

Sharon Springs Central School District

Home of the Spartans-K-12 Public School

514 State Highway 20

PO Box 218

Sharon Springs, NY 13459

Phone: (518) 284-2266 x106

Website: www.sharonsprings.org

Registrar Email: mkeaney@sharonsprings.org

Fax: (518) 284-9075

Instructions for Out of District Student Registration

To Parents/Guardians,

The SSCS District will consider students for enrollment if they reside out of the district. Acceptance into the district is at the discretion of the Board of Education.

Parents are required to complete an Out of District Request form, Request for Records and submit a statement letter as to why you want to enroll your child(ren) in the district.

Students who attend SSCS as an out of district student are responsible for their own transportation.

If accepted, parents and students must agree to and sign an Out of District Contract and complete the Registration Packet (this will be provided upon acceptance).

Continued enrollment in the district is contingent on student discipline, attendance and academic effort. Additionally, if a student's academic/behavioral needs can not be met in-district with existing resources, the child may have to seek services from their district of residence.

Custody

If there are any legal custody orders in place, please provide the district with a copy of the most recent court order.

Birth Certificate, Health & Immunization

A copy of the child's birth certificate and immunization records is required. If your child was enrolled in another public school in NY state, then those records will transfer with your student as long as the previous district has a copy. In the event those records do not transfer or if this is the first time a student is enrolling in a public school, the parent will be responsible to provide these documents.

Once the required documents are returned to the registrar and records are received from the prior district (if applicable), you will be contacted to schedule a meeting to discuss the referral and your student's needs further.

Sharon Springs Central School
OUT OF DISTRICT STUDENT REQUEST FORM
School Year: _____

STUDENT NAME	
CURRENT GRADE LEVEL	
DATE of BIRTH	
CURRENT SCHOOL ATTENDING/ SCHOOL of RESIDENCE	
Does this child currently have an Individualized Education Plan (IEP) or 504 Plan?	
Does this child currently receive any special services? (Speech, Occupational, Physical Therapy etc.)	
PARENTS/GUARDIANS NAME(s) Are there any custody orders/order of protections? YES NO	
PHYSICAL ADDRESS	
MAILING ADDRESS (if different)	
PRIMARY PHONE NUMBER	
PRIMARY EMAIL ADDRESS	
Please state (in a few words or sentences) the reason you are requesting your child attend SSCS.	
	I AM REQUESTING PERMISSION FOR MY CHILD TO ATTEND SHARON SPRINGS CENTRAL SCHOOL AS AN OUT OF DISTRICT STUDENT. I HAVE BEEN GIVEN A COPY OF THE BOARD POLICY AND UNDERSTAND THAT I MAY RESPONSIBLE FOR TUITION FEES AND OTHER POSSIBLE COSTS ASSOCIATED WITH EDUCATING MY CHILD.
PARENT/GUARDIAN SIGNATURE	
DATE	

Request received by District _____

Request sent to Principal/Superintendent _____

Principal/Superintendent Action

Recommend to BOE _____

Denied _____

Request Records Inquiry _____

BOE Recommendation (if applicable) _____

Date of BOE meeting _____



Sharon Springs Central School

PO Box 218, Route 20
Sharon Springs, NY 13459



District Office 518-284-2266 - Fax 518-284-9033
Principal - Guidance Office 518-284-2267 - Fax 518-284-9075

Library 518-284-9034
Nurse's Office 518-284-2268

To: _____

Date: _____

Dear School Official:

The following student(s) entered the Sharon Springs School District. Would you kindly forward copies of academic, psychological and medical records. Parental permission has been obtained and you will note the signature at the bottom of this letter.

Child's Name

Grade

Thank you in advance for your cooperation.

Sincerely,

SHARON SPRINGS CENTRAL SCHOOL

Thomas Yorke
Superintendent/Building Principal

I authorize the release of academic, psychological, special education/related services and medical information concerning my child(ren).

Signature of Parent or Guardian