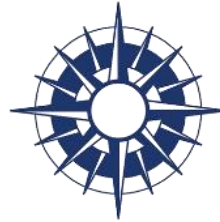


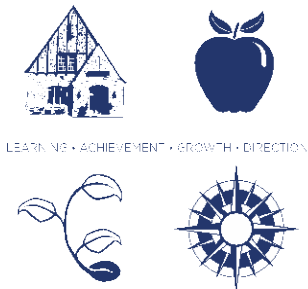


LEARNING • ACHIEVEMENT • GROWTH • DIRECTION



# POCANTICO HILLS CENTRAL SCHOOL

## REGISTRATION PACKET



# POCANTICO HILLS CENTRAL SCHOOL

599 Bedford Road • Sleepy Hollow, N.Y. 10591 • 914-631-2440 • fax 914-631-3280 • [www.pocanticohills.org](http://www.pocanticohills.org)

**Student's Name** \_\_\_\_\_

**Received Packet** \_\_\_\_\_

## ONE PER FAMILY

- \_\_\_ Proof of Residency
  - \_\_\_ Lease Agreement or Mortgage Statement
  - \_\_\_ Utility Bill
- \_\_\_ Proof of Parent/Guardian Identification
  - \_\_\_ Form of ID - Driver's License or other
- \_\_\_ Census Form

## ONE PER CHILD

- \_\_\_ Proof of Birthdate
- \_\_\_ Medical Information Packet/Immunization Records
- \_\_\_ Student Registration Form
- \_\_\_ Student Housing Questionnaire
- \_\_\_ Consent for Request of Records Form (Only for students Grade 1 - 8)
- \_\_\_ Residence Information
- \_\_\_ Home Language Questionnaire
- \_\_\_ Student Racial and Ethnicity Identification (Optional)
- \_\_\_ Special Home Circumstance (Optional)



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

**STUDENT REGISTRATION FORM**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Other School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

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

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

Person Completing this Form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_



## POCANTICO HILLS SCHOOL DISTRICT

### *World Language Selection Form*

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

Child's Name	Entering Grade	Language Request French or Spanish

**STUDENT HOUSING QUESTIONNAIRE**

Name of School District: \_\_\_\_\_

Name of Student: \_\_\_\_\_

First

Middle

Last

Gender: \_\_\_ Male \_\_\_ Female

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

Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living? (Please check one box)**

\_\_\_\_\_ In a shelter

\_\_\_\_\_ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up").

\_\_\_\_\_ In a hotel/motel

\_\_\_\_\_ In a car, park, bus, train, or campsite

\_\_\_\_\_ Other temporary living situation (please describe): \_\_\_\_\_

\_\_\_\_\_ In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student  
(for unaccompanied homeless youth)

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

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



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

**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			



Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

**Please write clearly when completing this section.**

<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
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

_____
-------

### Language Background

*(Please check all that apply.)*

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address



## Home Language Questionnaire (HLQ)—Page Two

<i><b>Educational History</b></i>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes*    No    Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> 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:
<i>Signature of Parent or of Person in Parental Relation</i>	<i>Date</i>		
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO.    DAY    YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO.    DAY    YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



Today's Date \_\_\_\_\_

### CENSUS FORM

Resident's Name \_\_\_\_\_

Resident's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Number of Adults 18 or Over Residing at Above Address \_\_\_\_\_

Number of Children under 18 (Incl. Registrant) \_\_\_\_\_

#### **CHILDREN:**

1. Name \_\_\_\_\_ Previous School \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Previous School \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Previous School \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

4. Name \_\_\_\_\_ Previous School \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

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

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

1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

DATE OF OCCUPANCY \_\_\_\_\_

PREVIOUS OWNER/RENTER \_\_\_\_\_

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

**Student Racial and Ethnicity Identification Form**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Hispanic Indicator**

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

- Yes – Hispanic  
 No – Not Hispanic

**Race**

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

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

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

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

\_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Guardian    \_\_\_\_ Other (Specify) \_\_\_\_\_

**SPECIAL HOME CIRCUMSTANCES**

COMPLETE THE FOLLOWING IF APPLICABLE:

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

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

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

List any restrictions the other parent has regarding child:

\_\_\_\_\_

List the type and date of legal document provided:

\_\_\_\_\_

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

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

Address or whereabouts: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name of Foster Parent(s): \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Agency Code #: \_\_\_\_\_

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

Type of Agency: \_\_\_\_\_ Case Worker and/or Social Worker: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DSS Case #: \_\_\_\_\_ CIN #: \_\_\_\_\_ CB #: \_\_\_\_\_

Date child was placed at current location: \_\_\_\_\_ Date at previous location: \_\_\_\_\_

**NOTES:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_