

Greece Central School District

Private, Parochial & Charter Schools

Transportation Packet

Welcome to the Greece Central School District. This is the first step in completing the registration process. Please take the time to read the forms carefully and fill them out completely. When completed please fax the forms with a copy of one of the accepted proofs of residency (below), a copy of your child's birth certificate and a copy of your license to **(585) 581-8166** or call **(585) 966-2230** for more information. We look forward to working with you in this registration process.

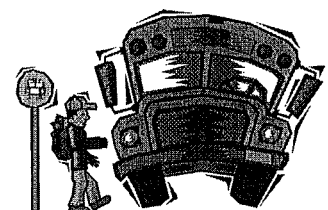
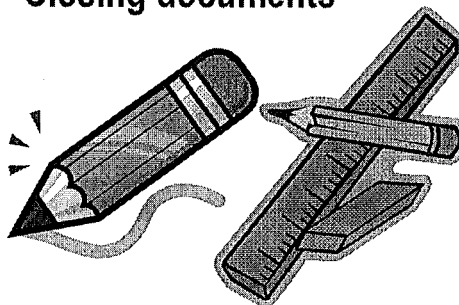
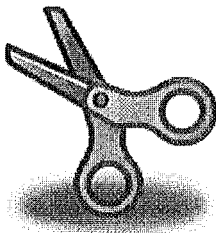
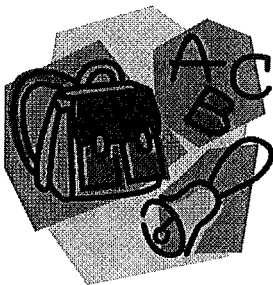
***Acceptable proofs of residency are:**

Mortgage statement

School or property tax receipt

Lease agreement

Closing documents



Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name: _____ Grade: _____

Please answer questions (1) and (2). Please read them before you respond. (For question (1) check the box that best describes your child. Check only ONE box.)

1. Is the student Hispanic, Latino, 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

2. Select one or more races from the following five racial groups. (For question (2), check all groups that apply to your child. Check at least one box.)

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original Peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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.

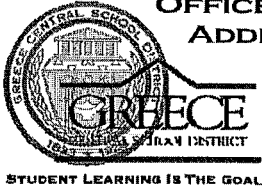
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian: _____

Date: _____



OFFICE OF STUDENT TRANSPORTATION SERVICES

ADDRESS: 1790 Latta Rd., Bldg C, Rochester, NY 14612

MAILING ADDRESS: P.O. Box 300, N. Greece, NY 14515-0300

TELEPHONE: 585.966.2550 **FAX:** 585.581.8189

WEB ADDRESS: www.greececsd.org

EMAIL: Greece.Transportation@greececsd.org

School Year

20____/20____

Transportation Application
for Private/Parochial and Charter Schools

School Name: _____ (one school per application)

Student(s) Information:

First and Last Name	Birth Date	Grade Level*	Student ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Grade level should reflect school year above

Does student have a serious or life threatening condition that might require support, assistance or intervention from the bus driver or attendant: Yes No . Please fax the medical documentation for appropriate review to student services at 585-581-8205.

Parent/Guardian Information:

_____	_____
First and Last Name	Home Telephone Number
_____	_____
Street Address and Zip Code	Alternate Telephone Number

New Greece Resident: Yes No **Date of Established Address:** _____

Parent/Guardian must go to home school to provide proof of residency/address verification for new to Greece residents as well as for change of address within the district. A new Transportation Application must be completed for address changes within the district. If you are unsure of your home school, please contact the Office of Student Information Services at 966.2314 to obtain that information.

Greece School Representative Signature _____
Date

Section 3636(2) of the Education Law requires that a parent submit a written request for transportation to a nonpublic school no later than April 1st of each year. In addition, a parent/legal guardian of a pupil not residing in the school district on April 1st shall submit a written request within thirty days after establishing residence in the District. My signature certifies that I am the parent/legal guardian of the above student(s) and authorized to request transportation to the school noted above. I verify that the student(s) resides with me at the address indicated.

Parent/Guardian Signature _____
Date

School Verification: I verify that the above listed student(s) is/are enrolled at the nonpublic school for the school year 20____/20____.

Private/Parochial/Charter Principal's Signature _____
Date

Greece Central School District REGISTRATION FORM

*Please PRINT all information
Anything in RED is required information and needs to be answered*

FOR OFFICE USE ONLY				
ID# _____	Building _____	Grade _____	Counselor _____	
Registration Date: _____	Records Date Requested _____	Date Received _____		

Student Name: _____ Male Female
Last First Middle

Address: _____
Street City State Zip code Apt.#

Phone# _____ H C Date of Birth _____ Age _____

Parent/Guardian Information

Name: _____
Last First MI

Address: _____
Street City State Zip code Apt; #

Home Phone# _____ Work# _____ Cell# _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Relationship to Student: Mother Father Stepmother Stepfather Foster parent Legal Guardian
 Group home contact Foreign Exchange Sponsor other _____

Are you on Active Duty in the Armed Forces? Please check one YES NO

If YES, please give the DATE you entered the Armed Forces _____ / _____ / _____

Parent/Guardian Information

Name: _____
Last First MI

Address: _____
Street City State Zip code Apt; #

Home Phone# _____ Work# _____ Cell# _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Relationship to Student: Mother Father Stepmother Stepfather Foster parent Legal Guardian
 Group home contact Foreign Exchange Sponsor other _____

Are you on Active Duty in the Armed Forces? Please check one YES NO

If YES, please give the DATE you entered the Armed Forces _____ / _____ / _____

Electronic Phone Messaging:
The Greece Central School District uses an electronic phone messaging system to contact families by phone or email with school announcements, attendance and disciplinary issues, and event reminders. In the space provided, please write the phone number(s) you would like to receive these calls at.

PRIMARY PHONE # TO RECEIVE ALL CALLS PHONE # TO RECEIVE ATTENDANCE NOTIFICATIONS ALTERNATE PHONE # TO RECEIVE ALL CALLS

Other Children in the household

Name (Last)	(First)	(MI)	M/F	Birth Date	Grade	Living at Home	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other Adults living in the house

Name (Last)	(First)	(MI)	Relationship to Student

School History

Has your child ever been tested and/or received services for Occupational Therapy ____ Physical Therapy ____ Speech ____ Other ____

Has student ever been placed in Special Education with an IEP? YES NO If yes, when? _____

List Other Schools Attended starting with last attended:

School Name	Grade	Address/City/State/Zip code	Phone Number

Has student ever repeated a grade? YES NO If yes, which grade? _____

What year did your child first enter 9th grade? _____

Has student ever received special help in: Reading ____ Math ____ Speech ____ ESOL ____ Other _____
Specify

Emergency Information

(K-8 ONLY) If your child stays with a sitter before school and/or after school:

Name of person who cares for student _____ Phone # _____

Address _____

If we are unable to reach parents or sitter in an emergency:

Name of Emergency Contact: _____ Phone # _____ Relationship to Child _____

IF THESE TELEPHONE NUMBERS OR THOSE ON THE FRONT OF THIS FORM ARE CHANGED DURING THE YEAR, PLEASE NOTIFY YOUR CHILD'S SCHOOL IMMEDIATELY.

This is to confirm that all of the above information is accurate and that I am a resident of the Greece Central School District.

Parent/Guardian Signature _____

Date _____

Greece Central School District

Authorization for Release of Student Special Education Information

Student Name: _____ **Current Grade:** _____

Current Address: _____

Current School: _____ **Phone:** _____

School Address: _____ **Fax:** _____

Permission is given to release the following records:

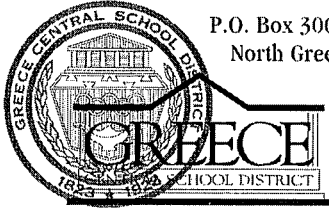
- Psychological testing
- Individual Education Plan
- 504/Plan
- Other testing (PT,OT, Speech/Language, etc.)

SIGNATURE OF: _____ **Date:** _____

(Parent or legal guardian, or student if over 18)

INFORMATION SHOULD BE FORWARDED TO:

<input type="checkbox"/>	GREECE CENTRAL SCHOOL DISTRICT COMMITTEE ON SPECIAL EDUCATION Julie Tewksbury	750 Maiden Lane Rochester, NY 14615	PHONE: (585) 966-2342 FAX: (585) 581-8196
--------------------------	--	--	--



P.O. Box 300
North Greece, NY 14515-0300

Welcome to the Greece Central School District!

Central Registration Office Hours
Weekdays from 7:30 a.m. to 4:00 p.m.

Please call the Registrar's office at **(585) 966-2230** to schedule an appointment or if you have any questions.

For your convenience, the Greece Central School District offers a Central Registration Office located on the ground floor of Odyssey Academy, 750 Maiden Lane. There are designated parking spots available on the right side of the building before you enter the back parking lot.

Enter at Door 5, ring the buzzer for admission, sign in at the security desk and proceed to Room G38B.