

**HYDE PARK CENTRAL SCHOOL DISTRICT  
CENTRAL REGISTRATION**

4327 ALBANY POST ROAD, HYDE PARK, NY 12538  
Telephone: 845-229-4000, Extension 1600 or 1601

**REGISTRATION CHECKLIST for ELEMENTARY SCHOOLS**

Student Name: \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of Person Registering Student: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE REGISTRATION:</b>	<small>(FOR OFFICE USE ONLY)</small> <b>STAFF INITIALS</b> ↓
<b>PROOF OF RESIDENCY:</b> <b>Homeowners:</b> The most recent school or property tax bill, <b>AND</b> 1 current, recurring bill with your name and address for services you receive at this address, such as your electric, cable or telephone bill. <b>Renting in an apartment complex:</b> Your current signed lease <b>AND</b> 1 current, recurring bill for services you receive at this address, with your name and address, such as your electric, cable or telephone bill. <b>Renting from a private owner:</b> Your current lease <b>AND</b> the owners school or property tax bill, <b>AND</b> 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 Owners' Affidavit. This affidavit must be notarized. If utilities are included in your lease, you will need to provide an additional form of proof of residency.	
<b>Proof of Birth:</b> <ul style="list-style-type: none"> <li>• Original Birth Certificate <b>OR</b> Passport</li> </ul>	
<b>Photo ID of <u>parent/guardian</u></b> registering the student, which may include: <ul style="list-style-type: none"> <li>• Driver's license</li> <li>• Passport (must be current)</li> <li>• NYS Identification Card</li> </ul>	
<b>Proof of Immunizations</b> - if not provided at time of registration, must be provided to school of attendance within 30 days of the start of school.	
<b>Physical Exam Report</b> (must be from within 1 year of start date in school)	
<b>Current IEP or 504 plan</b> , if applicable	
<b>DS2999 form (foster care)</b> , if applicable	
<b>Court Documents</b> - such as Custody Order, Order of Protection, etc., if applicable	
<b>STAC 202</b> , if applicable	
<b>ATTACHED FORMS TO BE COMPLETED:</b>	
Registration form	
Enrollment Form/Residency Questionnaire	
FERPA	
Home Language Questionnaire	
Emergency Contact Information Form	

<b>FOR OFFICE USE ONLY</b>
Home School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS
Attending School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS

HYDE PARK CENTRAL SCHOOL DISTRICT  
**PUPIL REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION

Child's Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>		<p style="text-align: center; font-weight: bold; font-size: small;">THIS BOX TO BE FILLED OUT BY DISTRICT STAFF</p> <p><b>REGISTRATION TYPE:</b></p> <input type="checkbox"/> New Enrollee <input type="checkbox"/> Re-Enrollee <input type="checkbox"/> Universal Pre-School <input type="checkbox"/> CPSE Referral <input type="checkbox"/> Guardian & Address Change <input type="checkbox"/> Parochial /Private School <p>Home School: _____                  Attending School: _____                  COHORT YEAR FOR HS ONLY: _____</p> <p>Pupil ID# : _____                  Registration Date: _____                  Birth Certificate / Passport:    <input type="checkbox"/> YES   <input type="checkbox"/> NO                  DS2999:   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	
Child's Street Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone #: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Grade: _____		Date of Birth: ____/____/____
City of Birth: _____			State of Birth: _____
How many years has child attended school in the USA?: _____			
ETHNIC ORIGIN: <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic			
<b>RACE (SELECT ONE OR MORE):</b> <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			
<b>CHILD'S LEGAL GUARDIAN:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____			
<b>CHILD LIVES WITH:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <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      Order of Protection: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>Parent/Guardian #1    This will be the FIRST parent/guardian contacted</b>	
Name: _____ Relationship to student: _____ Email: _____ Residential address: _____ Mailing address: _____ PHONE CONTACT #1: _____ Circle one: HOME   CELL   WORK PHONE CONTACT #2: _____ Circle one: HOME   CELL   WORK PHONE CONTACT #3: _____ 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: ____/____/____	

<b>Parent/Guardian #2    This will be the SECOND parent/guardian contacted</b>	
Name: _____ Relationship to student: _____ Email: _____ Residential address: _____ Mailing address: _____ PHONE CONTACT #1: _____ Circle one: HOME   CELL   WORK PHONE CONTACT #2: _____ Circle one: HOME   CELL   WORK PHONE CONTACT #3: _____ 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: ____/____/____	

**HYDE PARK CENTRAL SCHOOL DISTRICT**

<b>HAS CHILD EVER ATTENDED HYDE PARK SCHOOLS?: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	
<b>SCHOOL ATTENDED</b>	<b>YEAR(S) ATTENDED</b>

**Prior School Information:** \_\_\_\_\_

District Child is Transferring from: \_\_\_\_\_

Name of school child is transferring from: \_\_\_\_\_

School Address : \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**CHECK ALL SUPORT SERVICES THAT YOUR CHILD CURRENTLY RECEIVES:**

<input type="checkbox"/> <b>READING</b>	<input type="checkbox"/> <b>MATH</b>	<input type="checkbox"/> <b>SPEECH</b>
<input type="checkbox"/> <b>OCCUPATIONAL THERAPY</b>	<input type="checkbox"/> <b>PHYSICAL THERAPY</b>	<input type="checkbox"/> <b>ENGLISH AS A NEW LANGUAGE</b>
<input type="checkbox"/> <b>SPECIAL EDUCATION</b>		

<b>CENSUS INFORMATION</b>				
<b>THE FOLLOWING INFORMATION IS NECESSARY TO KEEP THE SCHOOL CENSUS UP TO DATE.</b>				
<b>PLEASE INCLUDE <u>ALL</u> CHILDREN FROM BIRTH TO 18 YEARS OLD, INCLUDING REGISTRANT.</b>				
NAME OF CHILD	PLACE OF BIRTH	DATE OF BIRTH	GRADE	SCHOOL
		/ /		
		/ /		
		/ /		
		/ /		

*I understand the requirements for enrollment and request that my child be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address. I commenced residency at this location on \_\_\_\_/\_\_\_\_/\_\_\_\_.*

*I am the legal guardian of the children listed above and they 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 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 each child and/or seek criminal action against me for filing a false document.*

*The tuition rates for the 2016-2017 school year, as determined by the New York State Department of Education, are as follows:*  
*General Education, grades K through 6 - \$9,201; grades 7-12 - \$11,791*  
*Special Education, grades K through 6 - \$37,947; grades 7-12 - \$40,537*

*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**



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[www.hpcsd.org](http://www.hpcsd.org)

**Greer Rychcik, Ed.D.**  
Superintendent of Schools

**Aviva Kafka**  
Deputy Superintendent  
Phone: 845-229-4008

**Linda Steinberg**  
School Business Manager  
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: \_\_\_\_\_

<p><b>Please FAX records to:</b></p> <p><input type="checkbox"/> <b>RR Smith Elementary School</b> Phone: 845-229-4060 Fax: 845-229-2828</p> <p><input type="checkbox"/> <b>Violet Avenue School</b> Phone: 845-486-4499 Fax: 845-486-7796</p> <p><input type="checkbox"/> <b>Netherwood Elementary School</b> Phone: 845-229-4055 Fax: 845-229-2797</p> <p><input type="checkbox"/> <b>North Park Elementary School</b> Phone: 845-229-4060 Fax: 845-229-5655</p>
--

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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.		
<b>STUDENT NAME:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b> ____/____/____	<b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>GRADE:</b> _____		
<b>PARENT/GUARDIAN INFO:</b>		
<b>LAST NAME:</b> _____		<b>FIRST:</b> _____
<b>RELATIONSHIP TO STUDENT:</b> _____		

HOME LANGUAGE CODE:

<b>Language Background</b>		
<b>1. What language(s) is(are) spoken in the student's home or residence?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
<b>2. What was the first language your child learned?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
<b>3. What is the Home Language of each parent/guardian?</b>	<input type="checkbox"/> Mother _____ <i>specify</i> <input type="checkbox"/> Father _____ <i>specify</i> <input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
<b>4. What language(s) does your child understand?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
<b>5. What language(s) does your child speak?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not speak	_____ <i>specify</i>
<b>6. What language(s) does your child read?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not read	_____ <i>specify</i>
<b>7. What language(s) does your child write?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not write	_____ <i>specify</i>

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

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
Hyde Park Central School District PO BOX 2033, Hyde Park, NY 12538	
School: _____	
<i>District Name (Number) &amp; School</i> <span style="float: right;"><i>Address</i></span>	

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <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 <b>referred</b> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <b>*If referred for an evaluation</b> , has your child ever <b>received</b> 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: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
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
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
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:	

# EMERGENCY CONTACT INFORMATION 2017-2018

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 1<sup>st</sup> : \_\_\_\_\_ 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 1<sup>st</sup> : \_\_\_\_\_ 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: \_\_\_\_\_

(OVER)

**MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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**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.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

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Signature of Parent or Legal Guardian

Date

**RETURN THIS FORM TO YOUR SCHOOL BY MONDAY, SEPTEMBER 11, 2017**

**C: Main Office / Transportation / School Nurse**

**HYDE PARK CENTRAL SCHOOL DISTRICT**

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[www.hpcsd.org](http://www.hpcsd.org)

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Superintendent of Schools

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Deputy Superintendent  
Phone: 845-229-4008

**Linda Steinberg**  
School Business Manager  
Phone: 845-229-4009

**OWNER'S AFFIDAVIT**

*Note: This affidavit is to be completed by the owner when a person is renting an apartment or rooms within a privately owned home, including their own home, or is sharing a house with another family.*

Please **PRINT** all information:

My name is \_\_\_\_\_, and I am the legal owner of \_\_\_\_\_.

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

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

The terms and conditions of tenancy are as follows:

Lease start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lease End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month to month start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand the requirements for enrollment and request that the following child(ren) 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(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 retroactive to the first day of admission for such child(ren) and/or seek criminal action against me for filing a false document.

The tuition rates for the 2015-2016 school year, as determined by the New York State Department of Education are as follows:

General Education, grades K-6, \$ 9,242	Special Education, grades K-6, \$38,505
General Education, grades 7-12, \$11,134	Special Education, grades 7-12, \$40,397

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, I certify that I will notify the Hyde Park Central School District Central Registration Office, 4327 Albany Post Road, 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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Owner/Landlord Name

\_\_\_\_\_  
Owner/Landlord Phone Contact

Owner/Landlord Address: \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

**Notary Public**

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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](http://www.nysed.gov).

***The Hyde Park Central School District empowers our community to strive for excellence and embrace the opportunities of our globally connected world.***