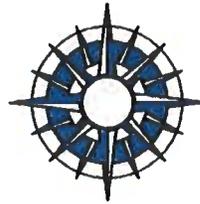




LEARNING • ACHIEVEMENT • GROWTH • DIRECTION



POCANTICO HILLS CENTRAL SCHOOL

REGISTRATION PACKET



LEARNING • ACHIEVEMENT • GROWTH • DIRECTION



POCANTICO HILLS CENTRAL SCHOOL

599 Bedford Road • Sleepy Hollow, N.Y. 10591 • 914-631-2440 • fax 914-631-3280 • www.pocanticohills.org

REGISTRATION CHECKLIST

Student's Name _____

Received Packet _____

HOUSEHOLD DOCUMENTS NEEDED:

- ___ Proof of Residency **(Required)**
 - ___ Lease Agreement or Mortgage Statement **(Required)**
 - ___ Utility Bill *(ex. cable, internet, electric/gas, water)* **(Required)**
- ___ Proof of Parent/Guardian Identification **(Required)**
 - ___ Form of ID - Driver's License or other
- ___ Census Form **(Required)**

STUDENT DOCUMENTS NEEDED:

- ___ Proof of Birthdate *(ex. Birth Certificate, Passport)* **(Required)**
- ___ Medical Information Packet/Immunization Records **(Required)**
- ___ Student Registration Form **(Required)**
- ___ Student Housing Questionnaire **(Required)**
- ___ Consent for Request of Records Form (Required only for students Grade 1 - 8)
- ___ Residence Information **(Required)**
- ___ Home Language Questionnaire **(Required)**
- ___ NYS Migrant Education Program Parent Survey **(Required if applicable)**
- ___ Student Racial and Ethnicity Identification **(Optional)**
- ___ Special Home Circumstance **(Optional)**



POCANTICO HILLS CENTRAL SCHOOL
599 Bedford Road
Sleepy Hollow, NY 10591

STUDENT REGISTRATION FORM

Student's Name: _____ DOB: _____ Age: _____
 Entering Grade: _____ Date of Entry: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____
 School Last Attended: _____ Grade: _____
 School Address: _____ City: _____ State: _____ Zip: _____
 Dates Attended: _____ to _____
 Other School Attended: _____ City: _____ State: _____ Zip: _____
 Dates Attended: _____ to _____

Has your child participated in any of the following educational programs?

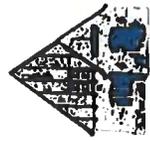
	Yes	No	Not Sure	Other	(Please Specify)
Remedial Reading	_____	_____	_____	_____	_____
Corrective Reading	_____	_____	_____	_____	_____
Special Education	_____	_____	_____	_____	_____
Resource Room	_____	_____	_____	_____	_____
Speech/Language	_____	_____	_____	_____	_____
Adapted PE	_____	_____	_____	_____	_____
ESL	_____	_____	_____	_____	_____

Person Completing this Form: _____ Relationship to Child: _____

Parent/Guardian: _____	Parent/Guardian: _____
Relationship to Student: _____	Relationship to Student: _____
Birthplace: _____	Birthplace: _____
Occupation: _____	Occupation: _____
Business Address: _____	Business Address: _____
Work Phone: (____) _____	Work Phone: (____) _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Family Physician: _____ Telephone: (____) _____



POCANTICO HILLS SCHOOL DISTRICT

World Language Selection Form

Please complete the form below to indicate your child's preference for a World Language. We ask that you please print clearly.

Child's Name	Entering Grade	Language Request French or Spanish

STUDENT HOUSING QUESTIONNAIRE

Name of School District: _____

Name of Student: _____
 First Middle Last

Gender: ___ Male ___ Female DOB: ___/___/___ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

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, or Student
(for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Presenting a false record or falsifying records is an offense under section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

POCANTICO HILLS CENTRAL SCHOOL
599 Bedford Road
Sleepy Hollow, NY 10591
Phone: (914)631-2440
Fax: (914) 631-3280
Fax: (914) 631-1619

CONSENT FOR REQUEST OF RECORDS
(Incoming Student)

I hereby request the transfer the following records and reports to the Pocantico Hills Central School from:

Cumulative Health Records	_____	Special Education Records	_____
Standardized Test Results	_____	(IEP, Evaluations, etc.)	
Cumulative Academic Records	_____	English Language Learner	_____

Name of School: _____

Address: _____

Fax: _____

Student's Name: _____ DOB: _____

Parent/Guardian: _____

Old Address: _____

Current Address: _____

_____ Phone: _____

Date: _____

Signature of Parent/Guardian



POCANTICO HILLS CENTRAL SCHOOL
599 Bedford Road
Sleepy Hollow, NY 10591

RESIDENCE INFORMATION

Today's Date: _____

Family Last Name: _____

Address: _____

City _____ State NY Zip _____

Guardian(s):

Title	First Name	Last Name	Home #	Business #	Cell Phone #	Relationship to Student	Email Address

Other Adults (age 18 years or older) Who Reside in the Household, other than Guardian(s):

Title	First Name	Last Name	Home #	Business #	Cell Phone #	Relationship to Student	Email Address

Emergency Contacts (other than Guardian, must have at least one):

Title	First Name	Last Name	Home #	Business #	Cell Phone #	Relationship to Student	Email Address

Please list all children under the age of 18 living at this address (Incl. Registrant):

First Name	Last Name	Sex	Date of Birth	Ethnicity (Circle All That Apply)	Relationship to Student	Current School (If Applicable)	Grade
				American Indian/Alaskan Native Pacific Islander Asian Black Hispanic White			
				American Indian/Alaskan Native Pacific Islander Asian Black Hispanic White			
				American Indian/Alaskan Native Pacific Islander Asian Black Hispanic White			
				American Indian/Alaskan Native Pacific Islander Asian Black Hispanic White			



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette 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.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	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
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

FAXED BY _____ DISTRICT _____



**NEW YORK STATE MIGRANT EDUCATION PROGRAM
IDENTIFICATION & RECRUITMENT OFFICE
PARENT SURVEY**

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Every Student Succeeds Act (ESSA). 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 lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

**Have you or has someone in your family worked on a farm?
Have you moved during the past three 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 answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____ City/Town _____

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 845-257-2953 or mail to Mid-Hudson Migrant Education Program-
353 VH Annex 1 Hawk Drive New Paltz, NY 12561**





Today's Date _____

CENSUS FORM

Resident's Name _____

Resident's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Number of Adults 18 or Over Residing at Above Address _____

Number of Children under 18 (Incl. Registrant) _____

CHILDREN:

- | | |
|-------------------------------|-----------------------|
| 1. Name _____ | Previous School _____ |
| DOB _____ Age _____ | Address _____ |
| Sex _____ Current Grade _____ | _____ |
| 2. Name _____ | Previous School _____ |
| DOB _____ Age _____ | Address _____ |
| Sex _____ Current Grade _____ | _____ |
| 3. Name _____ | Previous School _____ |
| DOB _____ Age _____ | Address _____ |
| Sex _____ Current Grade _____ | _____ |
| 4. Name _____ | Previous School _____ |
| DOB _____ Age _____ | Address _____ |
| Sex _____ Current Grade _____ | _____ |

NOTE: The district is required to have a census of all disabled children including those under school age. If you have concerns or questions about your pre-school child's development, please contact the CPSE Chairperson at 914-631-2440, ext. 192.

Name of those residing with you (other than above) and relationship to resident:

1. Name _____ Relationship to student _____

2. Name _____ Relationship to student _____

DATE OF OCCUPANCY _____

PREVIOUS OWNER/RENTER _____

PLEASE NOTE: If there should be a change in the above information as stated, kindly notify the school so that our records may be kept up to date.

Student Racial and Ethnicity Identification Form

Student Name: _____

Date of Birth: ____/____/____

PLEASE ANSWER QUESTIONS (1) AND (2) - PLEASE READ THEM BEFORE YOU RESPOND.
For question (1), check (✓) the box that best describes your child. Check (✓) only ONE box.

Hispanic Indicator

1.) Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish Culture or origin.

- Yes – Hispanic
- No – Not Hispanic

Race

2.) Check (✓) one or more races from the following five racial groups. Check (✓) at least ONE box.

<input type="checkbox"/>	WHITE - A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East.
<input type="checkbox"/>	BLACK - A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - a person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Island.
<input type="checkbox"/>	ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	NATIVE AMERICAN INDIAN OR NATIVE ALASKAN - A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. For example, Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed).

Signature of Parent/Guardian/Other

Date

Relationship to Student, please check (✓) one below:

____ Mother ____ Father ____ Guardian ____ Other (Specify) _____

SPECIAL HOME CIRCUMSTANCES

COMPLETE THE FOLLOWING IF APPLICABLE:

- A.) A SINGLE PARENT
- B.) LEGAL GUARDIAN, NOT BIOLOGICAL PARENT
- C.) FOSTER PARENT OR AGENCY

A.) IF SEPARATED OR DIVORCED, THE OTHER PARENT WILL HAVE THE RIGHT TO VISIT THIS STUDENT IN SCHOOL AND HAVE ACCESS TO THE STUDENT'S RECORDS UNLESS WE HAVE A LEGAL DOCUMENT INDICATING OTHERWISE. PLEASE INDICATE ANY RESTRICTIONS IN THE AREA BELOW AND PROVIDE A COPY OF LEGAL DOCUMENTATION, IF APPLICABLE.

Legal Custody of Child is with _____ Is there a Joint Custody Arrangements? _____

List any restrictions the other parent has regarding child:

List the type and date of legal document provided:

B.) IF YOU ARE THE LEGAL GUARDIAN, PLEASE COMPLETE THE FOLLOWING:

Name of child's biological parent(s), if known: _____

Address or whereabouts: _____ State: _____ Zip: _____

C.) IF YOU ARE A FOSTER PARENT OR FOSTER CARE AGENCY, YOU MUST COMPLETE THE FOLLOWING BELOW. ALSO, A DSS-2999 FORM AND A LETTER VERIFYING INFORMATION BELOW ARE REQUIRED.

Name of Foster Parent(s): _____

Name of Agency: _____ Agency Code #: _____

Agency Address: _____

Type of Agency: _____ Case Worker and/or Social Worker: _____

Phone Number: _____

DSS Case #: _____ CIN #: _____ CB #: _____

Date child was placed at current location: _____ Date at previous location: _____

NOTES:

Date: _____ Signature: _____ Relationship to Child: _____

**AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF ADMISSION TO
POCANTICO HILLS CENTRAL SCHOOL DISTRICT**

STATE OF NEW YORK)
) SS.:
COUNTY OF WESTCHESTER)

I, _____, a property owner
(Name of Property Owner/Landlord or Property Manager)
or manager/agent, of the dwelling located at _____
(Street #, Address, City, State, Zip)
_____, hereby certify that I am renting space in this
dwelling on a _____ to _____ basis beginning on _____
(Week/Month/Year) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

X Maternal Parent/Guardian: _____

X Paternal Parent/Guardian: _____

Name of Child(ren):

Last: _____ First: _____ MI: _____ and

Last: _____ First: _____ MI: _____

List all other persons residing in the dwelling:

Last Name	First Name
_____	_____
_____	_____
_____	_____

The payment of Electric Utility Bill is included in rent: Yes _____ No _____
If Yes, a copy of the "mutually acceptable written agreement" for shared meter usage must
be submitted in accordance with Public Service Law §52, Part 2(b)(1).

As property owner/landlord, I certify that I will notify the Pocantico Hills Central School District

Assistant Superintendent's Office, 599 Bedford Road, Sleepy Hollow, NY 10591, within 30 days of termination of this tenancy:

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Pocantico Hills Central School District will rely upon them in determining whether the above-named child(ren) will be admitted to its school system. 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 tuition for such child(ren) and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Property Owner/Landlord)

(Print Name & Title)

Sworn to before me this _____
day of _____, 20____

Notary Public