

# Gates Chili Central School District

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## Private/Parochial and Charter School Registration Packet

Dear Parent(s)/Guardian(s):

Welcome to the Gates Chili Central School District. The enclosed Registration Packet is for students who attend a Private, Parochial or Charter school and are residents of the Gates Chili School District. Please take the time to read the forms carefully and fill them out completely.

Registration Packet Forms – Please fill out completely.	For Office Use Only	
	Date Rec'd	Initialed
Proof of Residency Checklist		
Student Registration Form (Complete both sides)		
Additional Student Information Form		
Application For Student Transportation to Private/Parochial or Charter Schools		

### Bring these documents to your registration appointment

When registering your child you need to present Proof of Residency.

**Please provide ONE item from Category 1 and ONE from Category 2. If an item from Category 1 is unavailable, please provide at least TWO from Category 2.**

<b>Residency Proof</b> <b>Category 1</b>	Mortgage Statement; School or Property Tax Receipt; Lease Agreement; Homeowner's/Renter's insurance policy; a statement by a third-party landlord, owner or tenant from whom you lease or with whom you share property within the district; or other statement by a third-party that establishes your physical presence in the District.		
<b>Residency Proof</b> <b>Category 2</b>	<ul style="list-style-type: none"><li>• Pay stub</li><li>• Income Tax Form</li><li>• Membership documents (e.g., library cards) based upon residency</li><li>• Official driver's license, learner's permit, non-driver identification, vehicle insurance</li><li>• State or other government issued identification</li><li>• Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)</li><li>• Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers</li><li>• Voter registration document(s)</li><li>• Utility or other bills</li></ul>		

If you have any questions, please call between 8:00 a.m. and 3:30 p.m. Registration Office 247-5050 ext. 12224.

We look forward to working with you during this enrollment process.



# Gates Chili Central School District

## Residency Checklist

<b>Student(s)' Name:</b> _____		
<b>In-District Address:</b> _____		
House #	Street Name	Apt. #
<b>Date Registered:</b> _____		

**These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_ Yes \_\_\_\_ No

If you answered YES to the above questions, where is the student presently living? (Check one box)

- ☐ 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): \_\_\_\_\_
- ☐ In permanent housing

NOTE: If the student is **not** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required**. Families who are homeless are not required to complete the remaining forms.

Residency Proofs for each family registering students are required by the Gates Chili School District.

**Check the box that represents your Residency Status and provide Residency Proofs as listed below.**

- ☐ **Homeowner** — Please provide **ONE** item from **Category 1** and **ONE** from **Category 2**. If an item from **Category 1** is **unavailable** please provide **at least TWO** from **Category 2**.

**Category 1:** Mortgage Statement; School or Property Tax Receipt; Homeowner's insurance policy. (If building new home, Copy of Builder Sales Contract indicating purchaser name, address and tentative completion date.)

**Category 2:**

- Pay stub
- Income Tax Form
- Membership documents(e.g., library cards) based upon residency
- Official driver's license, learner's permit, non-driver identification, or vehicle insurance
- State or other government issued identification
- Documents issued by federal, state or local agencies(e.g., local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers
- Utility or other bills
- Voter registration document(s)

- ☐ **Renter** — Please provide **ONE** item from **Category 1** and **ONE** from **Category 2**. If an item from **Category 1** is **unavailable** please provide **at least TWO** from **Category 2**.

**Category 1:** Lease Agreement; Renter's insurance policy, statement from landlord or other third-party that establishes physical address in the District.

**Category 2:**

- Pay stub
- Income Tax Form
- Membership documents(e.g., library cards) based upon residency
- Official driver's license, learner's permit, non-driver identification or vehicle insurance
- State or other government issued identification
- Documents issued by federal, state or local agencies(e.g., local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers
- Utility or other bills
- Voter registration document(s)

- ☐ **Shared Housing: Sharing Single Family Home or Apartment with Another Family.** *\*(This section will be completed when the shared housing is not due to loss of residence because of hardship.)*

**Primary Resident:** Person(s) whose name **is** on the mortgage or lease.

**Individual Residing At or Moving In:** Person(s) whose name **is not** on the mortgage or lease.

**BOTH** the "Primary Resident" and the "Individual Residing At or Moving In" must provide Residency Proofs as listed on the back of the Shared Housing Certificate and sign the Shared Housing Certificate.



# GATES CHILI CENTRAL SCHOOL DISTRICT REGISTRATION FORM

PRIVATE / PAROCHIAL / CHARTER SCHOOL

Please **PRINT** all information and complete **BOTH** sides of this form

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip 146  
Phone# \_\_\_\_\_ Listed( ) Unlisted( ) Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

## Parent/Guardian

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State Zip

Home Phone#: \_\_\_\_\_ Pager#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated  
☐ Divorced ☐ Widowed

Relationship to Student: ☐ Mother ☐ Father  
☐ Step Mother ☐ Step Father ☐ Foster Parent  
☐ Group Home Contact ☐ Guardian ☐ Other

## Parent/Guardian

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State Zip

Home Phone#: \_\_\_\_\_ Pager#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated  
☐ Divorced ☐ Widowed

Relationship to Student: ☐ Mother ☐ Father  
☐ Step Mother ☐ Step Father ☐ Foster Parent  
☐ Group Home Contact ☐ Guardian ☐ Other

## Brothers and Sisters (Birth to Age 21)

Name:(Last)	(First)	(MI)	Sex	Birth Date	Grade	Living at Home	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

Others in Home:	
Name:	Relationship to Student

*Below for Office Use Only*

ID# _____
Private/Parochial School _____ Grade _____ Registration Date _____

PLEASE COMPLETE BOTH SIDES

## School History

### **Kindergarten Students Only:**

Did your child attend nursery school? (Circle One)    **Yes**    **No**    If yes, for how long? \_\_\_\_\_

Where? \_\_\_\_\_  
(Name and address of School)

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

### **ALL OTHERS:**

Name of Last School Attended: \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

School Address and Phone # \_\_\_\_\_

List Other Schools Attended \_\_\_\_\_

Has Student ever repeated a grade? YES \_\_\_\_ NO \_\_\_\_ If yes, which grade? \_\_\_\_\_

What year did your child **first** enter grade nine? \_\_\_\_\_

Has Student ever received special help in: Reading \_\_\_\_ Math \_\_\_\_ Speech \_\_\_\_ Other \_\_\_\_\_

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

Does student have a 504 Plan **YES** \_\_\_\_ **NO** \_\_\_\_

For more information regarding your rights to special education services, please visit the New York State Education Department's website relating to a parent's guide to special education in New York for children ages three through 21  
<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

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

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

\_\_\_\_\_  
Date

## Additional Student 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: \_\_\_\_\_

Please answer all questions. 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.

3. **Is the student considered an Immigrant Child or Youth?** The term "immigrant children and youth" refers to individuals who:

- are ages 3 through 21;
- have not been attending school in any state for more than three full academic years; and
- were not born in any state.

Immigrant Status: Yes \_\_\_\_ No \_\_\_\_ if yes, Date arrived in United States: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

4. **Is the student considered a Migrant Child?**

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years? (Please check all that apply.)

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packaging fruits or vegetables, etc.)

Migrant Status: Yes \_\_\_\_ No \_\_\_\_

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





## Application for Transportation to Private/Parochial or Charter Schools

Complete the application for transportation below and return to the Gates Chili Transportation Department via email at [businformation@gateschilil.org](mailto:businformation@gateschilil.org) or by mail at 4 Spartan Way, Rochester, NY 14624.

### SECTION 1: TERMS AND CONDITIONS

- Per New York State Education Department regulations, applications for transportation must be submitted to the Board of Education by Gates Chili residents **no later than April 1** of the year for which transportation is needed in September. Applications from residents who are new to the district must be submitted no later than Aug. 1.
- Transportation to and from locations other than the student's legal residence (i.e., babysitter or daycare center) must be located within the school boundaries of the school attended by the student. Per Board of Education policy, written requests for such service must be submitted annually with the Gates Chili Transportation Department by July 1 preceding each school year. Pick-up and drop-off locations are required to be the same all five days of the week.
- Transportation will not be provided to private/parochial and charter schools when GCCSD is not in session. Early dismissals for private/parochial and charter schools will be limited to the same number of early dismissals as noted on the Gates Chili district calendar.

### SECTION 2: PARENT/GUARDIAN INFORMATION

Full name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Home address: \_\_\_\_\_ Email address: \_\_\_\_\_

### SECTION 3: STUDENT INFORMATION

Student name	Date of birth	Grade entering	School

### SECTION 4: LOCATION REQUEST INFORMATION

I am requesting transportation for: ☐ Morning pick-up only ☐ Afternoon drop-off only ☐ Both morning and afternoon

*Please note: if only one-way transportation is requested, in the event of an emergency, transportation may be provided. Please call (585) 247-4774 as soon as possible.*

#### Morning pick-up information

AM name: \_\_\_\_\_

AM address: \_\_\_\_\_

AM phone: \_\_\_\_\_

#### Afternoon drop-off information

PM name: \_\_\_\_\_

PM address: \_\_\_\_\_

PM phone: \_\_\_\_\_

**By signing below, I understand to the terms and conditions outlined above and understand that any requests received after April 1 for transportation beginning in September of the same year will be denied.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

