Johnson City Central School District
666 Reynolds Road
Johnson City, NY 13790
www.jcschools.com

Educational Excellence for a Changing Tomorrow

REGISTERING STUDENTS FOR SCHOOL
A checklist of things to bring with you

Please call (607) 930-1008 to schedule your registration appointment.*

WELCOME to the Johnson City School District! We look forward to working with you and your children. Johnson City now has Central Registration, which is located in the administrative wing of the Johnson City High School (666 Reynolds Road).

In order to prevent a delay in your child(ren) starting school in a timely fashion, please register your child(ren) as soon as possible. If you move during the summer, please do not wait for September to register them. ***Contact our office as soon as possible to make an appointment to start the registration process so that your child(ren) may start school on time.***

To make the registration process go as quickly and smoothly as possible, parents or guardians should begin assembling certain types of documents pertaining to their child. Some of these documents are absolutely necessary under New York state law. Other documents are very helpful for equipping the District to be able to place new students into the best possible learning environment as quickly as possible after they begin classes. Please reference our website at www.jcschools.com for additional information. Below is a list of documents that would be important to bring to your registration appointment:

- ☐ ***Documentary proof of age for student (ie. Student's birth certificate)***
- ☐ ***Two (2) proofs of residency – lease, utility bill(s), or formal mail from an outside source. We will not accept handwritten mail or mail from JC Schools.***
- ☐ ***Immunization records***
- ☐ ***Copy of the most recent IEP or Section 504 Plan (if applicable)***
- ☐ ***Parent/Guardian picture identification***
- ☐ ***Court issues proof of legal guardianship and/or Order of Protection***
- ☐ ***School records/transcript or final/most recent report card with withdrawal grades***

You will be asked to sign a release form so we can fax a request for records to your former school district if you are not able to obtain copies to bring with you at the time of registration. We will make every effort to communicate with the former school but the Johnson City School District cannot be held responsible for the former's school failure to respond in a timely manner.

JOHNSON CITY SCHOOL DISTRICT
SCHOOL YEAR 20_____

FOR OFFICE USE ONLY:

STUDENT ID # | BUILDING | COUNSELOR | CURRENT GRADE: _____

DATE APPROVED:

REGISTRATION FORM

PLEASE PRINT **PLEASE PRINT**

STUDENT NAME _____ SEX _____
(Last) (Jr/Sr/III/IV) (First) (Middle) (M/F/NB)

BIRTH DATE _____ BIRTHPLACE _____
(MM/DD/YY) (City) (State) (Country)

SUPPORT SERVICES: IEP _____ 504 _____
Yes/No Yes/No

EVER ATTEND JC SCHOOL(Yes/No) _____ If Yes, indicate the School and the Year _____

LAST SCHOOL ATTENDED

NAME _____
ADDRESS _____
CITY _____
DATE LEFT _____ CURRENT GRADE: _____

STUDENT RESIDENTIAL ADDRESS

ADDRESS _____
APT # _____
CITY _____
STATE New York ZIP CODE _____
PRIMARY PHONE _____
NIGHTTIME RESIDENCE ☐ Yes ☐ No

STUDENT MAILING ADDRESS only if different than residential

ADDRESS _____
APT # _____
CITY _____
STATE New York ZIP CODE _____
PRIMARY PHONE _____

GUARDIAN

NAME _____
(Last) (Jr/Sr/III/V) (First)

ADDRESS _____ **APT #** _____

CITY _____ **STATE** New York **ZIP CODE** _____

PRIMARY PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

EMAIL ADDRESS: _____ **Employer Name:** _____

Receive Mailings YES / NO

Relationship to student _____

Living with student YES / NO

GUARDIAN

NAME _____
(Last) (Jr/Sr/III/V) (First)

ADDRESS _____ **APT #** _____

CITY _____ **STATE** New York **ZIP CODE** _____

PRIMARY PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

EMAIL ADDRESS: _____ **Employer Name:** _____

Receive Mailings YES / NO

Relationship to student _____

Living with student YES / NO

If student is not living with both parents, who has legal custody? ☐ **Mother** ☐ **Father** ☐ **Other** _____

Custody Documentation Received _____**Yes** _____**No**

GUARDIANS MARITAL STATUS: _____**SINGLE** _____**MARRIED** _____**SEPARATED** _____**DIVORCED**

(PLEASE TURN OVER AND COMPLETE BACK OF FORM)

STUDENT'S NAME: ____________________

ADDITIONAL EMERGENCY CONTACTS OTHER THAN GUARDIAN

1. NAME ____________________
(Last) (Jr/Sr/III/IV) (First) (Middle)

ADDRESS ____________________ APT # ________

CITY ____________ STATE ____________ ZIP ________

RELATIONSHIP TO STUDENT ____________________

HOME PH ____________ CELL PHONE ____________ WORK PH ____________

NAME & ADDRESS OF EMPLOYER ____________________

2. NAME ____________________
(Last) (Jr/Sr/II/IV) (First) (Middle)

ADDRESS ____________________ APT # ________

CITY ____________ STATE ____________ ZIP ________

RELATIONSHIP TO STUDENT ____________________

HOME PH ____________ CELL PHONE ____________ WORK PH ____________

NAME & ADDRESS OF EMPLOYER ____________________

PHYSICIAN ____________ PHONE ____________ HOSPITAL CHOICE ____________

SIBLINGS OF STUDENT (Including siblings 0 – 4 years)

NAME ____________ SCHOOL SEX ____ DOB ________ AT RESIDENCE ____
(First) Middle) (Last) M/F MM/DD/YY Y/N

NAME ____________ SCHOOL SEX ____ DOB ________ AT RESIDENCE ____
(First) Middle) (Last) M/F MM/DD/YY Y/N

NAME ____________ SCHOOL SEX ____ DOB ________ AT RESIDENCE ____
(First) Middle) (Last) M/F MM/DD/YY Y/N

NAME ____________ SCHOOL SEX ____ DOB ________ AT RESIDENCE ____
(First) Middle) (Last) M/F MM/DD/YY Y/N

NAME ____________ SCHOOL SEX ____ DOB ________ AT RESIDENCE ____
(First) Middle) (Last) M/F MM/DD/YY Y/N

ADDITIONAL INFORMATION: ____________________

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

SIGNATURE OF PARENT/GUARDIAN ____________ DATE ____________

SIGNATURE OF SCHOOL OFFICIAL
WHO REGISTERED CHILD ____________ DATE ____________

THIS FORM MUST BE SUBMITTED IN PERSON TO CENTRAL REGISTRATION,
666 REYNOLDS ROAD, JOHNSON CITY, NY

Johnson City Central School District
Student Racial and Ethnic Identification

Name of Student_____

The Johnson City Central School District, in compliance with New York State Education Department requirements, has adopted a procedure which requires the collection and recording of the ethnic identity of students in accordance with the Federal categories and definitions. The information will be used to:

-Report information to the State and Federal Education Departments.
-Plan educational programs and make sure that they are readily available to all students.
-Analyze differences in academic performance, attendance and completion of school.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.
To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the confidentiality regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

DIRECTIONS TO PARENT/GUARDIAN

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/Other Date

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ *Month Day Year* Grade: ____ *(preschool-12)* ID#: _____ *(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 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

_____ _____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

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

_____
Date

If **ANY box other than "In Permanent Housing" is checked,**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled. After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Rev. 11/15/16

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre ☐ Mujer Fecha de Nacimiento: ____ / ____ / ____ Grado: ____ ID#: ____
Mes Día Año (jardín de infantes – 12) (opciónal)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (*Por favor marque **una** caja.*)

- ❑ En un refugio
- ❑ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ❑ En un hotel/motel
- ❑ En un carro, parque, autobús, tren, o camping
- ❑ Otra vivienda temporal (Por favor describa):

  _____

- ❑ En un hogar permanente

_____ _____
Nombre de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento) **Firma** de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)

_____
Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción **y el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegúrese que una Formulario de Designación sea completado.

Johnson City Central School District
666 Reynolds Road
Johnson City, NY 13790
www.jcschools.com

Educational Excellence for a Changing Tomorrow

Authorization for Release of Records

Date: ____/____/____

To: _____

_____

_____

_____

Re: _____ DOB: ____/____/____ Grade Level: _____

The above named student has registered in the Johnson City School District. Please forward his/her most recent records as soon as possible to the information indicated at the bottom of this sheet:

- ✓ Birth Certificate
- ✓ Scholastic Records
- ✓ Health & Immunization Records
- ✓ Standardized/State Test Scores
- ✓ Attendance Records
- ✓ Latest Report Card
- ✓ Discipline Records
- ✓ Transcripts/Exit Grades (HS)
- ✓ IEP or Section 504 Plan
- ✓ Psychological Report
- ✓ Social History
- ✓ All Recent Evaluations
- ✓ Other Pertinent Information
- ✓ OT and/or PT Script

_____ _____

Signature of Parent/Legal Guardian **Date**

Relationship to Student: _____

Please fax/email records ASAP to the following:

Johnson City Student Services Office
666 Reynolds Road
Johnson City, NY 13790
Phone: (607) 930-1008
Fax: (607) 930-1144
Email: cliddic@jcschools.stier.org or Ltoner@jcschools.stier.org

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

Lissette Colón-Collins, Assistant 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 Guardian:
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.

Please write clearly when completing this section.

STUDENT NAME:		
First	*Middle*	*Last*

DATE OF BIRTH:			GENDER:
			❑ Male ❑ Female
Month	*Day*	*Year*	

PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to Student*

HOME LANGUAGE CODE _____

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ 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*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school in the United States_____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes ***No*** ***Not sure***
❑ ❑ ❑ ***If yes**, please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ No ❑ Yes* **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
❑ No ❑ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
❑ Birth to 3 years (Early Intervention) ❑ 3 to 5 years (Special Education) ❑ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ❑ No ❑ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ Mother ❑ Father ❑ Other:_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: **POSITION:**

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: **POSITION:**

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
- ❑ ADMINISTER NYSITELL
- ❑ ENGLISH PROFICIENT
- ❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: **POSITION:**

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Johnson City Central School District
New Student Health History

Name: _____ Grade: _____ Entry Date: _____/_____/_____

Gender: ___M ___F Date of Birth: ____/____/____ Place of Birth (City, State) _____

Immunizations:

We must have a physician's signed statement or a certificate from a public health agency that the required immunizations have been given. All current, returning, and new students must meet the immunization requirements as set forth under New York State Public Health Law.

Does your child have any of the following life-threatening conditions? A "Life-Threatening Health Condition" is a condition, including a known allergy, which will put the child in danger during the school day if a medication or treatment order is not in place.

	YES	NO	TYPE/REACTION	MEDICATION
Food Allergy				
Bee Sting or Insect				
Asthma				
Diabetes				
Seizure Disorder				
Heart Condition				
Blood Disorder				
Latex				
Other				

Allergies: _____

Current medications: _____

Does your child have any dietary restrictions? ☐ Yes ☐ No

If so, please explain: _____

I give my permission for a school physical to be completed at school.

☐ Yes

☐ No

Form completed by: _____ School: _____

Signature of parent/ guardian: _____ **Date:** _____/_____/_____

Johnson City Central School District
666 Reynolds Road
Johnson City, NY 13790
www.jcschools.com

Educational Excellence for a Changing Tomorrow

OPT-OUT ONLY

September 2021

Dear Parents and Guardians:

The Johnson City Central School District is committed to openly communicating with the parents of our students and the community as a whole. From time to time, local newspapers and television news crews come into our schools to report on our educational and co-curricular activities and individual student and class achievements. We encourage the positive community recognition of our students and programs in the local media and in our district and school publications.

If for any reason you **DO NOT** want your child filmed, photographed or to be quoted while participating in a school-related activity, the following form should be signed and returned immediately to the main office of your child's school. The form will be forwarded to the correct school personnel and we will respect your request. Again, this form **ONLY** needs to be returned if you **DO NOT** give your permission for your child to be filmed, photographed or quoted by the news media or included in any district or school publications. We appreciate your time and consideration of this matter.

Sincerely,

Eric Race
Superintendent of Schools

Please **DO NOT** allow my daughter/son to participate in activities that are being filmed or photographed or to be quoted by any representatives of the news media or to be used in any school or district publications.

Student's Name	Grade	School and Teacher

Signature of Parent/Guardian	Date

Johnson City Central School District
666 Reynolds Road, Johnson City, New York 13790
Phone (607) 930-1008
www.jcschools.com

Opt-Out for Student Computer Network and Internet Access

Johnson City Central School District (JCCSD) provides network and Internet access to ***ALL*** students.

The use of JCCSD network and Internet access is to assist students in completing educational activities and should be used strictly under the rules and regulations that are defined in our district's "Acceptable Use Policy" as established by our Board of Education in policy 8630. This policy must be followed anytime there is a connection to the district's wired or wireless network.

If you DO NOT want your student to have access to the JCCSD network and Internet, please complete and submit this Opt-Out form to the school principal.

This opt-out form applies to the current school year and must be specifically renewed at the beginning of each school year.

Student Name: _____
(please print)

Building: _____ Date: _____
(please print)

School Year: _____ Grade: _____

As the parent or guardian of this student I understand that by signing below I am requesting that my student's access to the JCCSD network and Internet be removed for the school year indicated above.

Parent / Guardian Name: _____
(please print)

Parent / Guardian Signature: _____ Date: _____

Johnson City Central School District
666 Reynolds Road
Johnson City, NY 13790
www.jcschools.com

Educational Excellence for a Changing Tomorrow

IMMUNIZATION/HEALTH INFORMATION REQUEST FORM

TO: _____

_____

_____

_____

Re: _____ DOB: _____

I authorize and request release of any and all immunization records and last physical examination concerning the above child to:

☐ **JC Primary School**
601 Columbia Drive
Johnson City, NY 13790
Attn: School Nurse
P: (607) 930-1316/1317
F: (607) 930-1431

☐ **JC Elem./Middle School**
601 Columbia Drive
Johnson City, NY 13790
Attn: School Nurse
P: (607) 930-1357/1358
F: (607) 930-1434

☐ **JC High School**
666 Reynolds Road
Johnson City, NY 13790
Attn: School Nurse
P: (607) 930-1551/1552
F: (607) 930-1653

I further request that party mentioned above release any and all information as may be required by you upon request.

_____ _____
Signature **Relationship**

_____ _____
Witness **Date**

Johnson City Central School District
Committee on Special Education
666 Reynolds Road
Johnson City, NY 13790 (607-930-1008)

Medicaid Consent

Date: _____

_____

_____

_____

Student Name: _____ **DOB:** ____/____/____

CIN#: _____

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.

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.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	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:** _____

Johnson City Central School District
666 Reynolds Road
Johnson City, NY 13790
www.jcschools.com

Educational Excellence for a Changing Tomorrow

PERMISSION TO FAX

_____ _____

Student Name **DOB**

I authorize and request that my child's prescription for Occupational Therapy and/or Physical Therapy services be faxed to:

Johnson City School District
601 Columbia Drive
Johnson City, NY 13790
(F): (607) 930-1435

_____ _____

Parent/Legal Guardian **Relationship**

Date: _____

Physician Name: _____

Medical Group: _____

Address: _____

_____

Physician Phone #: _____

Physician Fax #: _____