



Skaneateles Central School District

Nationally Recognized for Excellence

45 East Elizabeth Street

Skaneateles, New York 13152

Eric Knuth
Superintendent of Schools
(315) 291-2221

Connor Brown
School Business Manager
(315) 291-2268
Fax (315) 685-0347

June 14, 2022

Dear Skaneateles Families,

This year the New York State Education Department provided additional funding for districts to begin UPK (Universal Pre-Kindergarten) programs. As future and ongoing funding remains uncertain, in the coming school year we will be implementing a one-year pilot UPK program for Skaneateles students. Beginning in September 2022, our pilot UPK program will consist of a single section serving no more than 14 Skaneateles students. Eligible students will be chosen by lottery as we are required to adhere to all UPK standards under NYSED regulations. To be eligible for the UPK lottery please review the attached checklist and submit the necessary application paperwork. ***All applications are due by 3:00 June 30, 2022.**

*Please choose from the following options to submit your application.

1. A drop box is located in the lobby at our district offices.
45 East Elizabeth Street Skaneateles, NY 13152
8:00am – 3:00pm Monday-Friday.
Please place your child's information in a sealed envelope and label the envelope with your child's name.
2. US Mail
Skaneateles Central Schools
45 East Elizabeth Street
Skaneateles, NY 13152
Attn: Rebecca York re UPK
3. Scan and email the documents to Rebecca York at ryork@skanschools.org. *Subject line (UPK Application)*

14 students will be chosen via lottery and selected applicants will be notified the week of July 5th. To be eligible for the lottery, we must receive the completed application including all items on the attached checklist by 3:00 pm June 30, 2022.

Please note:

- Eligible students must be 4 years old (or turn 4 by December 1, 2022) with no exceptions.
- If your student is eligible for Kindergarten they are not eligible for UPK.
- No transportation will be provided for the UPK program.

Thank you for your interest in Universal Pre-Kindergarten at Skaneateles Central Schools.

Sincerely,

Eric Knuth

Skaneateles High School
Gregory Santoro
(315) 291-2231

Skaneateles Middle School
Michael Caraccio
(315) 291-2241

State Street Intermediate School
John Lawrence
(315) 291-2261

Belle H. Waterman Primary School
Patrick J. Brown
(315) 291-2351



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Skaneateles CSD UPK Application Checklist

Please submit the following forms with the completed registration packet by 3:00 pm June 30, 2022.

<input checked="" type="checkbox"/>	CHECKLIST
<input type="checkbox"/>	Skaneateles Central Schools Registration Form
<input type="checkbox"/>	NYS Health Examination Form
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Proof of Residency
<input type="checkbox"/>	Copy of Birth Certificate

<input checked="" type="checkbox"/>	If Applicable
<input type="checkbox"/>	Custody Paperwork

Thank you for your interest in UPK at Skaneateles Central Schools.

Sincerely,

Eric Knuth

FOR SCHOOL USE ONLY

SKANEATELES CENTRAL SCHOOLS
REGISTRATION FORM

DATE: _____ GRADE: _____
STUDENT ID: _____

Student's Full Name _____ / _____ / _____
Last First Middle

Grade _____ Gender M / F Birthdate ____/____/____ Proof of Birth _____

Students Legal Residence:

Street: _____

City/ZIP Code _____ County _____

Parent Information:

Parent/Guardian #1(primary contact) _____ Mother _____ Father _____ Guardian _____ Step Parent _____ Other
(Lives with)

Name: _____

Address: _____

Phone numbers: (1) _____ (2) _____

Email address: _____

Parent/Guardian #2 _____ Mother _____ Father _____ Guardian _____ Step Parent _____ Other

Name: _____

Address: _____

Phone numbers: (1) _____ (2) _____

Email address: _____

Is there a custody agreement in place for this child? ___yes ___no
(If yes, please provide the district a copy of the agreement)

Which parent or guardian has legal residential custody ___mother ___father ___both ___other

Student Ethnic and Racial Identification:

Primary Language of Student: _____ Hispanic: Yes ___ No ___

Choose Race(s): Circle all that apply

- American Indian or Native Alaskan Asian Black or African American
- Caucasian Hawaiian or Pacific Islander

Siblings Name	Birthdate	Relationship	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transportation to/from school:

Bus AM PM Parent drop off/ pick up

Walk AM PM

Transfer Information/Previous School

Name of Previous School _____

Address and Phone number of previous school _____

Has this student attended Skaneateles Central School District previously? Y/N

Is this student currently enrolled in any type of Support Programs? Yes No

IEP 504 plan ESL services Speech/Language Reading/Math

Information Waiver

The following statement indicates your permission for the exchange of those records which would be helpful to the education of your child. I hereby consent to the giving or receiving of the student records of my child including health, psychological and academic between The Skaneateles Central School District and other school districts or any duly constituted agencies or specialists.

Student Name _____

Parent/Guardian Signature _____ Date _____

Emergency/Health Information

Family Doctor _____ Phone Number _____

In an emergency, do we have your permission to call the nearest doctor? Y/N

Medical insurance _____ Policy number _____

Medical alert: _____

Emergency Contacts: (Has permission to pick up student)

(Can be just parents)

_____ / _____ / _____		
Name	Relationship	Phone number
_____ / _____ / _____		
Name	Relationship	Phone number