

**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:** \_\_\_\_\_

<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 _____	✖ Wm. Barkley Elementary School 66 DeStefano Street Amsterdam, NY 12010 518-843-1850 FAX 518-843-6183 ATTN: _____ ✖ McNulty Academy 60 Brandt Place Amsterdam, NY 12010 518-843-4773 FAX 518-843-5475 ATTN: _____ ✖ Marie Curie Elementary School 9 Brice Street Amsterdam, NY 12010 518-843-2871 FAX 518-843-6290 ATTN: _____ ✖ Wm. Tecler Elementary School 210 Northern Blvd. Amsterdam, NY 12010 518-843-4805 FAX 518-843-6184 ATTN: _____	✖ Lynch Literacy Academy 55 Brandt Place Amsterdam, NY 12010 518-843-3716 FAX 518-843-6287 ATTN: _____ ✖ Amsterdam High School 140 Saratoga Ave Amsterdam, NY 12010 518-843-4932 FAX 518-843-5432 ATTN: _____ ✖ Office of Special Education CPSE/CSE 210 Northern Blvd Amsterdam, NY 12010 518-843-7301 FAX 518-843-3821 ATTN: _____

# 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:** \_\_\_\_\_

<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>✘ Wm. Barkley Elementary School 66 DeStefano Street Amsterdam, NY 12010 518-843-1850 FAX 518-843-6183 <b>ATTN:</b> _____</p> <p>✘ McNulty Academy 60 Brandt Place Amsterdam, NY 12010 518-843-4773 FAX 518-843-5475 <b>ATTN:</b> _____</p> <p>✘ Marie Curie Elementary School 9 Brice Street Amsterdam, NY 12010 518-843-2871 FAX 518-843-6290 <b>ATTN:</b> _____</p> <p>✘ Wm. Tecler Elementary School 210 Northern Blvd. Amsterdam, NY 12010 518-843-4805 FAX 518-843-6184 <b>ATTN:</b> _____</p>	<p>✘ Lynch Literacy Academy 55 Brandt Place Amsterdam, NY 12010 518-843-3716 FAX 518-843-6287 <b>ATTN:</b> _____</p> <p>✘ Amsterdam High School 140 Saratoga Ave Amsterdam, NY 12010 518-843-4932 FAX 518-843-5432 <b>ATTN:</b> _____</p> <p>✘ Office of Special Education CPSE/CSE 210 Northern Blvd Amsterdam, NY 12010 518-843-7301 FAX 518-843-3821 <b>ATTN:</b> _____</p>
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