HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

11 Boice Road, HYDE PARK, NY 12538
Telephone: 845-229-4000, Extension 1606

REGISTRATION CHECKLIST for KINDERGARTEN

Student Name: _____ Registration Date: ____/____/____

Name of Person Registering Student: _____

Relationship to Student: _____ Phone #: _____

DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE REGISTRATION:	STAFF INITIALS ⬇
PROOF OF RESIDENCY: **Homeowners:** The most recent school or property tax bill, **AND** 1 current, recurring bill with your name and address for services you receive at this address, such as your electric, cable or telephone bill. **Renting in an apartment complex:** Your current signed lease **AND** 1 current, recurring bill for services you receive at this address, with your name and address, such as your electric, cable or telephone bill. **Renting from a private owner:** Your current lease **AND** the owners school or property tax bill, **AND** 1 current bill with your name and address for services you receive at this address, such as your electric, cable or telephone bill. If you do not have a formal lease, your landlord will need to complete the attached **Residency Affidavit,** which must be notarized. If utilities are included in your lease, you will need to provide an additional form of proof of residency.	
Proof of Birth: Original Birth Certificate **OR** Passport	
Photo ID of parent/guardian registering the student, which may include: ● Driver's license ● Passport (must be current) ● NYS Identification Card	
Proof of Immunizations	
Physical Exam Report – exam must be from within 1 year of the start date of school	
Current IEP or **504 plan,** if applicable	
DS2999 form (foster care), if applicable	
Court Documents - such as Custody Order, Order of Protection, etc., if applicable	
STAC 202, if applicable	
ATTACHED FORMS TO BE COMPLETED:	
Registration form	
Enrollment Form/Residency Questionnaire	
FERPA	
Home Language Questionnaire	
Emergency Contact Information Form	
Kindergarten Health Form	
Residency Affidavit – if applicable (see PROOF OF RESIDENCY requirements above)	
Medicaid Consent – complete if your child receives Special Education services	
Food Service Form	

FOR OFFICE USE ONLY

Home School: ☐ NES ☐ NPE ☐ RRS ☐ VAS

Attending School: ☐ NES ☐ NPE ☐ RRS ☐ VAS

REASON NOT ATTENDING HOME SCHOOL: ☐ ENL ☐ SPECIAL ED ☐ AT CAPACITY ☐ _____

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PUPIL REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name: _____
Last First MI

Child's Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Sex: ☐F ☐M | Grade: **Kindergarten** | Date of Birth: ____/____/____

City of Birth: _____ | State of Birth: _____

How many years has child attended school in the USA?: _____

ETHNIC ORIGIN (SELECT ONE): ☐ YES, Hispanic ☐ NO, not Hispanic

RACE (SELECT ALL THAT APPLY):

☐American Indian or Alaska Native ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐Black ☐White

THIS BOX TO BE FILLED OUT BY DISTRICT STAFF

KINDERGARTEN REGISTRATION

Home School: _____

Attending School: _____

Pupil ID# : _____

Registration Date: ____/____/____

Start Date: ____/____/____

CHILD'S LEGAL GUARDIAN: ☐MOTHER ☐FATHER ☐FOSTER PARENT ☐OTHER: _____

CHILD LIVES WITH: ☐MOTHER ☐FATHER ☐FOSTER PARENT ☐OTHER: _____

Is there a custody order for this child?: ☐ YES ☐ NO | Is there an Order of Protection: ☐ YES ☐ NO

Parent/Guardian #1 **This will be the FIRST parent/guardian contacted**

Name: _____ Relationship to student: _____ Email: _____

Residential address: _____ Mailing address: _____

PHONE CONTACT #1 for Guardian #1: _____ Circle one: HOME CELL WORK

PHONE CONTACT #2 for Guardian #1: _____ Circle one: HOME CELL WORK

PHONE CONTACT #3 for Guardian #1: _____ Circle one: HOME CELL WORK

Does parent/guardian need accomodations for hearing impairment? ☐ YES ☐ NO TYPE: _____

Is this parent/guardian in Active Military Service: ☐ YES ☐ NO Entry Date: ___/___/___ Exit Date: ___/___/___

Parent/Guardian #2 **This will be the SECOND parent/guardian contacted**

Name: _____ Relationship to student: _____ Email: _____

Residential address: _____ Mailing address: _____

PHONE CONTACT #1 for Guardian #2: _____ Circle one: HOME CELL WORK

PHONE CONTACT #2 for Guardian #2: _____ Circle one: HOME CELL WORK

PHONE CONTACT #3 for Guardian #2: _____ Circle one: HOME CELL WORK

Does parent/guardian need accomodations for hearing impairment? ☐ YES ☐ NO TYPE: _____

Is this parent/guardian in Active Military Service: ☐ YES ☐ NO Entry Date: ___/___/___ Exit Date: ___/___/___

Continue on Page 2 →

HYDE PARK CENTRAL SCHOOL DISTRICT

CHECK ALL SUPORT SERVICES THAT YOUR CHILD CURRENTLY RECEIVES:		
☐ **READING**	☐ **MATH**	☐ **SPEECH**
☐ **OCCUPATIONAL THERAPY**	☐ **PHYSICAL THERAPY**	☐ **ENGLISH AS A NEW LANGUAGE**
☐ **SPECIAL EDUCATION PROGRAM**		☐ **COUNSELING**

If your child received Special Education services prior to enrolling in this district, complete the following:

Name of School District Attended: _____ **Phone # :** _____

Services were provided by: _____

CENSUS INFORMATION

THE FOLLOWING INFORMATION IS NECESSARY TO KEEP THE SCHOOL CENSUS UP TO DATE.

PLEASE INCLUDE ALL CHILDREN FROM BIRTH TO 18 YEARS OLD, INCLUDING REGISTRANT.

NAME OF CHILD	PLACE OF BIRTH	DATE OF BIRTH	GRADE	SCHOOL
		/ /		
		/ /		
		/ /		
		/ /		

I understand the requirements for enrollment and request that my child(ren) be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address.

I am the legal guardian of the above listed child(ren). This/these child(ren) reside with me at this address.

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park CSD will rely upon them in determining whether the above child(ren) will be admitted to its schools.

I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document.

I understand that the district reserves the right to investigate any student's residency by any legal means available, including but not limited to, public records, site visits and any other lawful methods of investigation.

I understand that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York and may be referred to the office of the district attorney.

_____ ____/____/____

Parent/Guardian Signature **Date**

Hyde Park Central School District
P.O. Box 2033
Hyde Park, NY 12538
Phone: 845-229-4000

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: **HYDE PARK CENTRAL SCHOOL DISTRICT**

Student Last Name: _____ First Name: _____ M.I.:_____

Gender: ☐ Male ☐Female Date of Birth: ____/____/____ Grade: _____
Month Day Year *(preschool-12)*

Address: _____ Phone: _____

City: _____ Zip Code: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check **one** box.*)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (please describe): _____
- ☐ In permanent housing

_____ _____
Print name of Parent/ Guardian **Signature** of Parent/ Guardian
Or Student if Unaccompanied homeless youth **Or** student if Unaccompanied homeless youth

_____
Date

FOR OFFICE USE ONLY:

Circle One: ***New to District*** ***Re-Entry*** ***New Address*** ***Change of Guardian*** _

School (Check One): ☐FDR ☐HMS ☐NES ☐NPE ☐ RRS ☐VAS ☐CPSE ☐ UPK
☐ Homeschooled ☐ Private School: _____

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Deputy Superintendent
Phone: 845-229-4008

Linda Steinberg
Assistant Superintendent for
Finance & Operations
Phone: 845-229-4009

FERPA RELEASE of INFORMATION

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of "non-directory information" contained in a student's educational records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Name of Student:_____ DOB:____/____/____
(Please print)

I, the undersigned, hereby authorize the Hyde Park Central School District ("District") to request the following educational records:

Education Records
Health Records
IEP
Psychological Evaluation
All evaluation reports

_____
_____

From the following Person and/or Agency:

Name: _____

Address: _____

_____

Telephone: _____

Please FAX records to:

☐ **RR Smith Elementary School**
Phone: 845-229-4060
Fax: 845-229-2828

☐ **Violet Avenue School**
Phone: 845-486-4499
Fax: 845-486-7796

☐ **Netherwood Elementary School**
Phone: 845-229-4055
Fax: 845-229-2797

☐ **North Park Elementary School**
Phone: 845-229-4060
Fax: 845-229-5655

I understand that this authorization remains in effect from today through I also Understand that it will be necessary to send a written request to the District to revoke this authorization but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written authorization.

Signature of Parent Guardian: _____ Date: ____/____/____

Eligible Student Signature: _____ Date: ____/____/____

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HYDE PARK CENTRAL SCHOOL DISTRICT

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.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH: ____/____/____

GENDER: ❑ Male ❑ Female

GRADE: _____

PARENT/GUARDIAN INFO:

LAST NAME: _____ **FIRST:** _____

RELATIONSHIP TO STUDENT: _____

HOME LANGUAGE CODE: [ ]

Language Background

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other	_____ *specify*
2. What was the first language your child learned?	❑ English	❑ Other	_____ *specify*
3. What is the Home Language of each parent/guardian?	❑ Mother	_____ *specify*	❑ Father _____ *specify*
	❑ Guardian(s)	_____ *specify*	
4. What language(s) does your child understand?	❑ English	❑ Other	_____ *specify*
5. What language(s) does your child speak?	❑ English	❑ Other	_____ *specify* ❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other	_____ *specify* ❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other	_____ *specify* ❑ 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:
Hyde Park Central School District PO BOX 2033, Hyde Park, NY 12538 School: _____ *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: ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____ **D.O.B.:** ___/___/___

ADDRESS: _____

School: _____ **Teacher:** _____ **Grade:** _____

Bus Route: _____ **(to be determined by Transportation Dept.)**

PARENT/GUARDIAN INFORMATION:

Student Resides With (Check all that apply): ____**Mother** ____**Father** ____**Other**

(Explain, if other): _____

Parent/Guardian #1 (FIRST PARENT/GUARDIAN TO BE CONTACTED)

Name: _____ Relationship to student: _____

Address: _____

Phone # to be called 1st : _____ Phone type: _____

Phone # to be called 2nd : _____ Phone type: _____

Phone # to be called 3rd : _____ Phone type: _____

E-Mail: _____ _____ Home _____ Work

Parent/Guardian #2: (SECOND PARENT/GUARDIAN TO BE CONTACTED)

Name: _____ Relationship to student: _____

Address: _____

Phone # to be called 1st : _____ Phone type: _____

Phone # to be called 2nd : _____ Phone type: _____

Phone # to be called 3rd : _____ Phone type: _____

E-Mail: _____ _____ Home _____ Work

PERSONS TO CALL IF PARENT(S)/GUARDIAN NOT AVAILABLE:

1. NAME: _____

Relationship to student: _____

HOME PHONE: _____

CELL PHONE: _____

2. NAME: _____

Relationship to student: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT INFORMATION - Page 2

MEDICAL INFORMATION:

Physician's Name: _____ **Phone:** _____

Hospital Preference: _____

ANY SPECIAL HEALTH ISSUES (i.e., allergies, etc.)? **Yes** ☐ **No** ☐

If yes, please explain: _____

List current medications:

1. _____
2. _____
3. _____
4. _____

EMERGENCY DISMISSAL

In the event of an emergency dismissal during the school day, where should your child be transported? _____HOME _____ALTERNATE LOCATION

NOTE: The alternate location *must* be within your school's attendance zone.

ALTERNATE LOCATION INFORMATION:

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Print Parent/Guardian Name: _____

Signature of Parent or Legal Guardian **Date**

C: Main Office / Transportation / School Nurse

Hyde Park Central School District

Kindergarten Registration Health Information

Student Name: _____ **DOB:** ___/___/____

Nickname: _____

Yes	No	
☐	☐	Any issues during pregnancy, labor and/or delivery for this child?
☐	☐	Serious illness or accident since birth? If yes, please describe.
☐	☐	Chronic health concerns (asthma, diabetes, seizures, etc.)
☐	☐	Does your child have any allergies, if yes, please list. Does the allergy require emergency medications or treatments?
☐	☐	Has your child ever been diagnosed with a concussion? Describe.
☐	☐	Any other concerns? If yes, please describe.

Parent/Guardian print name: _____

Parent/Guardian signature: _____

Date: ____/____/____

Updated February 2017

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Finance & Operations
Phone: 845-229-4009

RESIDENCY AFFIDAVIT

Note: This affidavit is to be completed by the home owner or leaseholder when a person is renting an apartment or room(s) within a privately owned home or apartment, including their own home, or is sharing a house or apartment with another family where there is no formal lease.

Please PRINT all information:

My name is _____, and I am the legal owner or leaseholder of this address: _____.

Please attach a copy of your school or property tax bill, deed, mortgage statement or lease.

What part of your home do these tenants occupy? (Example: basement apt., 1st floor, apartment #, number of rooms in the home, etc.): _____

The terms and conditions of tenancy are as follows:

Lease start date: ____/____/____ Lease End date: ____/____/____ **OR,**
Month to month start date: ____/____/____ **OR,**
Temporarily residing in my home/apartment due to loss of housing as of ____/____/____.

I understand the requirements for enrollment and request that the following child/children be admitted to the schools of the Hyde Park Central School District as a district resident:

_____ _____

_____ _____

To the best of my knowledge, the above mentioned property is the current and only legal residence of _____ (Name of Parent/Guardian) and the child(ren)/ward(s) named above.

The following is a list of the names of **ALL** persons residing at this address:

_____ _____

_____ _____

_____ _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park Central School District will rely upon them in determining whether the above named child/children will be admitted to its schools. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for such child/children and/or seek criminal action against me for filing a false document.

The most recent annual tuition rates, as determined by the New York State Department of Education, are as follows:

Grades K-6 = $ 9,201 Grades 7-12= $11,791

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of this form, and must be met for application to be accepted.

As the property owner/landlord/leaseholder, I certify that I will notify the Hyde Park Central School District Central Registration Office, PO Box 2033, Hyde Park, NY 12538, within 30 days of termination of this living arrangement.

I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the state of New York and may be referred to the office of the district attorney.

_____ _____/_____/_____

Signature of Property Owner/Landlord/Leaseholder Date

_____ _____

Print Owner/Landlord/Leaseholder Name Owner/Landlord/Leaseholder Phone

Owner/Landlord/Leaseholder Address: _____

_____

Phone Number: _____ E-Mail: _____

Sworn to before me this

_____ Day of _____, 20_____

Notary Public

Hyde Park Central School District
Committee on Special Education
P.O Box 2033
Hyde Park, NY 12538 (845-229-4050)

Medicaid Consent

Dear Parent/Guardian:

Child's Date of Birth:_____
Client Identification Number (CIN):_____

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____as the parent/guardian of _____,
have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (e.g. records or information about services your child receives, student demographic information):	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

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Assistant Superintendent for
Finance & Operations
Phone: 845-229-4009

Shauna DeCiutiis
Food Service Director
Phone: 845-229-4006

School Meal Price Benefit History

Student Name: _____

Previous District: _____

Previous School: _____

Were you receiving meal price benefits? (Please mark one option)

☐ YES, FREE MEALS (You did not pay for any school meals)

☐ YES, REDUCED PRICED MEALS (You paid $0.25 for all school meals)

☐ NO, FULL PRICED MEALS (You paid the full price for all meals)

THIS INFORMATION IS NECESSARY TO HELP THE FOOD SERVICE DEPARTMENT ESTABLISH A 30 DAY GRACE PERIOD OF CONTINUTED BENEFITS THAT YOU RECEIVED IN YOUR PREVIOUS SCHOOL.

DURING THESE 30 DAYS YOU WILL CONTINUE TO RECEIVE YOUR EXISTING BENEFITS WHILE WE CONFIRM IF YOUR BENEFITS CAN BE RECERTIFIED FOR THE ENTIRE SCHOOL YEAR.

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Parental Rights to Referral and Evaluation for Special Education Services or Programs

The Hyde Park Central School District offers supports for students in general education such as psychological services, curriculum and instructional modifications and Academic Intervention Services (AIS). The Response to Intervention (RtI) team in your child's school may make a referral to the Committee on Special Education (CSE) if interventions have not been successful. In addition, parents and guardians have the right to refer their child to the Committee on Special Education (CSE).

A referral is a written statement asking that the school district evaluate your child to determine if he or she needs special education services. This written statement should be addressed to:

Heather Dennis
Director of Special Education
PO Box 2033
Hyde Park, NY 12538

There is a requirement that the building principal offer to meet with you to discuss other ways to help your child. As a result, you may withdraw your referral, or ask that the referral process continue.

Additional information is available in English and Spanish in a document called, *A Parent's Guide to Special Education* at www.nysed.gov.