

# Galway Central School District

5317 Sacandaga Road  
Galway, NY 12074-0130  
<http://www.galwaycsd.org>



Welcome to Galway Central School District:

This packet is designed to help facilitate the registration process. Please contact the Guidance Office to make an appointment to register your child. If we are unable to take your call, please leave a message and we will return your call as soon as possible.

**Kathy Morck – Grades 9-12 – Phone-518-882-1076 ext 3811 – Fax-882-5250**  
**Shannon Britten – Grades K-8 – Phone -518-882-1291 ext 4207 – Fax- 882-9430**

If you would like to have information faxed or mailed prior to our meeting, our fax number is 518-882-5250. Please have the fax addressed to Kathy Morck, High School Guidance, or Shannon Britten, K-8 Guidance.

A parent or legal guardian must be present at the registration appointment.

The following information can be brought with you to the registration appointment (unless faxed or mailed):

## COPIES ARE ACCEPTABLE

- ❖ All attached forms (registration, proof of residence, release of information, health forms)
- ❖ A copy of the student's proof of age or birth certificate
- ❖ A copy of the student's most recent grades/transcript including all previous grades (unless faxed/mailed to us from previous school)
- ❖ A copy of the student's immunization record and last physical (unless faxed/mailed to us from previous school)
- ❖ All Special Education records

If you have any further questions, please feel free to contact our office.

Sincerely,

Kathy Morck  
Kathy A. Morck  
School Counselor

Shannon Britten  
Shannon Britten  
School Counselor

**REGISTRATION FORM**

**STUDENT INFO**

**SIBLING INFO**

First Name: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
Last Name: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
Previous School \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
Was your child ever retained? \_\_\_\_\_ If so, what grade? \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Language spoken at home \_\_\_\_\_

Student lives with:  BOTH PARENTS  MOM  DAD

Custody Papers?  Not Applicable  No  Yes (Please attach and describe custody arrangements)

**Father's Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address (if different than above address): \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

***If different than above:***

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address (if different than above address): \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are either parent/guardian an active member of the armed forces?  No  Yes -Entry Date \_\_\_\_\_

Yes  No I give my permissions for my child's Name & Photo to be published on the web or other media.

**Emergency contact info, if parent is unable to be reached:**

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

# Galway Central School District

5317 Sacandaga Road  
Galway, NY 12074-0130  
<http://www.galwaycsd.org>



## CONSENT FOR RELEASE OF STUDENT RECORDS

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

Date of Birth: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Phone & Fax Numbers: \_\_\_\_\_

Expected Start Date \_\_\_\_\_

CSE Student:       YES       NO

### Please send the following information:

- ❖ Educational Records (including academic, achievement, attendance, athletic, personal history, and disciplinary records)
- ❖ State Test Scores
- ❖ Health Records
- ❖ **Special Education Records (if applicable) including:**
  - Individualized Educational Program (IEP)
  - Psychological Reports
  - Other pertinent information

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

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

### Please send to:

Kathy Morck, Grades 9-12  
Galway Central School  
5317 Sacandaga Road  
Galway, NY 12074  
Phone: 518-882-1076  
Fax: 518-882-5250

Shannon Britten, Grades K-8  
Galway Central School  
5317 Sacandaga Road  
Galway, NY 12074  
Phone: 518-882-1291  
Fax: 518-882-9430

**Galway Central School District**  
**5317 Sacandaga Road**  
**Galway, NY 12074-0130**  
<http://www.galwaycsd.org>



**Galway Central School District Student Account School Year \_\_\_\_\_**

Please read the district policy and regulations regarding use of the Local Area Network (LAN) and the Internet before signing/returning this form. Inappropriate use of the Network will result in the loss of privilege to use this educational tool.

**Please Print Legibly, All Students Attending the Galway Central School District:**

*Please print the student's name as the student is registered in the School District.*

First Name:	M.I.:	Last Name:	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read and agree to all regulations stipulated in the District's Policy and regulations regarding LAN, E-mail, and Internet use. I understand that any misuse of my account will result in immediate termination of my account and possible disciplinary action. I agree that the school is the owner of my network account and has the right to scan all my documents, E-Mail, Internet History or any other information at any time.

**To be signed by a parent or guardian:**  
 I have read and agree to all regulations stipulated in the District's policy and regulations regarding, LAN, E-mail and Internet uses. I agree that my child/children be allowed access to the District LAN and in turn the Internet. I agree that it is impossible for the District to screen or review all of the available materials on the Internet. I accept the responsibility for appropriate use of this tool by my child/children. I agree to release the School District, the Board of Education, and its agents and employees from any and all claims of any nature arising from my child's misuse of the school's computer network in any manner whatsoever.

---

_____	_____	_____
<b>Parent or Guardian's Signature</b>	<b>Date (MM/DD/YYYY)</b>	<b>Home Phone #</b>

  

_____	_____, NY	_____
<b>Street address</b>	<b>City</b>	<b>Zip Code</b>

**Option 1: In the event of student misuse and you would like to be notified by email/phone, please enter your email address or daytime phone number. An email/phone call will be sent to confirm electronic submission.**

**Email Address or daytime phone number:** \_\_\_\_\_

**Note: In spite of our efforts to establish regulations for the districts computer network, please be aware that there may be material or communications on the Internet or other networks that district staff, parents and students would find objectionable. We cannot filter items posted on the connecting computers by others.**

Revised: 04/27/2015

# Galway Central School District

5317 Sacandaga Road  
Galway, NY 12074-0130  
<http://www.galwaycsd.org>



## **PROOF OF VERIFICATION OF RESIDENCE PROVIDED:**

- Copy of Deed
- Copy of Purchase Contract, with Letter from Attorney (including date/time of closing)
- Lease Agreement or Statement from Landlord, Owner or Tenant from whom you lease or live with
- Pay stub
- Income tax form
- Utility or other bills
- Membership documents based upon residency (*e.g.*, library cards)
- Voter registration document(s)
- Official driver's license, learner's permit, or non-driver ID
- State or other government issued identification
- Documents issued by federal, state, or local agencies

## **PROOF OF VERIFICATION OF AGE PROVIDED:**

- Birth Certificate
- Baptismal Certificate/Passport;
- Official driver's license;
- State or other government issued identification;
- School photo identification with date of birth;
- Consulate identification card;
- Hospital or health records;
- Military dependent identification card;
- Documents issued by federal, state, or local agencies;
- Court orders or other court-issued documents;
- Native American tribal documents;
- Records from non-profit international aid agencies and voluntary agencies

## **EVIDENCE OF CUSTODY PROVIDED:**

- Judicial custody orders
- Guardianship papers
- Signed affidavits
- Foster Placement-DSS-2999 Form required
- Other: \_\_\_\_\_

# Galway Central School District

5317 Sacandaga Road  
Galway, NY 12074-0130  
<http://www.galwaycsd.org>



## RESIDENCY DETERMINATION FORM

Definition of Residence For The Purpose of School Attendance: A child's residence is presumed that of his or her parents or legal guardians...However, this presumption may be rebutted...To determine whether the presumption has been rebutted, certain factors are relevant, including a determination that there has been a total, and presumably permanent transfer of custody and control to someone residing within the district...Where the parent continues to exercise custody and control of the child and continues to support him, the presumption is not rebutted and the child's residence remains with the parent...Moreover, where the sole reason the child is residing with someone other than the parent is to take advantage of the schools in the district, the child had not established residence...Moreover, even a legal guardianship cannot guarantee the determination of a child's residency. Parents may not transfer legal guardianship of their children merely to achieve residence status for the children to take advantage of the local schools...

1. Can the required documents be supplied? (Please indicate which forms are used)

YES  NO

Deed/Lease Agreement (Permanent residence, not just land)

### OR AT LEAST TWO (2) OF THE FOLLOWING

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Voter Registration Card              | <input type="checkbox"/> License      |
| <input type="checkbox"/> Extract of New York State Tax Return | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Vehicle Registration Form            |                                       |

If the answer to Question 1 is answered **YES** and Documents are provided then enroll the students and **STOP HERE.**



2. Can any of the following questions be answered yes?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Are you an unaccompanied youth, meaning that you are not living with any family? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does your family live in a shelter, train station, or bus station?               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does your family live with others due to lack of housing?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does your family live in an abandoned apartment/building?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does your family live in a motel, hotel, or camping ground?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does your family live in a car?  | <input type="checkbox"/> | <input type="checkbox"/> |

If any part of question 2 is answered **YES** then admit the student immediately and talk to the Director of Pupil Services about further documentation that needs to be completed and **STOP HERE.**



**TO MEET THE INDIVIDUAL NEEDS OF ALL STUDENTS**

3. Are there any extenuating circumstances?

YES  NO

- Moved, but wants to finish the school year.
- Plan to move in district in a short period of time.

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

Further documentation that move occurred will need to be provided by: \_\_\_\_\_

- Other – Please explain. \_\_\_\_\_

It is determined based on documentation that the student should be allowed to attend Galway Central School.  
**STOP HERE.**



If it is still unclear that a student is a resident of the district, the family will have to complete the rest of the questions on this form prior to a determination being made.

4. Has either of the parents passed away?

Father, Date: \_\_\_\_\_

Mother, Date: \_\_\_\_\_

5. Address information:

Student's present residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Student's previous residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Father's present residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Father's previous residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mother's present residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mother's previous residence address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Has the student lived with his/her parents or either of them for any period of time within the last six months?

YES  NO

If so, list all dates between which the student lived with his/her parent or either of them:

\_\_\_\_\_

If the student resides with a person other than his/her parents, state in full and complete detail how the student came to reside with such person and the name of such person:

---

---

---

---

6. Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree?

YES  NO

7. Is the student listed as an exemption in anyone's state and federal tax return?

YES  NO

If so, specify the person and attach the portion of the federal tax form confirming this information.

---

Has the student received financial or other support from his/her parents during the past year?

YES  NO

If so, state the dates, approximate dollar amount or other support received each week.

---

Is the student covered under any medical, dental, automobile, sickness, accident, health, or other insurance?

YES  NO

If so, give particulars, including the name of the individual who is the insured under the plan or insurance contract.

---

If the student does not reside with his/her parents, does the student receive financial or other support from the person or persons with whom they reside?

YES  NO

If so, state the approximate dollar amount for other support received each week.

---

If the student does not reside with his/her parents, is the student covered under any medical, dental, automobile, sickness, accident, health, or other insurance purchased by the person or persons with whom they reside?

YES  NO

If so, give particulars, including the name of the individual who is insured under the plan or insurance contract.

---

Does the student receive any of the following items? (Check the appropriate responses):

	Amount
<input type="checkbox"/> Aid to families with dependent children	_____
<input type="checkbox"/> Medicaid	_____
<input type="checkbox"/> Home relief	_____



- Food stamps \_\_\_\_\_
  - Unemployment compensation \_\_\_\_\_
  - Workers' compensation \_\_\_\_\_
  - Disability benefits \_\_\_\_\_
  - Social Security \_\_\_\_\_
  - Other public assistance, specify. \_\_\_\_\_
- 

For each item above that the student is receiving, state relevant file number, the state, county, city and town where the student first qualified.

---



---

8. Has the student done any of the following things?

- Registered to vote in any primary or general election within the past year? If so, indicate the state, county, city, town or village in which the student is registered. \_\_\_\_\_
- Has the student voted in any special election or public school district vote within the past year? If so, state the place at which the student voted. \_\_\_\_\_
- Is the student or has the student been employed? If so, state for each employment:  
 Name of employer: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_  
 Starting date of employment: \_\_\_\_\_  
 Ending date of employment: \_\_\_\_\_  
 Average weekly earnings: \_\_\_\_\_

9. Is the student an emancipated minor?  YES  NO  
 Student present age: \_\_\_\_\_

For the purpose of establishing Residency under Education Law 3202, a student is considered emancipated if s/he is beyond the age of compulsory education, who is living separate and apart from his/her family in a manner that is inconsistent with parental custody and control, who is not receiving any financial support from his/her parents and has no intent to return home. Often time emancipated minors receive some type of financial support from Social Services. Students who live at another residence solely for the purpose of school attendance are not considered a resident of that district.

**Attachments:**

If applicable check the box and attach the following documents

- A certified copy thereof as it pertains to the student's custody.
- Copies of the notice received by or on behalf of the student indicating the student's eligibility for benefits and a copy of the student's last check.
- Copies of documents pertaining to a student residing with someone other than his/her parents.
- A copy of the student's current driver's license, motor vehicle or motorcycle registration and insurance card.
- Copies of that portion of both parents' completed state and federal income tax forms for the last three years if such tax forms had been filed.

- Copies of the student's completed state and federal income tax forms for the last three years if such tax forms had been filed.
- A copy of the student's Selective Service Registration Card.

It is determined that the student **IS**  a resident of the district and can attend school here.

It is determined that the student **IS NOT**  a resident and cannot attend school in this district.

The Director of Pupil Services and/or the Superintendent make the final decision regarding residency. This survey was adapted from a survey completed by Hogan & Sarzynski LLP.

# Galway Central School District

5317 Sacandaga Road  
Galway, NY 12074-0130  
<http://www.galwaycsd.org>



## RESIDENCY QUESTIONNAIRE SUPPLEMENTAL FORM

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

1. List the person or persons with whom the student lives and state their relationship:

\_\_\_\_\_

2. Please describe your housing arrangement and the reason for your housing arrangement:

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

3. Is your housing a: (Circle one of the following)

- a) Motel, Hotel, Camping or Trailer Ground, Trailer or Camping Ground.
- b) Shared housing belonging to a non-family member.
- c) A shelter or similar accommodation designed to provide temporary living space.
- d) A public or private place not designed for or ordinarily used as a regular sleeping accommodation, including car, public space, abandoned building, or similar setting.
- e) None of the above.