire (HLQ)

*Dear Parent or Person in Parental Relation:  
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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

<b>Language Background</b> (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 _____ <i>specify</i>	<input type="checkbox"/> Parent 2 _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School:

Address:



## Eligibility Screen for Migrant Education Services

\*\*\* Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. \*\*\*

Has your family moved to a different school district in the last 3 years? YES  NO

In the last 3 years has a parent or guardian (or an older child) worked in agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES  NO



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

### Parents/ Guardians

Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Street Address)

Work or Message # \_\_\_\_\_  
(city, town or village) (Zip)

School District \_\_\_\_\_ School Building \_\_\_\_\_

School Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Useful information (directions, farm names, best time to contact, etc.) \_\_\_\_\_

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

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.



### Connect With Us

**School Lunch Director:** Patrick Kenneally  
Email: patrick.kenneally@neric.org

Phone: 518-598-8571

**Program Specialist:** Erin Wright  
Email: erin.wright@neric.org

Phone: 518-464-3945

## Free Meals for All Students

During the 2023-24 school year, our school district will be participating in the Community Eligibility Provision program, which provides no-cost meals to all students.

CEP is a federal provision that allows qualifying schools to provide free breakfast and lunch to all students. This option increases school meal participation by removing stigma, maximizes federal reimbursements, eliminating unpaid school meal debt, while upholding nutrition standards and meal quality.

## Food Service Family Portal

LINQ Connect allows you to view menus and manage student meal accounts. You can set up one time payments, set spending limits, transfer funds between students, set low-balance notifications and more. It's an easy way to manage meal payments without the hassle of sending cash in to school. If you have any difficulties accessing your LINQ account, please contact LINQ support at support@linqconnect.com.



## Local Sourcing

We strive to support our New York State food producers. Our School District endeavors to utilize as many local farms and vendors as possible. Thursdays are NYS menu days, with NYS food products highlighted on the menu in green!

New York State still requires CEP schools to collect alternative forms – also referred to as **CEP Household Income Eligibility Form** – for other purposes, such as state education funding and Foundation Aid. Also, individual families may be eligible for certain benefits based on the data collected through these forms. **Complete the form here:**

<https://linqconnect.com/public/income-form/new?identifier=LE55LF>

Our School District is supported by Capital Region BOCES Shared Food Services Team. Our participation in this service provides many benefits to our students and school community, including:



**CAPITAL REGION BOCES**

- increased access to a wide variety of wholesome food choices
- optimized quality and customer service in our food service programs
- shared staff with expertise in school nutrition, including a Registered Dietitian and Program Specialists



## Dining at our District

Children dine in the café using their student ID number. All meals exceed federal nutrition guidelines. Menus are on a seasonal rotation (fall/winter/spring). Grain products served are whole grain rich. Vegetarian options are offered daily at breakfast and lunch. Students are offered fresh fruits and vegetables and must select at least one at each meal. Milk is offered but is not required to K-12 students. Full meals are available, as well as daily ala carte choices.

## School Breakfast

Students may select 3-5 breakfast items each day. All students must select a fruit and/or 100% fruit juice at breakfast. Please refer to the website for daily menus.

## School Lunch

Daily entrée choices are a balance of traditional student favorites and global flavors to introduce students to new foods and cultural foodways. All students must select a fruit or vegetable at lunch. Alternate lunch options are available daily. Please refer to the website for daily menus.

*If your child requires menu modifications due to allergies or other concerns, please contact your Food Service Director.*

# Too much on your plate? Let us put it on ours.



## Why should you participate in the School Nutrition Programs?

### School Meals Are Cost-Effective



Recent regulations have revamped school food into more nutritious and appealing meals while still at a low cost. Students that are eligible for free and reduced lunches receive meals that are packed with nutrition. Students that are not eligible for free or reduced meals are still receiving a bargain by purchasing school meals. Quite often, the price paid for a healthy school meal is less than the price of a packed meal from home.

### School Meals Save Time



An average family can spend up to 30 minutes preparing breakfast and lunch. Doing that for every school day adds up to over 5,500 minutes, or 92.5 hours. That is more than two full work weeks! Our Food Service Professionals are ready to serve your students and eliminate your time crunch.

### School Meals Support Academic Success



Students spend around 6 hours per day in the classroom. Without the proper fuel, students can quickly run out of steam and lose interest in schoolwork. Nutritious meals, such as those provided by the School Nutrition Program, provide students with adequate fuel that can keep them energized and focused all day. Plus, a healthy diet will also support a healthy immune system, which means fewer sick days for your children!

#### Academic Benefits

##### Improved Cognitive Function

Short-term memory, the ability to conceptualize, and abstract reasoning skills improved when students ate more nutritious foods.

##### Higher test scores

Students who received the necessary levels of iron in their meals scored better on math and IQ tests.

##### Better attention spans

Parents reported that their children could concentrate better after they had eaten more nutritious meals.

- source: FRAC Food Research & Action Center [frac.org](http://frac.org)

#### Behavioral Benefits

##### Better classroom behavior

Students have been shown to get along better with classmates and cause fewer class disruptions when they have been eating properly.

##### Fewer absences

Students who consistently eat enough throughout the day are less likely to miss school days or extra-curricular activities.

##### Improved mood

Hungry children tend to be angrier and more irritable. They also cannot socialize as well.

- source: Journal of School Health 2005

Please refer to the School Nutrition page of the District Website for further information about programs and policies, such as:

- Wellness • Meal Charge • Affordable Connectivity (ACP) • Smart Snack Guidelines • LINQ Connect FAQ

[fortedward.org](http://fortedward.org)



### TRANSFER NOTIFICATION (FOR GRADES 7-12)

This form must be completed for all transfer students and submitted to the Section 2 office.

UPON RECEIPT IN THE SECTION OFFICE, OF A NOTIFICATION EMAIL, THE STUDENT IS ELIGIBLE TO PRACTICE, BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

**Please Note:** Make sure all available information/documentation is submitted prior to the Transfer Committee's review. NO appeal will be entertained involving additional information that WAS AVAILABLE but not included prior to the Transfer Committee's review.

**PLEASE CHECK ONLY ONE (1) of THE FOLLOWING.**

**Waiver Request:**

- Financial** – Requires documented proof of a significant loss of income OR a significant increase in expenses.
- Health & Safety** – Written documentation from the Superintendent of Schools or HS Principal of the previous school indicating the specific circumstances which necessitated the transfer.
- School District of Residence (SDR):** (No change of residence, school registration change only.) Student is transferring to a school within the district boundaries of his/her residence.

**Exemption:**

- Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six (6) months. The legal separation agreement or divorce document must address custody, child support, spousal support and distribution of assets and be filed with the County Clerk or issued by a Judge. **(proof required)**

\_\_\_\_\_  
Parent(s) Signature Attesting to Above

\_\_\_\_\_  
Athletic Director's Verification

- Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation (NYSED 100.2) **(STAC on file at the school)**

- No Corresponding Change of Address:** This transfer has no corresponding change of address nor does a waiver or exemption apply. We understand that the student is ineligible per the NYSPHSAA Transfer Rule and subject to the limitations contained in NYSPHSAA Handbook #31(b) passed July 2019.

- Residency Change:** The entire family has abandoned the previous address and is physically residing at the current address. I/We attest that our previous residence has been abandoned by the immediate/entire family and our current residence has been established through action and intent. I/We attest that the immediate/entire family will be physically residing at our current address as inhabitants and intend to remain indefinitely. (The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA Regulations.) I/We attest that the student has transferred without inducement, recruitment or having sought an athletic advantage.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this document, I/We attest to the truth and accuracy of any and all information provided on this form.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving School: Fort Edward School District Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Registration/Transfer: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_ Did Student Repeat Any Grades: YES NO

Student/Entire Family Previous Address: \_\_\_\_\_

Student/Entire Family Present Address: \_\_\_\_\_

**Parent(s) Names and Current Addresses**

Parent #1: Name \_\_\_\_\_ Address: \_\_\_\_\_

Parent #2: Name \_\_\_\_\_ Address: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Did student participate in high school athletics at previous school? YES NO

OVER

**TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.**

Address of Student While Attending Previous School: \_\_\_\_\_

Name & Relationship Of All With Whom Student Lived While Attending Previous School: \_\_\_\_\_

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)

1. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
2. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
3. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

List All High School Sports Student Has Played (7-12 grade)  
Most Recent First

7th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
8th Grade:	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
9th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
10th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
11th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
12th Grade:	Sport: _____	Level: _____	School: _____
	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____

Sports history verified by Receiving School's Athletic Director by:

\_\_\_\_\_ Telephone Conversation with \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ E-mail/Fax with \_\_\_\_\_ Date: \_\_\_\_\_

Failure to confirm after three (3) documented attempts:

1. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
2. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
3. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_

The Receiving School's Athletic Director has reviewed and verified all information on this document as accurate and true to the best of his/her knowledge.

Athletic Director Reviewed & Verified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.**



## Fort Edward Union Free School District Residency Affidavit

**Residency Affidavit must be Signed and Notarized in order to be valid.  
To be used when NO lease is available.**

I \_\_\_\_\_, am aware that the people listed below are  
residing at \_\_\_\_\_

and that I can be contacted at \_\_\_\_\_ or \_\_\_\_\_

Name <small>(Of all individuals living at above address)</small>	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I fully understand that the above information I am attesting to is true and accurate and that if it were not so I could be held criminally liable.

\_\_\_\_\_  
Signature of **Landlord/Homeowner**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of **Notary** & Stamp

\_\_\_\_\_  
Date

**Tenant statement: I give my permission to the Fort Edward School District to investigate my residency status if it is in question.**

\_\_\_\_\_  
**Tenant** Signature

\_\_\_\_\_  
Date