

HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION OFFICE

11 Boice Road, Hyde Park, NY 12538

Telephone: 845-229-4000, Extension 1606

APPLICATION FOR UNIVERSAL PRE-KINDERGARTEN PROGRAM

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: <ul style="list-style-type: none"> • Birth Certificate OR Passport 	
Photo ID of <u>parent/guardian</u> registering the student, which may include: <ul style="list-style-type: none"> • Driver's license • Passport (must be current) • NYS Identification Card 	
Proof of Immunizations – See attached sheet for immunization requirements	
Physical Exam Report (exam must be dated less than one year before the start of school)	
Current IEP (special education services), if applicable	
DS2999 form (for foster care children) , 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	
Transportation Form	
Income Form	
Residency Affidavit – to be completed for renters where no formal lease exists	

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PUPIL REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name: _____ Last First MI			THIS BOX TO BE FILLED OUT BY DISTRICT STAFF REGISTRATION TYPE: <input checked="" type="checkbox"/> Universal Pre-School <input type="checkbox"/> CPSE Referral School Preference: <input type="checkbox"/> HPE <input type="checkbox"/> Holy Trinity Annex Pupil ID# : _____ Home School: _____ Attending School: _____ Registration Date: ____/____/____
Child's Street Address: _____			
City: _____ State: _____ Zip Code: _____			
Home Phone #: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Grade: UPK	Date of Birth: ____/____/____	
City of Birth: _____		State of Birth: _____	
How many years has child attended school in the USA?: _____			
ETHNIC ORIGIN (CHOOSE ONE): <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic			
RACE (SELECT ALL THAT APPLY): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____			
CHILD LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____			
Is there a custody order for this child?: <input type="checkbox"/> YES <input type="checkbox"/> NO		Is there an Order of Protection: <input type="checkbox"/> YES <input type="checkbox"/> 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 accommodations for hearing impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	
Is this parent/guardian in Active Military Service: <input type="checkbox"/> YES <input type="checkbox"/> 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 accommodations for hearing impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	
Is this parent/guardian in Active Military Service: <input type="checkbox"/> YES <input type="checkbox"/> NO Entry Date: ____/____/____ Exit Date: ____/____/____	

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HYDE PARK CENTRAL SCHOOL DISTRICT

CHECK ALL SUPORT SERVICES THAT YOUR CHILD CURRENTLY RECEIVES:

- | | | |
|--|---|--|
| <input type="checkbox"/> SPEECH | <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> ENGLISH AS A NEW LANGUAGE |
| <input type="checkbox"/> SPECIAL EDUCATION | <input type="checkbox"/> PHYSICAL THERAPY | <input type="checkbox"/> COUNSELING |

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

Name of the School District child was enrolled in: _____ Phone #: _____

Services that were provided: _____

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

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

City: _____ Zip Code: _____

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HYDE PARK CENTRAL SCHOOL DISTRICT

Administration Offices: P.O. Box 2033, Hyde Park, New York 12538-8033
Telephone: (845) 229-4000
www.hpcsd.org

Aviva Kafka
Superintendent of Schools

Gregory S. Brown, Ed.D.
Deputy Superintendent
Phone: 845-229-4008

Linda Steinberg
Assistant Superintendent for
Finance and 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

Please FAX records to:
Fax #: (____) ____-____

From the following Person and/or Agency:

Name: _____

Address: _____

Telephone: _____

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: <input type="checkbox"/> Male <input type="checkbox"/> 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?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<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:
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? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
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 IS NOT AVAILABLE:

1. NAME: _____ Relationship to student: _____

Is this person permitted to pick student up from school?: ____ YES ____ NO

HOME PHONE: _____

CELL PHONE: _____

2. NAME: _____ Relationship to student: _____

Is this person permitted to pick student up from school? ____ YES ____ NO

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
UNIVERSAL PRE-KINDERGARTEN TRANSPORTATION FORM

CHILDS LAST NAME: _____ FIRST NAME: _____
DATE OF BIRTH: ____/____/____ GRADE: **UNIVERSAL PRE-KINDERGARTEN**
HOME ADDRESS: _____
PARENT NAME: _____ CELL PHONE #: _____ HOME #: _____
PARENT NAME: _____ CELL PHONE #: _____ HOME #: _____
SCHOOL ATTENDING: _____ SCHOOL YEAR: **2021 – 2022**
DOES YOUR CHILD REQUIRE TRANSPORTATION TO & FROM SCHOOL? ☐ YES ☐ NO

MY CHILD WILL BE PICKED UP AT: _____ HOME _____ DAYCARE _____ ALTERNATE LOCATION

IF YOUR CHILD IS BEING PICKED UP AT A LOCATION OTHER THAN HOME, COMPLETE BELOW:

NAME OF ADULT AT OTHER LOCATION: _____

PHONE NUMBER: _____

ADDRESS: _____

CIRCLE DAYS TO BE PICKED UP AT THIS LOCATION:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY AS NEEDED

MY CHILD WILL BE DROPPED OFF AT: _____ HOME _____ DAYCARE _____ ALTERNATE LOCATION

IF YOUR CHILD IS BEING DROPPED OFF AT A LOCATION OTHER THAN HOME, COMPLETE BELOW:

NAME OF ADULT AT OTHER LOCATION: _____

PHONE NUMBER: _____

ADDRESS: _____

CIRCLE DAYS TO BE PICKED UP AT THIS LOCATION:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY AS NEEDED

PARENT SIGNATURE: _____ DATE: ____/____/____

NOTE: CHANGES REQUIRE AN UPDATED FORM - ASSIGNED ROUTE WILL BE DETERMINED BY TRANSPORTATION

Revised January 2020

Pick Up Route: _____

Drop Off Route: _____

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HYDE PARK CENTRAL SCHOOL DISTRICT
UNIVERSAL PRE-KINDERGARTEN INCOME FORM

STUDENT NAME: _____

STUDENT DATE OF BIRTH: ____/____/____

PROGRAM LOCATION PREFERENCE: _____ UPK at St. Peter's School

_____ UPK at Holy Trinity Annex

Does your child receive SNAP Benefits: _____ Yes _____ No

If yes, please enter your SNAP ID # : _____

How many adults reside in your household? _____

How many children reside in your household? _____

HOUSEHOLD INCOME:

Please list all household members that earn income:

Name	Relationship to child	Income Amount	Frequency (example: weekly, monthly, annually)
		\$	
		\$	
		\$	
		\$	

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

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www.hpcsd.org

Aviva Kafka

Superintendent of Schools

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Deputy Superintendent

Phone: 845-229-4008

Linda Steinberg

Assistant Superintendent for

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

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Finance & Operations

Phone: 845-229-4009

**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.