

NEW STUDENT REGISTRATION

Welcome to the Kingston City School District

New students are registered by appointment at the Administrative Building located at 61 Crown Street, Kingston, New York. The Registrar's office is open from 8:00 a.m. to 3:30 p.m. during the school year and from 8:00 a.m. to 2:30 p.m. throughout the summer. Parents should obtain and complete a registration packet prior to scheduling an appointment. Packets are available at the Registrar's office and at each of our school buildings. To schedule an appointment, please contact Lori Catucci at 845-943-3093 or Bill Schiff at 845-943-3011.

PLEASE NOTE

1. The parent/legal guardian must be present at the time of registration and first visit to school.
2. Registration is a two-step process. After meeting with the Registrar, the parent and student visit the school building where the child will attend. It is at this time that the student's teacher/schedule is assigned and transportation arrangements are made.

Required Documents for Registration

Required Forms to Complete for Registration:

1. Student Registration Form
2. Request for Records Form – not applicable for kindergarten
3. Health Inventory Form
4. Immunization Form
5. Home Language Questionnaire Form
6. Emergency Dismissal Card

Questions?

Please Lori Catucci at (845) 943-3093 or Bill Schiff at (845) 943-3011.

KINGSTON CITY SCHOOL DISTRICT

Cioni Administration Building

Sixty-one Crown Street
Kingston, NY 12401-3879

Gerard M. Gretzinger
Superintendent of Schools

Sandra Miller
Assistant Superintendent for Student Services

Student will not be allowed to attend school without proof of the below mentioned documents.

CHECKLIST FOR KINDERGARTEN REGISTRATION

- Birth Certificate**
- Immunization Record**
Prepared by a physician or authorized person who administers the immunizing agent and shall specify the vaccines given and the dates of administration
- Custody Papers:** Necessary if the child does not live with both biological parents
- Parent or Guardian photo identification:** Driver's License
- District Residency**
One of the following residency proofs must be provided:
 - A. Owns home**
 - 1. Most recent utility bill – one only (electric, phone, water bill) must have name and property/residence address
 - B. Rents home**
 - 1. Lease agreement, must have name property/residence address
 - 2. Parent's name must appear on lease
 - 3. Most recent utility bill – one only (electric, phone, water bill) must have name and property/residence address
 - C. Landlord Verification Form – Must be Notarized**
 - 1. To be completed by the landlord in instances where there is no lease
 - 2. If you are living with a relative, that person must complete the form and also provide you with a bill (electric, phone, water) showing their name and property/residence address

** The following will not be accepted as proof of residency: Driver's License, Checkbook, Rent Receipt, Car Insurance Cards, Bank Statements.

It is the mission of the Kingston City School District to educate, inspire, and graduate students who are excellent in scholarship and character and are empowered to reach their maximum potential as responsible and productive members of society.

Enter Date

Kingston City School District Student Registration Form

Student Number

Date:		School:			
STUDENT INFORMATION					
Last Name:	First Name:	Middle Name:	Generation: (Jr, II, III)	Grade:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Date of Birth:	Place of Birth:	Social Security #:	Home Phone Number: <small>With Area Code</small> Unlisted: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ethnicity (check box which best describes the student): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			What is the Primary language spoken in the home?		
Mailing Address (Street or PO Box):		City:	State:	Zip:	
Residence Address (Street):		City:	State:	Zip:	
PREVIOUS SCHOOLS ATTENDED					
Did the Student Attend Pre-School? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Last School Student Attended:					
School Name:		Phone Number:	Guidance Counselor Name:		
Address:		City:	State:	Zip:	
Former Kingston Schools Attended: =====>	School Name:	Year Attended:	Guidance Counselor Name:		
STUDENT ADULT RELATIONS:					
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____					
Is contact with the student allowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Are custody papers on file at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Shall mailings be sent to this relation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the student reside/live with this relation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this relation the primary/responsible relation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Name:	First Name:	Middle Name:	Title:	Education Level Completed:	
Home Phone:	Alt Phone (Cell/Pager):	Work Phone:	E-mail Address:		
Mailing Address (Street or PO Box):		City:	State:	Zip:	
Work Address:		City:	State:	Zip:	
Employer:		Occupation:		Work Hours:	
				From:	To:

STUDENT ADULT RELATIONS (CONTINUED):				
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____				
Is contact with the student allowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Are custody papers on file at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Shall mailings be sent to this relation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the student reside/live with this relation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this relation the primary/responsible relation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Last Name:	First Name:	Middle Name:	Title:	Education Level Completed:
Home Phone:	Alt Phone (Cell/Pager):	Work Phone:	E-mail Address:	
Mailing Address (Street or PO Box):		City:	State:	Zip:
Work Address:		City:	State:	Zip:
Employer:	Occupation:		Work Hours: From: _____ To: _____	
*** If there is a need to provide information on more than the two adult relations listed above, additional forms can be obtained from the schools, upon request.***				
STUDENT SIBLING RELATIONS (List all other children in the home):				
Relationship:	Name:	Date of Birth:	Name of K-12 School Attending:	

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this section. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
 In a shelter
 With more than one family in a house or apartment
 Moving from place to place
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Go to next page

STUDENT EMERGENCY CONTACT INFORMATION

In case of an emergency, the school will automatically call home FIRST. Please list the names of **at least TWO** (up to four) other EMERGENCY CONTACTS and PHONE NUMBERS. When providing these numbers to us, please keep in mind it should be someone reliable, nearby and usually available, **WITH TRANSPORTATION.**

Relationship to Student:

Father Mother Step-Father Step-Mother Other (please specify): _____

Name: _____

Daytime Phone: _____

Relationship to Student:

Father Mother Step-Father Step-Mother Other (please specify): _____

Name: _____

Daytime Phone: _____

Relationship to Student:

Father Mother Step-Father Step-Mother Other (please specify): _____

Name: _____

Daytime Phone: _____

Relationship to Student:

Father Mother Step-Father Step-Mother Other (please specify): _____

Name: _____

Daytime Phone: _____

Office Use Only			School Nurse Use Only
Teacher:			Immun: <input type="checkbox"/> Comp. <input type="checkbox"/> Incomp. <input type="checkbox"/>
Room:	Bus:	Bus Stop Location:	DOB Verification: BC <input type="checkbox"/> Baptismal <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>
St. #:	SM-11: <input type="checkbox"/>		
Folder: <input type="checkbox"/>	Att. Card: <input type="checkbox"/>		
Count Updated: <input type="checkbox"/>	Class List Updated: <input type="checkbox"/>		
			Custody Papers on file <input type="checkbox"/>

Kingston City Schools 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 English. Your assistance in answering the following questions is greatly appreciated. Please fill out the white section only, printing your answers and checking (✓) all boxes that apply. Thank you.

Student Name:		Date of Birth:	
Parent/Guardian Name:		Phone Number:	
Parent/Guardian Signature:		Today's Date:	
Grade:	Country of Birth:	Date of Arrival In the United States:	
Has student attended school in the United State for three or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What language(s) is spoken in the student's home?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify	
What language(s) is spoken most of the time to the student in the home?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify	
What language(s) does the student understand?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify	
What language(s) does the student speak?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify	
What language(s) does the student read?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify <input type="checkbox"/> Does Not Read	
What language(s) does the student write?		<input type="checkbox"/> English <input type="checkbox"/> Other _____ specify <input type="checkbox"/> Does Not Write	
In your opinion, how well does the student understand, speak, read and write English?			
Understands English	<input type="checkbox"/> Very well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Speaks English	<input type="checkbox"/> Very well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Reads English	<input type="checkbox"/> Very well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Writes English	<input type="checkbox"/> Very well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
School: <input type="checkbox"/> Chambers <input type="checkbox"/> Crosby <input type="checkbox"/> Anna Devine <input type="checkbox"/> Edson <input type="checkbox"/> JF Kennedy <input type="checkbox"/> Graves <input type="checkbox"/> Sophie Finn <input type="checkbox"/> Meagher <input type="checkbox"/> Myer <input type="checkbox"/> Zena <input type="checkbox"/> G Washington <input type="checkbox"/> JWB <input type="checkbox"/> MCM <input type="checkbox"/> KHS			Student ID#:
Determination: <input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient		Date:	
Name/Position of school personnel completing this section:			

**KINGSTON CITY SCHOOL DISTRICT
Student Health Inventory Page 1**

Student's Name _____ Date _____

Date of Birth _____ Weight at birth: _____ LBS. _____ OZS.

If this child has no known health problems, SIGN HERE and do not complete the rest of this form.

(Parent/Guardian signature)

If this child has known health problems, please continue.

Student health information is kept in a confidential manner. Indicate your preference as to how the school nurse should handle your child's health information by checking one of these two statements:

____ **At the discretion of the School Nurse, this information may be shared with *appropriate* school personnel (for example: PE teacher, classroom teacher, playground monitor, etc.).**

OR

____ **This information is limited to School Health Office Personnel only.**

If the answer is "Yes" to any of the questions below, please provide details, including dates on PAGE 2 of this form.

At birth, did the baby stay in the hospital longer than the mother? ___ Yes ___ No

Does your child have any of the following health concerns?

Allergy to Bee sting	___ Yes	___ No
Allergy to Food	___ Yes	___ No
Allergy to Medication	___ Yes	___ No
Allergy to Other	___ Yes	___ No
Asthma or breathing problems	___ Yes	___ No
Diabetes	___ Yes	___ No
Difficulty hearing	___ Yes	___ No
Difficulty seeing	___ Yes	___ No
Seizures (convulsions)	___ Yes	___ No
Heart problems	___ Yes	___ No
Other health problems (describe on page 2)	___ Yes	___ No

Does your child take daily medication? ___ Yes ___ No

Does your child take emergency medication? ___ Yes ___ No

Has your child ever been hospitalized? ___ Yes ___ No

Has your child had frequent or chronic ear infections? ___ Yes ___ No

Has your child had frequent or chronic Strep throat? ___ Yes ___ No

(Print name of parent or guardian)

(Relationship to student)

(Signature of parent of guardian)

If you answered "Yes" to any of the above questions, COMPLETE PAGE 2.

**KINGSTON CITY SCHOOL DISTRICT
Student Health Inventory Page 2**

Student's Name _____

COMPLETE THIS PAGE IF APPLICABLE

List below any known allergies to insect bites, food, medicines, or other substances. Describe how your child's allergic reactions are handled.

List below any medications your child takes and the reasons for the medication. Include daily and/or emergency medications as well as the frequency and dosage.

Describe any hospitalizations your child has had. Include reasons, outcomes, and dates.

Provide any other information about your child's health that is pertinent to his/her well-being at school.

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Gerard M. Gretzinger
Superintendent of Schools

Sandra Miller
Assistant Superintendent for Student Services

LANDLORD VERIFICATION FORM

Date: _____

Re: Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

This is to verify that _____
(Tenant's name)

is a month-to-month tenant residing at the following location:

Landlord's Signature: _____

Name and Address: _____

Phone Number: _____

Sworn to before me this _____ day
of _____ 20____

State of:

Notary Public

County of:

It is the mission of the Kingston City School District to educate, inspire, and graduate students who are excellent in scholarship and character and are empowered to reach their maximum potential as responsible and productive members of society.

smiller@kingstoncityschools.org