



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

Gregory J. Santoro
Director of Personnel & Operations
(315) 291-2293

March 31, 2023

Dear Skaneateles Families,

This year the New York State Education Department provided additional funding for districts to continue UPK (Universal Pre-Kindergarten) programs. As future and ongoing funding remains uncertain, in the coming school year we will be continuing a one-year pilot UPK program for Skaneateles students. The second year of our pilot UPK program will begin in September 2023, and 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 4:00 pm May 5, 2023.**

*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 – 4:00pm 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
Attention: Amy Kimm re UPK
45 East Elizabeth Street
Skaneateles, NY 13152
3. Scan and email the documents to Amy Kimm at akimm@skanschools.org. *Subject line (UPK Application & your child's name)*

14 students will be chosen via lottery and selected applicants will be notified the week of May 29, 2023. To be eligible for the lottery, we must receive the completed application including **all** items on the attached checklist by 4:00 pm May 5, 2023.

Please note:

- Eligible students must be 4 years old (on or before December 1, 2023) 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.
- Applicant **MUST** be a resident by the application due date of May 5, 2023 with no exceptions.

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

Sincerely,

Eric Knuth

Skaneateles High School
Michael Caraccio
(315) 291-2231

Skaneateles Middle School
Michael Olley
(315) 291-2241

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

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



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

Gregory J. Santoro
Director of Personnel & Operations
(315) 291-2293

Skaneateles CSD UPK Application Checklist

Please make sure that ALL of the following forms are submitted along with the registration packet by May 5, 2023.

<input checked="" type="checkbox"/>	CHECKLIST
<input type="checkbox"/>	Skaneateles CSD Registration Form
<input type="checkbox"/>	New York State Migrant Education Survey
<input type="checkbox"/>	NYS Health Examination Form (Physical)
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Proof of Residency – Applicant MUST be a resident by due date of May 5, 2023
<input type="checkbox"/>	Copy of Birth Certificate

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

Sincerely,

Eric Knuth
Superintendent of Schools

Skaneateles High School
Michael Caraccio
(315) 291-2231

Skaneateles Middle School
Michael Olley
(315) 291-2241

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

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

SKANEATELES CENTRAL SCHOOLS
STUDENT REGISTRATION FORM

FOR SCHOOL USE ONLY

DATE: _____ GRADE: _____

STUDENT ID: _____

Student's Full Name: _____ / _____ / _____

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): Select 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: (Does not apply to UPK students)

☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - ____ - ____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (____)-____-____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020