



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](http://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

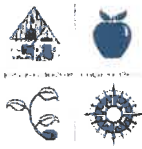
\_\_\_ Student Registration Form

\_\_\_ 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: \_\_\_\_\_

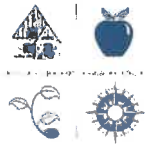
Business Address: \_\_\_\_\_

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:

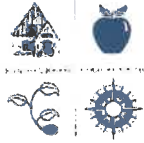
1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

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			

**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.



Lissette 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>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

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

### 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? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Date

Signature of Parent or of Person in Parental Relation \_\_\_\_\_

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: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
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#### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL ADMINISTRATION: _____ Mo. DAY YR.	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
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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: \_\_\_\_\_