District Wide Procedures for Admission/Enrollment

I. Admission Requirements

Student is entitled to admission if:

1. The student resides in the school district; or

2. A court orders the placement of a student with a person or a facility in the school district or (if pursuant to a court order) an entity such as Child Protective Services or the Department of Social Services places a child in the school district; or

3. The student is defined as "Temporarily Housed" under the McKinney-Vento law [42 U.S.C. 11302] regardless of the residence of the student, parent or legal guardian. Please complete the Application to Determine McKinney-Vento Eligibility and the STAC-202 Form.

II. Enrollment Documents

1. A photo ID of the student's parent/legal guardian (e.g. Passport, State ID, or Employment ID)

2. The required registration/enrollment documents are:

   a) **Proof of Age:** Evidence of a student's age shall be obtained by one of the following:
   
   - An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; or
   
   - Passport (including foreign passport) giving the date of birth.

   Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are the following:

   - 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 (for instance, local social services agency, federal Office of Refugee Resettlement)
   - court orders or other court-issued documents
   - Native American trial document
   - records from non-profit international aid agencies and voluntary agencies

   **NOTE:** The School District may need to verify these documents/record (e.g. expired documents)
b) **Immunization Records:** Every student regardless of age, is required to present proof or official certificate of immunization against Poliomyelitis (4 doses), Diphtheria, Tetanus, Pertussis (4 doses), Mumps, Measles, Rubella (2 doses), Varicella (2 doses), Hepatitis B (3 doses). Pre-K requires Pneumococcal (4 doses) and Hib (4 Doses). Tdap (Tetanus, Diphtheria, Pertussis) booster for all 6th grade entrants or 11 years old in accordance with Section 2164 of the New York State Health Law (NY State Education Law Section 14, Article 16, Title I, Article 19). Meningococcal (1 dose in 7th grade, 2 doses by 12th grade). The immunization records of the student must be signed by a physician or health department representative and must list the month, day, and year that vaccines were given.

If student does not have proof at registration, parent/guardian shall have 30 days after enrollment to either provide appropriate proof and/or complete immunization requirements if any vaccinations are missing.

**Exemptions:** Students may be exempted from the immunization requirements if any of the following situations exist:

- **Medical Exemption:** A physician (MD or DO) must provide written verification and medical reasons for the exemption of any vaccine. There must be an annual review of the medical exemption.

- **Religious Exemption:** The parent or legal guardian must furnish a notarized statement that must include the following information:
  - State that religious beliefs conflict with immunization requirements.
  - The statement must be signed and dated by the parent/legal guardian.
  - The statement must be notarized, dated and signed by and notary public.
  - The statement must be submitted in lieu of an immunization certificate.
  - A clear indication that the statement does not expire.

  Note: During the suspected vaccine-preventable disease outbreaks, any student who claims any of the medical or religious exemptions will be subject to automatic exclusion from school.

c) **Previous School Records:** The student's records from the school most recently attended including records relating to dates attended, immunization records, grades, standardized test scores, and Section 504 or Special Education must be submitted.

d) **Proof of Residency:** The Mount Vernon City School District requires evidence of residency and may make a reasonable inquiry to verify eligibility for admission into our schools. Parent/guardian must provide 1 item from Section A and 2 items from Section B. Documents should be most current (within 2 months).

### Section A

1) Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;

2) A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District;

3) Such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District.

### Section B

1) Pay stub;

2) Income tax form(s);

3) Utility bill or other bills (e.g., power company, cable, National Grid, etc.);

4) Membership documents that are based upon residency (e.g., library cards);

5) Voter registration document(s);

6) Official driver’s license, learner’s permit or non-driver identification;

7) State or other government issued identification;

8) Documents issued by federal, state or local agencies (for instance, local social services agency, Federal Office of Refugee Resettlement);

9) Evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers;

10) Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.
3. Use of Affidavits – The Parent and/or Guardian affidavits shall only be used in the event submitted documents do not establish custody of the student to the person registering the student and/or there are no pertinent court documents to verify custody. Below outlines scenarios where either or both affidavits may be required.

a) Parental Affidavit ONLY:
   - Used to verify biological relationship of parent to the child.
   - Registering person is the parent but is not named on the birth certificate.
   - Birth certificate can’t be produced in a timely manner.
   - A child is sent by one biological parent from another country, city, or state to live with his/her other biological parent in order to attend school within our School District.

b) Guardian Affidavit ONLY:
   - Person registering the student is not the biological parent and parent is not reachable.
   - Unaccompanied youth enters district and is staying with a family that is a) sponsoring him/her or b) is a relative other than biological parent.

c) Parent AND Guardian Affidavits:
   - Person registering the student is not the biological parent and the parent is reachable – i.e. parent lives in the state or in the U.S.
   - There is a pending legal action which will award custody.

➤ The District reserves the right to request originals of photocopied documents.
➤ Please be advised that within 3 business days of the initial enrollment of student, the School District will consider all documentation submitted by parent/guardian and make a determination as to residency and the right of student to attend school on a tuition free basis.
➤ While lack of documentation at registration will not delay immediate enrollment, failure to submit the required documentation and provide proof of residency in the School District within the 3 day time period will result in the exclusion of student from the District, subject to student’s right to reapply or reregister.
➤ Under McKinney-Vento, documents need not be submitted at the time of enrollment (M-V Section 722(g)(3)(c)(ii)). If parent/guardian and/or student is unable to provide any of the above forms, please contact the McKinney-Vento Student Liaison immediately, at (914) 655-7597.

III. Submission forms

The following forms must be fully and accurately completed (typed or printed legibly in blue or black ink):

1. Application Form for Admission/Enrollment
2. Student’s Prior Educational Services Information Sheet
3. Application to Determine McKinney-Vento Eligibility
4. STAC-202 Form
5. Optional Forms (if applicable): Landlord Affidavit
6. Release of Student’s Educational Record
7. Consent to Photograph, Film, Tape, and Interview a Student for Non-Profit Use
8. FERPA (Family Educational Rights and Privacy Act) Form-Optional

IV. Inquires

If you have any questions about the admission/enrollment process: please call (914) 358-2380 or fax (914) 665-5170
Mount Vernon City School District
Office of Student Services
165 North Columbus Avenue • Mount Vernon, New York 10553 • 914-358-2380 • Fax 914-665-5170

Kenneth R. Hamilton, Ed. D.
Superintendent of Schools

Admission/Enrollment Documents Checklist
(For office use only)

For Permanently Housed Students Only

Documents needed to complete application process (MUST HAVE):

______ Proof of Student’s Age

______ Immunization Records (with Doctor’s Official Stamp) or Immunization Exemption (with proof)

______ Proof of Residency

Schedule A Document

Schedule B Documents

______ Proof of Family/Custodial Relationship (if Applicable)

______ Valid, non-expired Photo ID of Parent/Legal Guardian (e.g. Passport, State ID, or Employment ID)

Previous School Records **Does not apply to Kindergarten Students**

______ IEP (Individual Education Plan)

______ Last Report Card (Elementary/Middle School Students)

______ Transcripts (Middle/High School Students)

______ ELA Scores and/or Standardized Test Scores from sending school

Enrollment Packet Includes:

______ Application to Determine McKinney-Vento Eligibility

______ STAC-202

______ Application for Admission (signed and notarized)

______ Student’s Prior Educational Services Information Sheet

______ Release of Student’s Educational Record

______ FERPA (Family Educational Rights and Privacy Act)

______ Foster Care Student Enrollment Application

______ Medicaid Consent

All checked documents must be enclosed in the student’s folder

Name of Registration Secretary (print): ________________________________

Signature of Registration Secretary: ________________________________

Date: ____________________
# NEW STUDENT REGISTRATION

**PLEASE COMPLETE ALL QUESTIONS** (Please Print)

*Please note: The student’s legal name must be used*

## STUDENT INFORMATION

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<tr>
<th>Student Last Name:</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
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<td>First Name:</td>
<td>DOB:</td>
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<td>Middle Name:</td>
<td>Grade Level:</td>
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<td>Birthplace:</td>
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### Ethnicity:

Is the student Hispanic, or of Spanish origin? (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).

- [ ] Yes - Hispanic
- [ ] No - Not Hispanic

### Race: (Choose all that apply): Select one or more races from the following five racial groups. Check all groups that apply to your child; check at least ONE box:

- [ ] **White**: Person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East.
- [ ] **Black**: A person having origins in any of the black racial groups of Africa.
- [ ] **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original Peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- [ ] **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- [ ] **Native American Indian or Native Alaskan**: A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliations or attachment (e.g. Cherokee, Mohawk, Inull, Mayan, Inca (but not limited to those listed)).

### Student resides with:

- [ ] Both Parents
- [ ] Mother Only
- [ ] Father Only
- [ ] Mother/Stepfather
- [ ] Father/Stepmother
- [ ] Foster parents

- [ ] Other (See Special Home Circumstance Section Below)

* Please indicate stepparent name: ________________________________
This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. If so, is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES please complete the remainder of this form.
If you answered NO, please STOP HERE.

Please check what best describes where this student is currently living:

[ ] In a shelter
[ ] in a motel or hotel
[ ] in a car, trailer or campground
[ ] in a rented trailer/motor home on private property
[ ] temporarily with an adult that is not the parent/legal guardian of child, due to
[ ] in a transitional housing program
[ ] other place unfit for human habitation
[ ] in a single room occupancy building
[ ] temporarily in another family's house or apartment due to loss of housing
[ ] NONE OF THESE CHOICES APPLY

PLEASE LIST SIBLINGS NAME(S)/AGE(S):

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<th>NAME</th>
<th>AGE</th>
<th>SCHOOL</th>
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PARENT/GUARDIAN INFORMATION:
ADDRESS MAILING AS

Guardian 1 Last Name: D.O.B: Relationship:
First Name: E-mail:
Address:

Home Phone: Cell Phone: Work Phone:

Marital Status: □ Married □ Divorced □ Separated □ Widowed

Mail copies of grades and other student correspondence: _____ Yes _____ No
Please Check One:  □ Mr.  □ Mrs.  □ Ms.  □ Miss.  □ Dr.  □ Other

(Please complete only where information is different from above)

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<th>Guardian 2 Last Name</th>
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<th>Marital Status</th>
<th>□ Married</th>
<th>□ Divorced</th>
<th>□ Separated</th>
<th>□ Widowed</th>
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Mail copies of grades and other student correspondence: □ Yes  □ No

SPECIAL HOME CIRCUMSTANCES: (Complete if a Single Parent, Legal Guardian, Foster Parent or Agency)
If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with______________________________ Is there a joint custody agreement? ______

List any restrictions other parent has regarding child__________________________________________________________

List type and date of legal document provided______________________________________________________________

If you are a Guardian please complete the following:

Name of child's natural parent(s)________________________________________________________

Address or whereabouts of natural parent(s)________________________________________________________

Official document indicating custody and restrictions, etc., if any______________________________________________

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent(s):________________________________________________________

Name of Agency_________________________________________ Agency Code #__________

Agency Address_________________________________________ Type of Agency:__________

Case Worker and/or Social Worker:________________________ Phone No________________

DSS Case #_________________ CIN #_________________ CB#________________

Date child was placed at current location________________ Date at previous location________________________
**PREVIOUS ADDRESS INFORMATION**

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<th>Dates To/From (most recent first)</th>
<th>Address</th>
<th>Location: Country/City/State/Zip Code</th>
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**PREVIOUS SCHOOL INFORMATION**

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<th>Dates To/From (most recent first)</th>
<th>Schools Attended</th>
<th>Location: City/State/Country</th>
<th>Special Programs (E.S.L., Special Education, etc)</th>
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**HOME LANGUAGE:**

(CHECK boxes that apply)

1. What Language(s) is spoken in the student’s home or residence? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

2. What language(s) are spoken most of the time to the student, in the home or residence? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

3. What language(s) does the student understand? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

4. What language(s) does the student speak? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

5. What language(s) does the student read? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

6. What language(s) does the student write? (please specify)  
   - [ ] English  
   - [ ] Other __________________________

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

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<th>Very Well</th>
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**DOCTOR/DENTIST INFORMATION**

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**EMERGENCY CONTACTS**

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**ADDENDUM TO REGISTRATION OF NEW STUDENT:**

Does your child have a known or suspected disability that substantially impacts his/her learning?  
Yes  No

If so, please describe: ____________________________

Has your child been evaluated for a disability?  
Yes  No

If so, please describe: ____________________________

Has your child been classified by a Committee on Special Education as a student eligible for Special Education Services?  
Yes  No

If so, please describe: ____________________________

Has your child received any special services (i.e.) Speech, OT, PT, A.I.S., ESL, etc.) in a previous school?  
Yes  No

If so, please describe: ____________________________

**PARENT OR LEGAL GUARDIAN OATH:**

I, ____________________________, say that I am the parent/guardian of ____________________________, and that I have read the foregoing application and know the contents thereof; that the same are true to my own knowledge and that I have given the answers set forth above knowing that the Mount Vernon City School District will rely upon them in determining whether the child is to be admitted to its school system.

Signature of Parent/Guardian

---

5 | New Student Registration Application 4/2019
Mount Vernon City School District
Office of Student Services

As your child enters the MVCSD from another School District, we would appreciate if you would take the time and complete this inventory list of services, if any, your child received in his/her other school.

Please put a CHECK (☑️) next to all that apply.

I affirm that my child ____________________________, has a) received the following services and/or b) been identified in the following program(s) in his/her other school:

1. Special Education
2. 504 Program
3. ESL/ENL Program
4. Bilingual Program
5. Dual Language
6. Gifted/Talented
7. Out of District
8. NONE OF THE ABOVE APPLY TO MY CHILD ______

(Parent/Legal Guardian – Print) (Relationship to Student)

(Parent/Legal Guardian – Signature) (Date)
Federal Family and Educational Rights Privacy Act
CONSENT TO RELEASE STUDENT INFORMATION/EDUCATION RECORDS

I, ____________________________________________, eligible student or parent or legal guardian of
__________________________________________ [name of student], hereby consent to the disclosure and release of the following
education records of ____________________________________________ [name of student] by the Mount Vernon City School District:

_______ transcript
_______ disciplinary records
_______ recommendations for employment or admission to other schools
_______ other (specify the records to be disclosed)
__________________________________________

I consent to this disclosure and release for the following purposes:

__________________________________________

__________________________________________

Please allow disclosure of all above mentioned records and release copies of the records listed above to:

__________________________________________

[specific name(s), address and if appropriate the relationship to the student such as “parents” or “prospective employer” or “attorney” must be inserted] (herein after referred to as the “receiver of records”).

This release is valid for _______ [insert number] days from the date of its execution.

I understand that by signing this release I am waiving my rights to nondisclosure of my child’s education records as

guaranteed by the Federal and Educational Rights Privacy Act (“FERPA”), 20 U.S.C. §1232g. I understand that I have the right

not to consent to disclosure of my student child’s education records to a third party. I understand that I have the right to receive a copy of my student child’s education records upon my request and to a copy of the records released pursuant to

this release upon request.

Name (print) ____________________________________________

Signature ____________________________________________

Relation to Child ____________________________________________

Date ____________________________________________

On the _______ day of _________________, 20____, before me personally came ____________________________________________ to

me known and known to be the individual described herein.

__________________________________________

Notary Public
MEDICAID CONSENT LETTER

Dear Parent/Guardian(s):

You are receiving this written notification to give you information about your rights and protections under the Federal Individuals with Disabilities Education Act (IDEA), so that you can make an informed decision about whether you should give your written consent to allow your school district to use your or your child’s public benefits or insurance to pay for special education and related services that your school district is required to provide at no cost to you and your child under IDEA.

Funds from a public benefits or insurance program (for example, Medicaid funds) may be used by your school district to help you pay for special education and related services, but only if you chose to provide your consent, as explained below.

Before the Mount Vernon City School District can ask you to provide your consent to access your or your child’s public benefits or insurance for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. This notification is intended to help you understand these rights and protections, including the type of consent the school district will ask you to provide. If you choose not to provide your consent, or later decide to withdraw your consent, the school district has a continuing responsibility to ensure that your child is provided all required special education and related services under IDEA at no charge to you or your child.

Beginning on July 3, 2013, before the school district can use your child’s public benefits or insurance for the first time to pay for special education and related services under IDEA, it must obtain your signed and dated written consent. The school is only required to obtain your consent one time.

The attached consent requirement has two (2) parts:

1. Consent to share records about your child: The school district is required to obtain your written consent before disclosing (sharing) personally identifiable information about your child (such as your child’s name, address, and social security number, individualized education program (IEP), and evaluation results) from your child’s education records. In asking for your consent, the district will (1) identify the records (or information) about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for the special education and related services); and (3) identify the agency to which your school district may disclose the information (for example, the Medicaid agency).

2. Consent to bill your public insurance program (for example, Medicaid): Your consent must include a statement specifying that you understand and agree that your school district may use your or your child’s public benefits or insurance (e.g., Medicaid) to pay for some of your child’s special education services.

If the school district has on file your consent that you provided before July 3, 2013 to release your child’s records and to use your or your child’s public benefits or insurance to pay for a special education and related services, the school district is required to request a new consent from you only when there is a change in any of the following: the type of services to be provided to your child (for example, physical therapy or speech therapy), the amount of services to be provided to your child (for example, hours per week lasting for the school year), or the cost of services (that is, the amount charged to the public benefits or insurance program).
If any of these changes occur, the school district must obtain from you a new one-time consent. Before you provide your school district the new, one-time consent, the school district must provide you with this notification. Once you provide this one-time consent you will not be required to provide the school district with any additional consent in order for it to access your or your child’s public benefits or insurance even if your child’s services change in the future. However, the school district must continue to provide you with this notification annually.

You have the right to withdraw your consent at any time. If you withdraw your consent, the school district must still provide all of your child’s IEP special education and related services at no cost to you. To withdraw your consent, you will need to submit your request in writing to your child’s school district.

The IDEA “NO COST” protections regarding the use of public benefits or insurance are as follows:

1. The Mount Vernon City School District may not require you to sign up for or enroll in a public benefits or insurance program in order for your child to receive a free appropriate public education.

2. The school district may not require you to pay an out-of-pocket expenses, such as the payment of a deductible or co-pay amount, for filing a claim for services that the school district is otherwise required to provide your child without charge.

3. The school district may not use your or your child’s public benefits or insurance if using those benefits or insurance would:
   a. Decrease your available lifetime coverage or any other insured benefit, such as a decrease in your plan’s allowable number of physical therapy sessions available to your child or a decrease in your plan’s allowable number of sessions for mental health services.
   b. Cause you to pay for services that would otherwise be covered by your public benefits or insurance program because your child also requires those services outside of the time you child is in school.
   c. Increase your premium or lead to the cancellation of your public benefits or insurance; or
   d. Cause you to risk the loss of your child’s eligibility for home and community-based waivers that are based on the total health-related expenditures.

We hope this information is helpful to you in making an informed decision regarding whether to allow the Mount Vernon City School District to use your or your child’s public benefits or insurance to pay for special education and related services under IDEA.

For additional information and guidance on the requirements governing the use of public benefits or insurance to pay for special education and related services see: http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html
MEDICAID CONSENT FORM

Date: ______________________________

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child’s Medical 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.

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 the purpose of billing for special education and related services that are in my child’s IEP. The following records will be shared:

<table>
<thead>
<tr>
<th>Records to be shared (such as records or information about services your child receives)</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP</td>
<td>Medication Administration Report</td>
</tr>
<tr>
<td>Written Order/Referral</td>
<td>Special Transportation Log</td>
</tr>
<tr>
<td>Evaluation Reports</td>
<td>Other Personally Identifiable Information</td>
</tr>
<tr>
<td>Session Notes</td>
<td>Any Other Specific Records Pertaining to the Student’s Services or Program</td>
</tr>
</tbody>
</table>

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 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: __________

Medicaid Consent

4/2019
Mount Vernon City School District
Office of Student Services
165 North Columbus Avenue • Mount Vernon, New York 10553 • 914-358-2380 • Fax 914-665-5170

Kenneth R. Hamilton, Ed. D.
Superintendent of Schools

Enrollment Application for Children Placed by the
Department of Social Services/Other Outside Agencies

Date of Application: ________________

Name of Child: _____________________________________________________________________ D.O.B: ________________
Case#: ____________________________ CIN#: ____________________________
City Bill#: ____________________________ D.F.Y.#: ____________________________

Name & Address of Placement Agency: ________________________________________________ Agency Code: _____________

________________________________________________________________________________

Name of Biological Parent & Address at time of Placement: ____________________________

________________________________________________________________________________

Date of Original Placement: ________________
School District at time of Child’s Original Placement: _________________________________

Name & Address of Foster Parent: ____________________________________________________ Date of Placement with Foster Parent: ______

________________________________________________________________________________

School child will be registered in: ____________________________________________________ Grade: _____ Reg / SpEd
Previous School: __________________________________________________________________ Grade: _____ Reg / SpEd

Agency Social Worker: __________________________________________________________________
Phone Number: _____________________________________________________________________

State of New York ) ss
County of Westchester )

__________________________________________, being duly sworn, deposes and says: That he/she makes this application on behalf of said child in his/her capacity as ____________________________, that he/she read the foregoing application and knows the contents thereof, that the same are true of his/her own knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those he/she believes it to be true, and makes the foregoing statements knowing that the Mount Vernon Board of Education will reply upon the statements therein contained as being true.

Sworn to before me this __________ day of ______________________, 20____
Social Worker: _____________________________________________________________________

ENROLLMENT APPLICATION FOR CHILDREN PLACED BY AGENCY
4/2019
INSTRUCTIONS FOR COMPLETING THE STAC-202 FORM
Designation of School District of Attendance for a Homeless Child

Education of homeless children means 1) a child or youth who lacks a fixed, regular, and adequate nighttime residence, including a child or youth who is (i) sharing the housing of other persons due to a loss of housing, economic hardship or a similar reason; (ii) living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; (iii) abandoned in hospitals, (iv) awaiting foster care placement; or (v) a migratory child, as defined in § 1309(2) of the Elementary and Secondary Education Act of 1965, as amended, who qualifies as homeless under any of the provisions of clauses (i) through (iv) of this subparagraph or subparagraph (v) of this paragraph; or 2) a child or youth who has a primary nighttime location that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations including, but not limited to, shelters operated or approved by the state or local department of social services, and residential programs for runaway and homeless youth established pursuant to article nineteen-H of the executive law; or (ii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting.

1. Enter the youth’s complete last name and first name.
2. Enter the youth’s date of birth.
3. Place a check in the box which identifies the gender of the youth.
4. Item reserved for future use.
5. Place a check in the box which identifies, to the best of your knowledge, the racial/ethnic category with which the youth most closely identifies.

Racial/Ethnic Categories:

- **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

- **Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Sumea.

- **Black** - A person having origins in any of the black racial groups of Africa.

- **Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

6. Enter the grade level for which placement is being sought.
7. Enter the complete last permanent address prior to becoming homeless.
8. Enter the name of the school district that served the area where the child resided prior to becoming homeless.
9. Enter the name of the school district where the student was last enrolled. This will be different from 7A if the student was previously temporarily housed in a different district and enrolled in that district as a non-resident homeless student.
10. Enter the complete address of current temporary housing including the name of the shelter if applicable and the date the student moved to the current location. If the location is confidential (for example, if the student is living in a domestic violence shelter), the name and address of the location do not need to be provided.
11. Enter the name of the current school district of attendance.
12. Enter the date of designation.
13. Enter the name of the designated school district of attendance. One of four districts may be designated to provide the educational component:
   - District of attendance before becoming homeless,
   - District where last enrolled,
   - District of current location of temporary housing, or
   - District participating in a Regional Placement Plan (RPP).
14. Enter, if applicable, the date the child moved to permanent housing and is no longer eligible as a homeless student.
15. If the student attends school in a district participating in a Regional Placement Plan or the district where last enrolled (7B), and that district is different from both the district of attendance before becoming homeless (7A) and the district of current location (8A), check the corresponding box where the student attends school (either the District participating in a Regional Placement Plan or the District where last enrolled).
16. Print the name and telephone number of the designator. The designator can be the parent, person in parental relation, the unaccompanied youth (a youth who meets the definition of homeless and is not in the physical custody of a parent or guardian), or the director of a residential program for runaway and homeless youth if the student is living in such a program.
17. The signature of the designator and current date.

NOTE: Copies should be distributed to the following:
1. State Education Department, only if designated district of attendance is entitled to reimbursement for educational services pursuant to N.Y. Educ. Law § 3209(3);
2. Designated School District of Attendance;
3. District of Attendance before becoming homeless;
4. District where last enrolled;
5. Parent/Guardian/Unaccompanied youth/director of a residential program for runaway and homeless youth; and
6. Local Department of Social Services, only if placed in temporary housing by DSS.
Designation of School District of Attendance for a Homeless Child

Submitted by: ☐ Local Dept of Social Services (DSS)  ☐ Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD
   LAST NAME
   FIRST NAME

2. DATE OF BIRTH
   MO / DAY / YR

3. GENDER
   M  F

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)
   American Ind or
   Alaskan Native ☐ Asian or
   Pacific Isl. ☐ Black ☐ Hispanic ☐ White ☐

6. GRADE LEVEL FOR WHICH PLACEMENT IS Sought
   ☐ 7A, NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS
   ☐ 7B, NYS SCHOOL DISTRICT WHERE LAST ENROLLED
   ☐ 8A, NYS SCHOOL DISTRICT OF CURRENT LOCATION
   ☐ 9A, NYS DESIGNATED DISTRICT OF ATTENDANCE

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS
   _____________________________________________________________

8. COMPLETE ADDRESS OF CURRENT LOCATION
   _____________________________________________________________
   DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING
   MONTH  DAY  YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN
   MONTH  DAY  YEAR

10. DATE PLACED IN PERMANENT HOUSING
    MONTH  DAY  YEAR

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).
   ☐ District participating in a Regional Placement Plan  OR  ☐ District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP
    AREA CODE  TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD
    IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.
    DATE

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE
    TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE
    DATE

16. PLACEMENT COUNTY
    Local DSS use only
    AREA CODE  TELEPHONE NUMBER
Affidavit of Property Owner/Landlord

STATE OF NEW YORK
COUNTY OF WESTCHESTER)

____________________________, being duly sworn deposes and says I am the owner and
(Name of Property Owner/Landlord)

landlord of the premises known and designated as ________________________________
(Address)

New York. These premises constitute a (multiple dwelling, single dwelling) residence.

____________________________, is a tenant occupying these premises; occupying same
(Name of parent/guardian)

under (oral) (written) rental agreement commencing on the _____ Day of _______20___.

____________________________ occupies said residence with ______________________ who is a
(Name of parent/guardian)                         (Name of Student)

minor and plans to attend School in Mount Vernon. Utilities Included in Lease? ____ (y/n)

This affidavit is made in order to induce the Mount Vernon City School District to accept

______________________________ in the District based upon the residency as stated herein.
(Name of Student)

I CERTIFY that the information provided on this form is true and correct and that the statements made herein are being made under the

penalties of perjury, knowing that the Mount Vernon City School District will rely upon them in determining whether the above-named

child (ren) will be admitted to its school system. I understand that statements made in this affidavit will be in relied upon by the Mount

Vernon City District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false

instrument with a government 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

______________________________
Signature of Property Owner/Landlord

______________________________
Telephone Number                                    Notary Public

Sworn to before me this ____ day

of ________________________, 20___

NOTE: THE DISTRICT RESERVES THE RIGHT TO CONTACT THE APPROPRIATE MUNICIPALITY TO VERIFY THAT THE USE OF THE PREMISES IS IN COMPLIANCE
WITH LOCAL LAWS AND CODES. Penal Law §175.05 (Falsifying Business Records in the Second Degree) - Class A Misdemeanor. Penal Law §175.20
(Tampering with Public Records in the Second Degree) - Class A Misdemeanor. Penal Law §175.25 (Tampering with Public Records in the First Degree) - Class
D Felony. Penal Law §175.30 (Offering a False Instrument for Filing in the Second Degree) - Class A Misdemeanor. Penal Law §175.35 (Offering a False
Instrument for Filing in the First Degree) - Class E Felony.

AFFIDAVIT OF PROPERTY OWNER/LANDLORD 4/2019