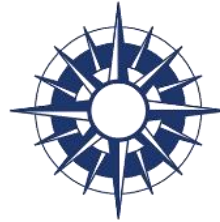




LEARNING • ACHIEVEMENT • GROWTH • DIRECTION



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 _____

ONE PER FAMILY

___ Family Registration Form

___ Language Questionnaire

___ Census Form

___ Proof of Parent/Guardian Identification and Residency

___ Form of ID – Driver's License or other

___ Lease Agreement or Mortgage Statement

___ Utility Bill

ONE PER CHILD

___ Emergency Card

___ Student Registration Form

___ Release of Record Form (**Only for students Grade 1 - 8**)

___ Copy of Birth Certificate

___ Medical Information Packet/Immunization Records

___ Housing Questionnaire



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: (_____) _____



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.



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

CONSENT FOR REQUEST OF RECORDS

ONLY FOR STUDENTS IN GRADES 1 – 8

(INCOMING)

I hereby request that the Board of Education transfer the following records and reports to the Pocantico Hills Central School:

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

Name of School: _____

Address: _____

Student's Name: _____ DOB: _____

Parent/Guardian: _____

Old Address: _____

Current Address: _____

_____ Phone: _____

Signature of Parent/Guardian

Date



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			

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: _____

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.

PARENT/GUARDIAN HOME LANGUAGE QUESTIONNAIRE

I require a translator

Child's Name: _____

Name of person completing this form: _____

Relationship of person completing this form: _____ Mother _____ Father _____ Guardian

- | | Circle if applicable | Complete if applicable |
|--|----------------------|------------------------|
| 1. What language did the child learn when she/he first began to talk? | <u>English</u> _____ | Other (specify) _____ |
| 2. What language does the family speak in the home most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 3. What language does the mother and father speak to each other? | <u>English</u> _____ | Other (specify) _____ |
| 4. What language does the mother speak to her child most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 5. What language does the father speak to his child most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 6. What language does the child speak to his/her mother most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 7. What language does the child speak to his/her father most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 8. What language does your child speak to his/her siblings most of the time? | <u>English</u> _____ | Other (specify) _____ |
| 9. What language does your child speak to his/her friends most of the time? | <u>English</u> _____ | Other (specify) _____ |

Signature of person completing this form

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) _____