KINGSTON
CITY SCHOOL DISTRICT
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All Students, All of the Time

NEW STUDENT REGISTRATION

Welcome to the Kingston City School District
New students are registered by appointment at the Meagher Administrative Building located at 21 Wynkoop Place, Kingston, NY 12401. The Registrar's office is open from 9:00 a.m. to 3:00 p.m. during the school year and from 9:00 a.m. to 2:00 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, at each of our school buildings and on the school website at:
kingstoncityschools.org/register.
To schedule an appointment, please call 845-943-3011.

PLEASE NOTE

1. The parent/legal guardian must be present at the time of registration and first visit to school.
2. Once all paperwork is complete and the Registration process is finalized, the Registrar will forward the information to the attending school(s). The school(s) will contact you directly your child's start date.

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

Questions or to schedule an appointment:
Please call (845) 943-3011.

Attachment

INFORMATION ABOUT SPECIAL EDUCATION UPON ENTRY TO SCHOOL
Chapter 434 of the Laws of 2014

Statute: Section 4402

Effective Date: July1,2015

Summary:

This amendment requires school districts to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification shall be provided to the parents of all students in the district (with and without disabilities) upon their child's entry into public school. Districts may provide this information to parents by directing them to *A Parent's Guide to Special Education* on the New York State Education Department's (NYSED's) web site, provided that the district includes the name and contact information of the district's Committee on Special Education chairperson or other appropriate special education administrator. NYSED's *A Parent's Guide to Special Education* is available in both English and Spanish.

Statute: Chapter 434 of the Laws of 2014

Section 1. Section 4402 of the education law is amended by adding a new subdivision 8 to read as follows:

8. Upon their child's enrollment or attendance in a public school, such school shall notify every parent or person in parental relation of their rights regarding referral and evaluation of their child for the purposes of special education services or programs pursuant to applicable federal and state laws. Such notification may be provided by directing parents or persons in parental relation to obtain information located on the department's website relating to a parent's guide to special education in New York state for children ages three through twenty-one provided the notification shall also contain the name and contact information for the chairperson of the school district's committee on special education or other individual who is charged with processing referrals to the committee in the district.

Beth Lewis-Jackson - 845-943-3061
Director of Special Education Services
Kingston City School District
blewis@kingstoncityschools.org

Student Name _____, _____ **School / Grade** _____
Last First

Parent/Guardian Name _____ **Phone #** _____

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Dr. Paul J. Padalino
Superintendent of Schools

CHECKLIST FOR REGISTRATION

The following documents are required for enrolling into the Kingston City School District

☐ **Birth Certificate**, **Passport, or Baptismal 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, proof of past **immunizations or proof of pending appointment with a physician/medical practice.**

☐ **Custody/Guardian Papers: Necessary in the case of divorce, re-marriage or transfer of** guardianship between family members.

☐ **Parent or Guardian photo identification**: Driver's License, Passport, State ID

☐ **School Records**
For Students who already have attended another school:
1. Copy of most recent report card
2. Transcript if available (Does not apply to kindergarten registration)
For Special Ed. Students: Most recent copy of IEP (Individualized Education Plan)

☐ **District Residency**
One of the following residency proofs must be provided:

A. Owns home, or
1. Most recent utility bill/ tax or mortgage statement – must have name and property/residence address

B. Rents home, or
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, oil) must have name and property/residence address

C. Affidavit of Property Owner/Landlord Form – Must be Notarized
1. To be completed by the landlord/property owner, in instances where there is no lease.
If you are living with a relative, that person must complete the form and also provide 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, and Bank Statements.

** CLASSIFIED STUDENT – YES or NO

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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.

STUDENT NAME:		
First	*Middle*	*Last*

DATE OF BIRTH:			GENDER:
Month	*Day*	*Year*	❑ Male ❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:		
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?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

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:
Signature of Parent or of Person in Parental Relation ***Date***

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:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

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STUDENT HEALTH HISTORY

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:
For Athletes in Grades 5-12 Sport:	School:	

Has your child ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Dental Injuries
☐ Diabetes
☐ Ear Infections
☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
☐ Scoliosis
☐ Single Organ (☐kidney, ☐testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

Is there any condition that would prevent your child from participating in physical education or sports?
☐No ☐Yes:_____

Please list any additional concerns: (use back of sheet if necessary)_____
_____

Parent/Guardian Signature:_____Date:_____

This sample resource was created by the New York Statewide School Health Services Center and is located at
www.schoolhealthservicesny.com – SN Tool Kit – 8/14 _MH016/R0215

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Request for Records

Please be advised that my child, _____ who was previously enrolled in your school has transferred to the Kingston City School District. I hereby authorize you to send the following information for my child to the school marked below: complete records of academic work (*including all high school level Science labs), health records, the last day of attendance, attendance data, standardized test results, guidance information, psychological reports and all other information that is considered to be part of the child's permanent record.

Student Date of Birth:		
Parent/Guardian Signature:		
Name of Previous School:		
• **Street Address:**		
• **City, State and Zip:**		
School Phone #:		
School Fax #:		
Does your student have an IEP - Individualized Education Program?	☐ Yes* ☐ No	***IF YES**, **please send a duplicate copy of records and IEP with all evaluations to the KCSD Special Education Department (Address below)**

Please send and/or fax records to the school indicated below

____ **Chambers Elementary School** 945 Morton Boulevard Kingston, NY 12401-1399 Phone: (845) 943-3392 Fax: (845) 336-5616	___ **Edward R. Crosby Elementary School** 767 Neighborhood Road Lake Katrine, NY 12449-5337 Phone: (845) 943-3333 Fax: (845) 382-2668
___ **Harry L. Edson Elementary School** 116 Merilina Avenue Extension Kingston, NY 12401-4226 Phone: (845) 943-3362 Fax: (845) 331-9034	___ **Robert Graves Elementary School** PO Box 549 345 Mountain View Rd. Port Ewen, NY 12466-0549 Phone: (845) 943-3422 Fax: (845) 338-3049
___ **John F. Kennedy Elementary School** 107 Gross Street Kingston, NY 12401-5598 Phone: (845) 943-3102 Fax: (845) 331-2477	___ **Ernest C. Myer Elementary School** 121 Schoolhouse Road Hurley, NY 12443-5231 Phone: (845) 943-3484 Fax: (845) 331-1520
___ **George Washington Elementary School** 67 Wall Street Kingston, NY 12401-4854 Phone: (845) 943-3513 Fax: (845) 338-3041	___ **M. Clifford Miller Middle School** 65 Fording Place Road Lake Katrine, NY 12449-5221 Phone: (845) 943-3638 (Guidance) Fax: (845) 382-6069
___ **J. Watson Bailey Middle School** 118 Merilina Avenue Extension Kingston, NY 12401-4225 Phone: (845) 943-3572 (Guidance) Fax: (845) 943-3240	___ **Kingston High School** 403 Broadway Kingston, NY 12401-4617 Phone: (845) 943-3970 Fax: (845) _____ Guidance Counselor: _____

*___ For students with IEP's, send duplicate copy of records and IEP with all evaluations:
KCSD Special Education Department
21 Wynkoop Place
Kingston, NY 12401
Phone: (845) 943-3073; Fax: (845) 943-3213

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Superintendent of Schools

AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF RESIDENCY IN THE KINGSTON CITY SCHOOL DISTRICT

I, _____ a property owner or manager/agent of the dwelling located at
(Name of Property Owner/Landlord or Property Manager)

_____ _____
(Street Address/Apt #) (City, State, Zip)

Hereby certify that I am renting space in this dwelling on a _____ basis beginning on _____
(Weekly/monthly/yearly) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian:_____
- Parent/Guardian:_____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

The payment of Electric Utility Bill is included in rent: Yes: _____ No: _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Kingston City School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

_____
(Signature of Property Owner/Landlord or Property Manager)

Sworn to before me on this
_____ Day of_____, 20_____

_____
(Print Name)

_____
(Notary Public)
State of:
County of: