Dear Families,

Students who are 4 years old by December 1, 2020 and are living in the Hyde Park CSD’s attendance zone may apply for enrollment in the Universal Pre-Kindergarten program.

There is no cost for this full day program, and transportation is provided to and from school. Additionally, breakfast and lunch are provided through the grant that funds this program.

The program is offered at two locations - Hyde Park Elementary School and St. Peters’ School.

Please be aware that there are a limited number of spaces available for this program and priority will be given to students who are eligible for free or reduced lunch. All applications will be reviewed and acceptance letters will be mailed out on or about May 31, 2020.

To submit your application to the Registration Department located at 11 Boice Road, Hyde Park, please call 845-229-4000, x 1606, to make an appointment for one of the dates listed below:

- Monday, March 2nd through Friday, March 6th
- Monday, March 9th through Friday, March 13th
- Monday, March 16th through Friday, March 20th

The second page of this packet has a list of forms to be filled out and documents that need to be provided to complete the application process.

In the event of inclement weather on the day of your scheduled appointment, please check the districts’ website for information regarding a delayed opening or closure. If school is closed, you will need to reschedule for another day. If there is a two hour delay, appointments scheduled earlier than 10 a.m., will have to be rescheduled.

If you have any questions, please feel free to call the Central Registration office at 845-229-4000, x 1606.

Sincerely,

Linda Steinberg
Assistant Superintendent for Finance and Operations

---

The Hyde Park Central School District empowers our community to strive for excellence and embrace the opportunities of our globally connected world.
**APPLICATION FOR UNIVERSAL PRE-KINDERTGARTEN REGISTRATION**

Student Name: ________________________________  Registration Date: ___/___/____

Name of Person Registering Student: ________________________________

Relationship to Student: ________________________________  Phone #: ____________

<table>
<thead>
<tr>
<th>DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE REGISTRATION:</th>
<th>STAFF INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROOF OF RESIDENCY:</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Birth:</strong></td>
<td></td>
</tr>
<tr>
<td>• Birth Certificate OR Passport</td>
<td></td>
</tr>
<tr>
<td><strong>Photo ID of parent/guardian</strong> registering the student, which may include:</td>
<td></td>
</tr>
<tr>
<td>• Driver’s license</td>
<td></td>
</tr>
<tr>
<td>• Passport (must be current)</td>
<td></td>
</tr>
<tr>
<td>• NYS Identification Card</td>
<td></td>
</tr>
<tr>
<td><strong>Proof of Immunizations</strong> – See attached sheet for immunization requirements</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Exam Report</strong> (exam must be dated less than one year before the start of school)</td>
<td></td>
</tr>
<tr>
<td><strong>Current IEP</strong> (special education services), if applicable</td>
<td></td>
</tr>
<tr>
<td><strong>DS2999 form</strong> (for foster care children), if applicable</td>
<td></td>
</tr>
<tr>
<td><strong>Court Documents</strong> - such as Custody Order, Order of Protection, etc., if applicable</td>
<td></td>
</tr>
<tr>
<td><strong>STAC 202</strong>, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

**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

Revised JANUARY 2020
# PUPIL REGISTRATION FORM

**PLEASE PRINT ALL INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name:</td>
<td>Last Name</td>
</tr>
<tr>
<td>Child's Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone #:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>☐ F</td>
</tr>
<tr>
<td>Grade:</td>
<td>UPK</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>City of Birth:</td>
<td>State of Birth:</td>
</tr>
<tr>
<td>How many years has child attended school in the USA?:</td>
<td></td>
</tr>
<tr>
<td>ETHNIC ORIGIN:</td>
<td>☐ YES, Hispanic</td>
</tr>
<tr>
<td>RACE (SELECT ONE OR MORE):</td>
<td>☐ American Indian or Alaska Native</td>
</tr>
<tr>
<td>CHILD’S LEGAL GUARDIAN:</td>
<td>☐ MOTHER</td>
</tr>
<tr>
<td>CHILD’S LIVES WITH:</td>
<td>☐ MOTHER</td>
</tr>
<tr>
<td>Is there a custody order for this child?:</td>
<td>☐ YES</td>
</tr>
</tbody>
</table>

**THIS BOX TO BE FILLED OUT BY DISTRICT STAFF**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGISTRATION TYPE:</td>
<td>☑ Universal Pre-School</td>
</tr>
<tr>
<td>School Preference:</td>
<td>☐ HPE</td>
</tr>
<tr>
<td>Pupil ID#:</td>
<td></td>
</tr>
<tr>
<td>Home School:</td>
<td></td>
</tr>
<tr>
<td>Attending School:</td>
<td></td>
</tr>
<tr>
<td>Registration Date:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #1 for Guardian #1:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #2 for Guardian #1:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #3 for Guardian #1:</td>
<td></td>
</tr>
<tr>
<td>Does parent/guardian need accommodations for hearing impairment?:</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Is this parent/guardian in Active Military Service?:</td>
<td>☐ YES</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #1 for Guardian #2:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #2 for Guardian #2:</td>
<td></td>
</tr>
<tr>
<td>PHONE CONTACT #3 for Guardian #2:</td>
<td></td>
</tr>
<tr>
<td>Does parent/guardian need accommodations for hearing impairment?:</td>
<td>☐ YES</td>
</tr>
<tr>
<td>Is this parent/guardian in Active Military Service?:</td>
<td>☐ YES</td>
</tr>
</tbody>
</table>

Continue on Page 2 ➔
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.

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>PLACE OF BIRTH</th>
<th>DATE OF BIRTH</th>
<th>GRADE</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

Updated January 2020
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: _____ / _____ / ______  Current 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: ________________________________

Updated November 2018
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:
Education Records
Health Records
IEP
Psychological Evaluation
All evaluation reports
Other: ___________________________
Other: ___________________________

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: ___/___/____

Revised January 2020
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.

<table>
<thead>
<tr>
<th>HOME LANGUAGE CODE:</th>
<th></th>
</tr>
</thead>
</table>

**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  
   - Father  
   - Guardian(s)
   - Specify

4. What language(s) does your child understand?  
   - English  
   - Other  
   - Specify

5. What language(s) does your child speak?  
   - English  
   - Other  
   - Does not speak

6. What language(s) does your child read?  
   - English  
   - Other  
   - Does not read

7. What language(s) does your child write?  
   - English  
   - Other  
   - Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

<table>
<thead>
<tr>
<th>SCHOOL DISTRICT INFORMATION:</th>
<th>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park Central School District PO BOX 2033, Hyde Park, NY 12538 School:</td>
<td></td>
</tr>
<tr>
<td>District Name (Number &amp; School)</td>
<td>Address</td>
</tr>
</tbody>
</table>

1 ENGLISH
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**

[Signature]

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 NOT AVAILABLE:**

1. **NAME:** ______________________________________
   **Relationship to student:** ______________________
   **HOME PHONE:** ________________________________
   **CELL PHONE:** ________________________________

2. **NAME:** ______________________________________
   **Relationship to student:** ______________________
   **HOME PHONE:** ________________________________
   **CELL PHONE:** ________________________________

REVISED JULY 2019
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

CHILD's 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: 2020 – 2021

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: ___________
HYDE PARK CENTRAL SCHOOL DISTRICT
UNIVERSAL PRE-KINDERGARTEN INCOME FORM

STUDENT NAME: ____________________________________________

STUDENT DATE OF BIRTH: ____/____/____

UPK PROGRAM PREFERENCE: _____ UPK at St. Peter’s School
 _____ UPK at Hyde Park Elementary

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Income Amount</th>
<th>Frequency (example: weekly, monthly, annually)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Print Parent/Guardian Name: ____________________________________________

Parent/Guardian Signature: ____________________________________________ Date: ____/____/____
HYDE PARK CENTRAL SCHOOL DISTRICT
Administration Offices: P.O. Box 2033, Hyde Park, New York 12538-8033
Telephone: (845) 229-4000
www.hpcsd.org

Greer Rychcik, Ed.D.
Superintendent of Schools

Aviva Kafka
Deputy Superintendent
Phone: 845-229-4008

Linda Steinberg
Assistant Superintendent for
Finance and 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

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

Owner/Landlord/Leaseholder Address:

Phone Number: ___________________________       E-Mail: ___________________________

Sworn to before me this

______ Day of ________, 20_____

Notary Public
## 2019-20 School Year
### New York State Immunization Requirements for School Entrance/Attendance

**NOTES:**
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-K through 11, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccines DO NOT need to be reviewed for grades 12 except for interval between measles vaccine doses. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-K)</th>
<th>Kindergarten and Grades 1, 2, 3, 4 and 5</th>
<th>Grades 6, 7, 8, 9, 10 and 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/TdP/Td)³</td>
<td>4 doses</td>
<td>5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³</td>
<td></td>
<td>Not applicable</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)*</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td>3 doses</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)*</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine⁶</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine⁷</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)*</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine (Hib)*</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)*</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Footnotes:

* IPV: Inactivated Poliovirus Vaccine

³ DTaP, DTP, TdP, Td: Combination Vaccine for Diphtheria, Tetanus, Pertussis

⁴ Tdap: Tetanus, Diphtheria, Pertussis Vaccine Booster

⁵ MMR: Measles, Mumps, and Rubella Vaccine

⁶ Hepatitis B Vaccine

⁷ Varicella Vaccine

⁸ Meningococcal Conjugate Vaccine

⁹ Haemophilus influenzae Type b Conjugate Vaccine

¹⁰ Pneumococcal Conjugate Vaccine
1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
   b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
   c. For children born before 9/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
   d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
   b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. Intervals between the doses of polio vaccine do not need to be reviewed for grade 12 in the 2019-20 school year.
   e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten and grade 12. Two doses are required for grades kindergarten through 11.
   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 18 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
   a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9 and 10.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 15 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
    a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
    b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
    c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
    d. If one dose of vaccine was received at 24 months or older, no further doses are required.
    e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th Floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization
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.