Greater Johnstown School District
Kindergarten Registration Package
2025-2026

Children who turn **5** years old on or before **December 1, 2025** are eligible for Kindergarten. This packet includes all forms necessary for registration into the Kindergarten program. Each form must be filled out in its entirety. Please ensure that you have signed all applicable areas of the packet.

All forms and supporting documentation can be brought to Pleasant Avenue Elementary School starting on March 10, 2025 between the hours of 8:00 am and 3:00 pm. Please do not submit applications prior to that date.

Please check off each form as you complete it:

_____ Registration/Residency Form
_____ Racial/Ethnic Identification Form
_____ School Entrance Health History
_____ Home Language Questionnaire

You must also provide the following when submitting the application:

_____ Copy of Original Legal Birth Certificate with Seal
(A copy will be made when you bring in the application)
_____ Immunization Records from your pediatrician
_____ Custody paperwork, if applicable
_____ **TWO** Proofs of Residency (for example)
*Drivers License (with current address)
* Pay Stub
*Utility bill or other bill
*Copy of Deed/Mortgage Statement/Lease Agreement

If you have any questions regarding the registration process, please call 518-762-4611 ext 3121 or email registration@johnstownschools.org

REGISTRATION FORM
GREATER JOHNSTOWN SCHOOL DISTRICT
1 Sir Bills Circle, Johnstown, NY 12095

Student's Full Legal Name: ____
(First) (Middle) (Last)

Sex: ______Male ______Female Grade: ______ Date of Birth ________________

Street Address (Actual Residence not PO Box): ________________________________
Street number and Name

__________________________, New York Zip Code: ______________
City/Village

Mailing Address (PO Box Acceptable): ________________________________

Parent/Guardian: ________________________________
Name

Home Telephone: ________________________________

Cell Number: ________________________________

Work Number: ________________________________

E-mail address: ________________________________

Custody: Child's legal custodian is ____________________ Relationship: __________

Child lives with: ____________________ Relationship: __________

Is there a custody issue? ____________________

*If custodial rights have been altered, then proof must be in writing. See below for acceptable proof.

Order of Protection* __ (*If an order of protection exists, it must be submitted to building principal at time of student enrollment)

Parent/Guardian Information

	Name	Home Address	Work Place and Phone Number
Mother (include maiden name)			
Father			
Step Mother			
Step Father			
Legal Guardian			

Is this a foster placement: _____ Yes _____ No

If yes, name of county ________________________________

If yes, copy of DSS 2999 Form required

☐ Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement ________________________________(living arrangements). If box is checked, please complete STAC-202 form. The answer you give 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.

Brother(s) and Sister(s) Information

Name (First and Last)	Sex	Birth Date	Living at Home	Present Grade	School Attending

What Mode of Communication does/do the Parent(s) prefer:

[ ] Written Notice [ ] Phone Calls [ ] Email [ ] Person to Person

_______________________________________ Date: ______________

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

Business Office Signature	**Date**

PROOF OF VERIFICATION OF AGE PROVIDED:

[ ] Birth Certificate
[ ] Baptismal Certificate
[ ] Other (see list below): ______________

EVIDENCE OF CUSTODY PROVIDED:

[ ] Judicial Custody Papers
[ ] Guardianship papers
[ ] Signed affidavits

PROOF OF RESIDENCY PROVIDED:

[ ] Copy of Deed
[ ] Copy of Purchase Contract, with Letter from Attorney (including date/time of closing)
[ ] Lease Agreement or Statement from Landlord, Owner or Tenant from whom you lease or live with
[ ] Third party statement establishing the physical presence of the parent(s)/guardian(s) in the school district
[ ] Other (see list below): ______________

Other proofs of Age:

Passport;
Official driver's license;
State or other government issued identification;
School photo identification with date of birth;
Consulate identification card;
Hospital or health records;
Military dependent identification card;
Documents issued by federal, state or local agencies;
Court orders or other court-issued documents;
Native American tribal documents'

Other proofs of Residency:

Pay Stub;
Income tax form;
Utility or other bills;
Membership documents based upon residency (e.g. library cards)
Voter registration document(s)
Official driver's license, learner's permit or non driver ID
State or other government issued ID
Documents issued by federal, state or local agencies

GREATER JOHNSTOWN SCHOOL DISTRICT
1 Sir Bills Circle, Suite 101
Johnstown, NY 12095

Racial/Ethnic Identification – please answer both of the following questions.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
   Yes ____ No ____

2. Select one or more races from the following five racial groups: (Check all groups that apply to your child.)

   ☐ American Indian or Alaska Native – a person having origins in any of the original peoples of North America

   ☐ Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent

   ☐ 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 – 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. What language does/do the parent(s) prefer to speak?

   ☐ English

   ☐ Other: ____________________
   (Please specify)

____

Signature of person filling out form Relationship Date

Revised 2/26/21
lac

Pleasant Avenue Elementary • Warren Street Elementary • Knox Middle School • Johnstown High School

William T. Crankshaw, Ed.D.
Superintendent of Schools
Alicia D. Koster
Assistant Superintendent
Nicole M. Panton
Director of Curriculum & Instruction

Administration Center
1 Sir Bills Circle, Suite 101
Johnstown, New York 12095
Telephone: 518-762-4611
Fax: 518-762-6379; 518-762-6027
https://www.johnstownschools.org

HOUSING QUESTIONNAIRE

Name of LEA: Johnstown School District

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 permanent housing
- ☐ 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): ______________________

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

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

____
Date

Greater Johnstown School District
Johnstown, NY 12095

EMERGENCY CONTACT INFORMATION AUTHORIZATION

In order to adequately care for your child when he/she is in school, we need to have up-to-date information about your child's care, as well as a current health and medical history. Please complete this form and return it to the school immediately.

Student's Name ______________________________________ ____ __________
Last First M.I. Grade Building

Birthdate ______________________________________ Sex __________

Siblings attending Johnstown Schools (include name, grade and school) ____________________

____

Student lives with: ___ Parents ___ Mother ___ Father ___ Guardian

____
Father/Guardian Home Address Home Phone Work Phone

____
Mother/Guardian Home Address Home Phone Work Phone

Children will be released to parent/guardians and only those others listed below. This includes releases for any purpose, at any time, including at dismissal. Be sure to list all individuals that you may delegate for this responsibility and include all information. If there are any changes during the year, please contact the main office of your child's school to report them.

____
Name Relationship Address Phone

____
Name Relationship Address Phone

____
Name Relationship Address Phone

____
Name Relationship Address Phone

____
Name Relationship Address Phone

____
Name Relationship Address Phone

____
Name Relationship Address Phone

Please complete back of form

Revised 2/14

GREATER JOHNSTOWN SCHOOL DISTRICT

Administration Center
1 Sir Bills Circle, Johnstown, NY 12095
Phone 518-762-4611
Fax 518-762-5654

SCHOOL ENTRANCE HEALTH HISTORY

Dear Parents/Guardians:

Please complete this questionnaire to the best of your ability and return it to the Health Office of your child's school. This information is for the school medical record kept for each child and is of great help to the school nurse and doctor in understanding and helping to safeguard your child's health. Thank you very much.

SCHOOL ______________________ **Grade** ____________

CHILD'S NAME ______________________ **Nickname** ____________

Birthdate ____________ **Place of Birth** ____________ **Sex** ____

Father's Name ______________ **Place of Employment** ____________
Phone ____________

Mother's Name ______________ **Place of Employment** ____________
Phone ____________

Home Address ______________________ **Phone** ____________

Name of Doctor ______________________ **Address** ____________

Name of Dentist ______________________ **Address** ____________

Other Children in Family: **Birthdates:**

______________________ ____________
______________________ ____________
______________________ ____________
______________________ ____________

1. **Is your child currently being treated for an illness or ongoing condition?** ______
   If yes, please describe ______________________
   ____
   ____

2. **Is your child currently taking any medication?** ______
   If yes, what medication? ______________________
   Why? ______________________

3. **Do you consider your child's health to be: Good** ______ **Fair** ______ **Poor** ______

4. Can your child participate in all school activities? ______________________

5. Does your child have any allergies (Foods, animals, medicines, bee stings, dust, pollen, other) ______________________

   If he/she is allergic to bee stings, what actions do you want school personnel to take? ______________________

6. Please check if your child has had any problems with:

Asthma	( )	Persistent cough or wheeze	( )
Eczema	( )	Tiring Easily	( )
Frequent headaches	( )	Stomach aches or vomiting	( )
Dizziness or fainting spells	( )	Bowel movements	( )
Convulsions and/or Epilepsy	( )	Hernia	( )
More than 3-4 colds per year	( )	Kidney/urinary problems	( )
Tonsils or adenoids	( )	Painful joints	( )
Strep throat	( )	Feet or walking	( )
Frequent nosebleeds	( )	Bedwetting	( )
Anemia	( )	Frequent temper tantrums	( )
Heart problems	( )	Rapid changes of mood	( )
Diabetes	( )	Eating problems	( )

   If so, is the condition under the care or observation of a doctor? If YES, a statement from your physician is required.

7. Has your child had any:

   Serious injuries ______ Describe ______________________
   Serious illnesses ______ Describe ______________________
   Accidents ______ Describe ______________________
   Operations ______ Describe ______________________

8. Has your child had any of the following diseases?

   Measles ______ Chicken Pox ______ Rheumatic Fever ______

   German Measles ______ Mumps ______ Pneumonia ______ Scarlet Fever ______

9. When did your child last have a complete physical examination? ____________

10. Does your child have any eye problems? (difficulty seeing, crosses eyes, frequently reddened or watery eyes)

    ____

11. Does your child wear glasses? ______________________

12. Does your child have any ear or hearing problems? (frequent earaches, draining from ears, difficulty hearing)

    ____

13. Does your child wear a hearing aid? ______________________

14. Has your child worn braces or corrective shoes? ______ Are they still being worn?

    ____

15. Does your child have any speech problems (stuttering, difficult to understand, delayed speech development) ______________________

16. Is a language other than English spoken at home? ______________

17. Will your child require any special health care in school? ______________
If yes, please describe: ______________

18. Do you have any concerns about your child's general health, behavior, or emotional well-being of which the school should be aware?
____

19. Was this a normal, full-term pregnancy? ______________

20. At what age did your child walk? _____ Talk? _____ Toilet train? _____

21. How did your child develop compared to other children the same age?
Faster _____ Slower _____ About the same _____

22. Please check if your child had any of the following experiences which might influence his social or physical development:

Frequent changes in residence	( )
Death in family	( )
Fires	( )
Accidents/Injuries	( )
Other	( )

23. Please check if you expect that your child may have any of the following problems when he/she begins school:

Leaving home for the first time	( )
Getting along with a new adult	( )
Dressing, eating, toileting by himself	( )
Getting along with other children	( )

24. Family History: Please check any that apply to your immediate family and explain the persons relationship to your child (mother, father, sister, aunt, grandmother, etc.)

Physical disability (describe) ______________
Epilepsy ______________
Diabetes ______________
Intellectual and Developmental Disabilities ______________
Depression ______________
Vision Problems ______________
Hearing Problems ______________
Thyroid Problems ______________
Scoliosis/back problems ______________
Convulsions ______________
Heart Problems ______________
Other ______________

25. Are there other concerns regarding your child that you feel the school should be aware of: ______________

Parent/Guardian Signature ______________ Date ______________

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.)

Question				
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	

ENGLISH

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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: