



## Online Registration Instructions

**Directions for registering new students online:** Starting April 19th (Early PreK & Kindergarten)  
(For Sept/Fall school year -Registration for Grades 1 to 12 will be accepted after July 1st of the school year)

**Step 1:** Go to our website and fill out the online registration. Gasd.org under Student Registration or visit our link at:

<https://parentportal-neric.eschooldata.com/Amsterdam/register/0/en>

**Step 2:** Provide the following proofs and additional registration forms.

**2 Proofs of Residence** (ex. Utility statement, cable statement, lease, driver's license with current address, government letter, ect. \*must be postmarked/dated within 30 days of registration)

**Copy of Child's Birth Certificate** (Passport, Government ID or Visa accepted)

**Copy of Parent/Legal Guardian ID**

**Updated shot records** (can be faxed to 518-842-0012)

**Custody Orders (must be signed by judge) if applicable**

**Home Language Questionnaire**

**Health Registration Form**

**Release of Records Form** (If no previous school please write N/A on form)

**Additional Registration Forms:** Can also be found on <https://www.gasd.org/about-us/student-registration/>

**Step 3:** Scan and email to Nia Greco at [Agreco@gasd.org](mailto:Agreco@gasd.org)

Please Include the child's name on email. All proofs and forms must be legible.

You can also drop the proofs and forms to the district office "Registration Drop Box" located outside the district office doors. The district office is located behind the high school on 140 Saratoga Ave. District Parking Lot located on Miami Ave, district office doors are located on the right side of the rock climbing walls.

**Step 4:** We will email you to confirm completion, please be patient as it will take time to review due to the volume of applicants.

For questions, please contact one of the following people by email:

Grade PK-12: **Nia Greco**

[Agreco@gasd.org](mailto:Agreco@gasd.org)

**Jacqueline Marquez** -Spanish Translation for Registration

[JMarquez@gasd.org](mailto:JMarquez@gasd.org)

School placement and transportation information

Under the district's new redistricting plan, school placement will be done by the district according to the school zone. Special Education students will be placed by the Committee of Special Education. School placements will be decided and announced sometime in the summer.

Please note: **\*\*NO** transportation will be provided for the Universal Pre-Kindergarten program. For PreK only, parents/guardians will be responsible for dropping off and picking up their children at school. No exceptions.



## Instrucciones para el registro en línea

**Instrucciones para registrar nuevos estudiantes en línea:** A partir del 19 de abril (Early PreK & Kindergarten)  
(Para el año escolar septiembre/otoño -Registraciones será aceptada después del 1 de julio)  
para los grados 1 a 12

**Paso 1:** Entre a nuestro sitio web Gasd.org y llene el registro bajo "registro de estudiantes" o visite nuestro enlace en:

<https://parentportal-neric.eschooldata.com/Amsterdam/register/0/en>

**Paso 2:** Proporcione los siguientes documentos/pruebas y formularios de registro adicionales.  
**2 pruebas de residencia** (por ejemplo, declaración de servicios públicos, declaración por cable, arrendamiento, licencia de conducir/guiar con su dirección actual, carta del gobierno, ect. \*debe estar fechado dentro de los 30 días antes de la registración)

**Copia del Certificado de Nacimiento del Niño** (Pasaporte, Identificación gubernamental o Visa aceptada)

**Copia de la identificación del padre/tutor legal**

**verificación de vacuna actualizados** (se pueden enviar por fax al 518-842-0012)

**Órdenes de custodia (deben ser firmadas por el juez) si corresponde**

**Cuestionario de idioma en el hogar**

**Formulario de registro de salud**

**Formulario de publicación de registros** (Si no hay una escuela anterior, escriba N/A en el formulario)

**Formularios de registro adicionales:** También se pueden encontrar en <https://www.gasd.org/about-us/student-registration/>

**Paso 3:** Escanea y envíe un correo electrónico a Nia Greco en [Agreco@gasd.org](mailto:Agreco@gasd.org)

Incluya el nombre del niño por correo electrónico. Todas las pruebas y formularios deben ser legibles. También puede traer las pruebas y formularios a la oficina del distrito y dejar los en el "Registration Drop Box" ubicada fuera de las puertas de la oficina del distrito. La oficina del distrito se encuentra detrás de la escuela secundaria en 140 Saratoga Ave. Estacionamiento del distrito se encuentra en Miami Ave, las puertas de la oficina del distrito están situadas en el lado derecho de las paredes de escalada en roca.

**Paso 4:** Le enviaremos un correo electrónico para confirmar la finalización. Por favor tenga paciencia, ya que tomará tiempo para revisar debido al volumen de solicitantes.

Para preguntas, póngase en contacto con una de las siguientes personas por correo electrónico:

Grado PK-12: **Nia Greco**

[Agreco@gasd.org](mailto:Agreco@gasd.org)

**Jacqueline Márquez** -Traducción en español para el registro

[JMarquez@gasd.org](mailto:JMarquez@gasd.org)

Información sobre colocación escolar y transporte

Bajo el nuevo plan de redistribución del distrito, la colocación escolar será realizada por el distrito de acuerdo con la zona escolar. Los estudiantes de Educación Especial serán colocados por el Comité de Educación Especial. Las colocaciones escolares se decidirán y anunciarán en algún momento del verano.

Tenga en cuenta: **\*\*No** se proporcionará ningún transporte para el programa universal de pre-kindergarten. Solo para PreK, los padres/tutores serán responsables de dejar y recoger a sus hijos en la escuela. Sin excepciones.



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.

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
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 _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<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

### 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:	<input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

\_\_\_\_\_



# GREATER AMSTERDAM SCHOOL DISTRICT

140 Saratoga Ave.  
Amsterdam, NY 12010  
(518) 843-3180

## HEALTH REGISTRATION FORM

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any condition which may result in a classroom emergency, restrict his/her activities while in school or need extra attention? Heart condition, epilepsy, fainting, diabetes, emotional problems, ect.?

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

Is there any physical defect which limits participation in classroom activities?  Yes  No  
If yes, what are they? \_\_\_\_\_

Is there any physical defect which limits participation in physical education class?  Yes  No  
If yes, what are they? \_\_\_\_\_

Does your child have asthma?  Yes  No

Does your child have Eczema?  Yes  No  Other \_\_\_\_\_

Does your child have allergies?  Yes  No  
If yes, what are they? \_\_\_\_\_

Does your child wear glasses?  Yes  No Other Vision Problems \_\_\_\_\_

Does your child take any medication while in school?  Yes  No  
If yes, what medication do they take and for what condition? \_\_\_\_\_

Does your child take medication **only** at home?  Yes  No  
If yes, what medication do they take and for what condition? \_\_\_\_\_

Are your child's immunizations up-to-date?  Yes  No  
If no, what immunizations are needed? \_\_\_\_\_

Communicable diseases and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give details of any illness, accident, operation, hearing or vision problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We must have a statement from your doctor if you answered YES to any of the health questions.**  
A note from your physician is also required to administer medication in school (this includes over the counter medications such as Tylenol or Benadryl) Please obtain this documentation and forward it to the nurse of your child's school.

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



# GREATER AMSTERDAM SCHOOL DISTRICT

140 Saratoga Ave.  
Amsterdam, NY 12010  
(518) 843-3180

## Formulario de Registro de Salud

Nombre del Estudiante: \_\_\_\_\_ Sexo: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Nombre del Doctor de Familia: \_\_\_\_\_ Teléfono: \_\_\_\_\_

¿Su hijo(a) tiene alguna condición que puede resultar en una emergencia en el salón de clases, restricción en sus actividades mientras está en la escuela, o necesita atención adicional? Condición del corazón, epilepsia, desmayos, diabetes, problemas emocionales, etc.?

\_\_\_\_\_

\_\_\_\_\_

¿Hay algún defecto físico que limita la participación en las actividades de clase?  Sí  No

En caso afirmativo, cuáles son? \_\_\_\_\_

¿Hay algún defecto físico que limita la participación en la clase de educación física?  Sí  No

En caso afirmativo, cuáles son? \_\_\_\_\_

¿Su hijo(a) padece de asma?  Sí  No

¿Su hijo(a) padece de Eczema?  Sí  No  Otro \_\_\_\_\_

¿Su hijo(a) padece de alergias?  Sí  No

En caso afirmativo, cuáles son? \_\_\_\_\_

¿Toma su hijo(a) algún medicamento, mientras asiste a la escuela?  Sí  No

En caso afirmativo, ¿qué medicamento(s) toma y para qué condición? \_\_\_\_\_

¿Toma su hijo(a) algún medicamento **solamente** en la casa?  Sí  No

En caso afirmativo, ¿qué medicamento(s) toma y para qué condición? \_\_\_\_\_

Tiene su hijo(a) las vacunas al día?  Sí  No

Si no ¿que inmunizaciones necesita? \_\_\_\_\_

Enfermedades Transmisibles y Fechas: \_\_\_\_\_

\_\_\_\_\_

Dar detalles de cualquier enfermedad, accidente, operación, problemas de audición o visión: \_\_\_\_\_

\_\_\_\_\_

**Tenemos que tener una declaración de su doctor si contestó Sí a cualquiera de las preguntas de salud.**

*También se requiere una nota de su doctor para administrar medicamentos en la escuela (esto incluye tales medicamentos de Tylenol o Benadryl). Por favor, obtener esta documentación y devolverla a la enfermera de la escuela de su hijo(a).*

Firma de Padre / Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Greater Amsterdam School District**  
**140 Saratoga Ave, NY 12010**  
**Registration Form**

**Authorization for the Release or Transfer of Records**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, give my consent to allow information to be mutually exchanged between the Greater Amsterdam School District and: *(Enter Name and Address of school last attended)*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student

The above student has enrolled in the Greater Amsterdam School District. Please forward all items listed below as soon as possible. Thank you for your assistance. **START DATE:** \_\_\_\_\_

<p><i>(For Office Use Only)</i></p> <p>Please submit <b>ALL APPLICABLE RECORDS</b> including:</p> <ol style="list-style-type: none"> <li>1. Student Transcripts</li> <li>2. All Report Cards/Exit Grade</li> <li>3. Science Labs</li> <li>4. Cumulative Health Records/Immunization Records</li> <li>5. Psychological Folders</li> <li>6. Disciplinary Records</li> <li>7. Special Education Records, including most recent IEPs</li> <li>8. <b>ALL Standardized Test Scores</b> (including CATs MATs DRPs, Iowa, SAT, PSAT, ACT, ACH, AP results)</li> <li>9. <b>ALL NYS Standardized Test Scores</b> Including Regents Exam Scores, Regents Competency Test (RCT) Results, Grade 3-8 Test Results, Proficiency Scores Including NYSESLAT or NYSITELL Scores For ELL Students</li> <li>10. Other _____</li> </ol>	<p><input type="checkbox"/> Wm. Barkley Elementary School 66 DeStefano Street Amsterdam, NY 12010 518-843-1850 FAX 518-843-6183 ATTN: _____</p> <p><input type="checkbox"/> McNulty Academy 60 Brandt Place Amsterdam, NY 12010 518-843-4773 FAX 518-843-5475 ATTN: _____</p> <p><input type="checkbox"/> Marie Curie Elementary School 9 Brice Street Amsterdam, NY 12010 518-843-2871 FAX 518-843-6290 ATTN: _____</p> <p><input type="checkbox"/> Wm. Tecler Elementary School 210 Northern Blvd. Amsterdam, NY 12010 518-843-4805 FAX 518-843-6184 ATTN: _____</p>	<p><input type="checkbox"/> Lynch Literacy Academy 55 Brandt Place Amsterdam, NY 12010 518-843-3716 FAX 518-843-6287 ATTN: _____</p> <p><input type="checkbox"/> Amsterdam High School 140 Saratoga Ave Amsterdam, NY 12010 518-843-4932 FAX 518-843-5432 ATTN: _____</p> <p><input type="checkbox"/> Office of Special Education CPSE/CSE 210 Northern Blvd Amsterdam, NY 12010 518-843-7301 FAX 518-843-3821 ATTN: _____</p>
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**Greater Amsterdam School District**  
**140 Saratoga Ave, NY 12010**  
**Formulario de Registración**

**Autorización para la Liberación o Transferencia de Registros**

Nombre del Estudiante: \_\_\_\_\_ Grado actual: \_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Yo, \_\_\_\_\_, doy mi consentimiento para que la información que ha de intercambiarse entre el Distrito Escolar de Amsterdam y: ( Nombre y dirección de la escuela que asistió por última vez)

Nombre de la escuela: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ Número de fax: \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre / Tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Letra de Molde

\_\_\_\_\_  
Relación con Estudiante

The above student has enrolled in the Greater Amsterdam School District. Please forward all items listed below as soon as possible. Thank you for your assistance. **START DATE:** \_\_\_\_\_

<i>(For Office Use Only)</i>		
Please submit <b>ALL APPLICABLE RECORDS</b> including: 1. Student Transcripts 2. All Report Cards/Exit Grade 3 .Science Labs 4.Cumulative Health Records/Immunization Records 5.Psychological Folders 6.Disciplinary Records 7.Special Education Records, including most recent IEPs 8. <b>ALL Standardized Test Scores</b> (including CATs MATs DRPs, Iowa, SAT, PSAT , ACT, ACH, AP results) 9. <b>ALL NYS Standardized Test Scores</b> Including Regents Exam Scores, Regents Competency Test (RCT) Results, Grade 3-8 Test Results, Proficiency Scores Including NYSESLAT or NYSITELL Scores For ELL Students 10.Other _____	<input type="checkbox"/> Wm. Barkley Elementary School 66 DeStefano Street Amsterdam, NY 12010 518-843-1850 FAX 518-843-6183 <b>ATTN:</b> _____ <input type="checkbox"/> McNulty Academy 60 Brandt Place Amsterdam, NY 12010 518-843-4773 FAX 518-843-5475 <b>ATTN:</b> _____ <input type="checkbox"/> Marie Curie Elementary School 9 Brice Street Amsterdam, NY 12010 518-843-2871 FAX 518-843-6290 <b>ATTN:</b> _____ <input type="checkbox"/> Wm. Tecler Elementary School 210 Northern Blvd. Amsterdam, NY 12010 518-843-4805 FAX 518-843-6184 <b>ATTN:</b> _____	<input type="checkbox"/> Lynch Literacy Academy 55 Brandt Place Amsterdam, NY 12010 518-843-3716 FAX 518-843-6287 <b>ATTN:</b> _____ <input type="checkbox"/> Amsterdam High School 140 Saratoga Ave Amsterdam, NY 12010 518-843-4932 FAX 518-843-5432 <b>ATTN:</b> _____ <input type="checkbox"/> Office of Special Education CPSE/CSE 210 Northern Blvd Amsterdam, NY 12010 518-843-7301 FAX 518-843-3821 <b>ATTN:</b> _____