



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

CORINNE COTTER
Assistant Superintendent

STUDENT REGISTRATION

Telephone: 518-762-4611 Ext 3121

Fax: 518-762-5654

STUDENT REGISTRATION CHECKLIST

Please turn in the the following documentation to complete the registration process

Student Name: _____ Date: _____

_____ Registration Packet

_____ Proof of Primary Residency - **must provide proof as follows in addition to current Driver's Licence or Government Issued ID.**

**Please note that the District reserves the right to request further documentation reflecting residency within the GJSD school boundaries as requested by the Superintendent or their Designee*

- ☐ Current Drivers License or other official Government Issued ID, and
 - ☐ Copy of Deed and current Mortgage Statement (*current within 30 days*) for Primary Residence OR
 - ☐ Lease/Rental Agreement and Lease Payment Receipt (*within 30 days*) for Primary Residence, and
- ☐ Latest Federal Tax Return (*Front Page*) with Financial Information Redacted for Primary Residence

_____ Transportation Form, if applicable

_____ Most Recent Custody Papers, if applicable

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
City/Village Zip Code: _____

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)

Central Registration 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:

Proof of Primary Residency - must provide proof as follows in addition to a current Driver's License or Government Issued ID.

**Please note that the District reserves the right to request further documentation reflecting residency within the GJSD school boundaries as requested by the Superintendent or their Designee.*

- ☐ Current Drivers License or other official Government Issued ID and,
☐ Copy of Deed and current Mortgage Statement (current within 30 days for Primary Residence)
OR
☐ Lease/Rental Agreement and Lease Payment Receipt (within 30 days) for Primary Residence, and
☐ Latest Federal Tax Return (Front Page) with Financial Information Redacted for Primary Residence

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:

(may be requested)
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

GREATER JOHNSTOWN SCHOOL DISTRICT
1 Sir Bills Circle, Suite 101
(To be completed after student is enrolled)

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

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit <https://www.nysteachs.org/liaisons>

District or LEA	School Name
About this form and your rights Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The McKinney-Vento Homeless Assistance Act, together with New York State Education Law Section §3209, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home. Eligible students have the right to: ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing. ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location). ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records. ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles). ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available. This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Providing it will not affect your immigration status or your eligibility for enrollment or other services.	

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X = Nonbinary	Student Date of Birth (Month/Day/Year)
Parent/Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate**. Check every box that describes where **the student** is residing right now.

- ☐ Permanent housing: you own or rent a fixed, regular, and adequate home
- ☐ Doubled up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason
- ☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____
- ☐ In a hotel or motel because there is no other alternative, adequate place to stay
- ☐ In a car, park, campsite, bus or train station, abandoned building, or another place not meant for stable habitation or established dwelling.
- ☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in
- ☐ Displaced by a fire, flood, natural disaster, or other emergency
- ☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ Date: _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ Received by: _____ Eligibility: Eligible Not Eligible Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

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. 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 (Primary) Home Phone Work Phone

Mother/Guardian Home Address(Primary) 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



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ALICIA D. KOSTER
Superintendent of Schools

SCOTT M. HALE
Assistant Superintendent

STUDENT REGISTRATION

Telephone: 518-762-4611 Ext 3121

Fax: 518-762-5654

RELEASE OF INFORMATION AUTHORIZATION

I, _____, hereby request and authorize the release of all current records: report cards/academic grades; health records (immunizations and physical examinations); psychological/psychiatric evaluation; IEP (Individualized Education Plan); social history; other evaluations/reports including occupational therapy, physical therapy, speech/language, hearing, vision, etc.; counseling records; 504 Plan; birth certificate; and any other information you feel may be pertinent regarding the following student:

Student's Name _____ Grade _____ Date of Birth _____

Previous School: _____

Address: _____

Phone Number: _____ Fax Number: _____

PLEASE SEND GENERAL EDUCATION RECORDS TO:

- ☐ Grades K-1: Pleasant Avenue Elementary School, 235 Pleasant Avenue, Johnstown, NY 12095
Fax: 518-762-1217 or Email: mlatour@johnstownschoools.org
- ☐ Grades 2-4: Warren Street Elementary School, 110 Warren Street, Johnstown, NY 12095
Fax: 518-762-8805 or Email: jfriers@johnstownschoools.org
- ☐ Grades 5-7: Knox Middle School, 400 South Perry Street, Johnstown, NY 12095
Fax: 518-762-2775 or Email: khoutz@johnstownschoools.org
- ☐ Grades 8-12: Johnstown High School, 1 Sir Bills Circle, Johnstown, NY 12095
Fax: 518-736-1489 or Email: canagnostopulos@johnstownschoools.org

PLEASE SEND SPECIAL EDUCATION RECORDS TO:

- ☐ Special Education Department, 1 Sir Bills Circle, Johnstown, NY 12095
Fax 518-762-6027 or Email: jbump@johnstownschoools.org

ANY OTHER QUESTIONS CONTACT:

registration@johnstownschoools.org or 518-762-4611 ext. 3121

X _____
Parent/Guardian Signature

Date

Greater Johnstown School District
Johnstown, NY 12095
Health Record Update

Student Name _____ Grade _____

____ Check here (and provide details) if the 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 similar situation, or if the student is temporarily housed in a shelter awaiting permanent foster care placement. _____

CHILD FIND-The Greater Johnstown School District has an obligation to evaluate, with parental consent, and offer to students determined to be disabled who reside in the District, a free and appropriate public education. If you believe your child has a disability that requires specialized instruction or special accommodations to benefit and/or access our programs and services, please contact your child's building principal or the Director of Pupil Personnel Services at 518-736-1708 to discuss the process to initiate a referral to the Committee on Special Education or the §504 Team. If you suspect your child has a disability which adversely affects his/her educational performance and which may require special education and you are enrolling your child in a nonpublic school and are seeking supports for your child while he/she attends school there, you may initiate a referral by writing to the CSE in the school district where the nonpublic school is located.

Has your student been diagnosed with a high lead level? (Elementary Level)	YES	NO
Does your child have or recently been diagnosed with asthma?	YES	NO
Does your child have any significant allergies (peanut, bee sting, latex, etc)?	YES	NO
Does your child have a seizure disorder as diagnosed by a physician?	YES	NO
Does your child have diabetes?	YES	NO
Does your child wear glasses or contacts?	YES	NO
Does your child wear a hearing aid or suffer from a hearing problem?	YES	NO
Has your child sustained any significant injury, surgical procedure, or recent hospitalizations?	YES	NO
Does your child take any medication on a regular basis?	YES	NO

If you have answered YES to any of the above questions, please explain the specific conditions, the specific type of allergy, any activity restrictions, any special care required, the name and dosage of any prescribed medications. Additionally, please submit any relevant medical documentation (e.g., treatment plans, physician orders, diagnosis information, etc) to the Health Office.

Please list and explain any other health concerns you have for your child.

I hereby give the Health Office permission to share this information with the school staff for the safety of my child and to communicate with my child's physician office.

Parent/Guardian Signature

Date

In an emergency, when reasonable attempts to reach those people I have identified on the Emergency Contact Information Form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by

Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred physician or dentist is not available, by another physician or dentist, and the transfer of my child to ANY hospital readily accessible.

Parent/Guardian Signature

Date

Refusal To Consent

I do not give my permission for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to _____

Parent/Guardian Signature

Date

Greater Johnstown School District

Administration Center

1 Sir Bills Circle, Johnstown, NY 12095

Phone: 518-762-4611

Fax: 518-762-6027

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 (Primary) _____ 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 and submit appropriate documentation from the doctor to the Health Office. _____

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, 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	()
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, crossed 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 person's 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 any 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

Lisette 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:

Month Day Year

GENDER:

☐ Male
☐ Female

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	☐ 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:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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? _____

 Signature of Parent or of Person in Parental Relation

Month: Day: Year:

 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:



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@johnstownschoools.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:

- **Grades K-4** *All students are eligible to receive transportation*
- **Grades 5-8** *All students in grades 5-7 are eligible to receive transportation. Grade 8 students 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.**