



## Greater Johnstown School District Kindergarten Registration Package 2026-2027

Children who turn **5** years old on or before **December 1, 2026** 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 9, 2026 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](mailto: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): \_\_\_\_\_  
 \_\_\_\_\_, New York Street number and Name  
 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)

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Signature of person filling out form

Relationship

Date



## *District Administration Office*

1 Sir Bills Circle, Suite 101 • Johnstown, New York 12095 • Phone: 518-762-4611 • Fax: 518-762-6379

**ALICIA D. KOSTER**  
Superintendent of Schools

**SCOTT M. HALE**  
Assistant Superintendent

## HOUSING QUESTIONNAIRE

Name of LEA: Johnstown School District

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Gender:  Male Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Female Month Day Year (preschool-12) (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)

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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 \_\_\_\_\_

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:
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?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify _____	<input type="checkbox"/> Father _____ specify _____
	<input type="checkbox"/> Guardian(s) _____ specify _____	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify _____
<input type="checkbox"/> Does not speak		
<input type="checkbox"/> Does not read		
<input type="checkbox"/> 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

<b>Educational History</b>	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. * <u>If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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:

Date

*Signature of Parent or of Person in Parental Relation*

Relationship to student:  Mother     Father     Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME:	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME:	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> <hr/> Mo    Day    YR.	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> <hr/> Mo.    Day    YR.	<b>PROFICIENCY LEVEL</b> ACHIEVED ON _____ <b>NYSITELL:</b> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



## STUDENT TRANSPORTATION REQUEST FORM

GJSD Transportation Office: 518.762.4611 X 3147 Phone

2026-2027 Academic School Year

*(Please Print and Complete Form OR Make a Copy of the Form, complete and email to  
transportation@johnstownschools.org)*

One of our most important District responsibilities, in partnership with Brown/STA and its families, is to ensure the safe transportation of our students to and from school on a daily basis.

**This form should only be used if you qualify for transportation based on the policy listed below.** When requesting transportation for your Student(s), please complete the following information in its entirety. One Request Form per student is required.

Students are eligible for **Home to School** transportation based on the following GJSD Policy:

**POLICY: Students are eligible for transportation as follows:**

<https://www.johnstownschools.org/policy-5730-transportation-students/>

- **Grades K-4** *All students eligible*
- **Grades 5-8** *Student must live 1.5 miles or more from the school they attend, as determined by the District standard of measure.*
- **Grades 9-12** *Student must live 2.5 miles or more from the school they attend, as determined by the District standard of measure.*

Parent/Guardian Filing Request: \_\_\_\_\_

Student's Name (Last, First, Middle): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address (Primary): \_\_\_\_\_

Telephone Contact: \_\_\_\_\_ Alternate: \_\_\_\_\_

A.M. Pick Up Location: \_\_\_\_\_

P.M. Drop Off Location: \_\_\_\_\_

Start Date of Service: \_\_\_\_\_

The following **Adults** are authorized to accept my student from the bus:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby give my consent for transportation to be arranged as per the information provided herein.*

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

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Request Forms are to be completed and returned to the Building Principal. **Transportation requests may take up to one to two weeks to process before service will begin.**