



We Inspire. We Educate. We Graduate.  
*All Students, All of the Time*

## **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 8:30 a.m. to 3:30 p.m. during the school year and from 8:30 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, at each of our school buildings and on the school website [kingstoncityschools.org](http://kingstoncityschools.org). 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.

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

Statute: Section 4402

Effective Date: July 1, 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 # \_\_\_\_\_



We Inspire. We Educate. We Graduate.  
*All Students. All of the Time*

Dr. Paul J. Pedalino  
Superintendent of Schools

John J. Voerg  
Deputy Superintendent for Teaching & Learning

### 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**

**KINGSTON CITY SCHOOL DISTRICT PUPIL REGISTRATION FORM**

DATE \_\_\_\_\_ GRADE \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Hispanic?  Yes  No  
(Last) (First) (Middle)

Race (choose all that apply):  Asian  Black  Native American/Native Alaskan  Pacific Islander  White

Date of Birth \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_ Country (if not US) \_\_\_\_\_

Pre K Experience  Yes  NO

Has pupil ever attended school in this district: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school \_\_\_\_\_ Grade(s) \_\_\_\_\_

Name of last school attended \_\_\_\_\_ Grades attended in previous school \_\_\_\_\_

Address of school last attended \_\_\_\_\_

Phone/Fax (circle one) (if known) \_\_\_\_\_ If high school: date entered 9<sup>th</sup> grade \_\_\_\_\_

**For Immigrant Students and ESL (English as a second language) students ONLY**

ESL?  Yes  No

Date of US Entry: \_\_\_\_\_ Date First Entered School in US \_\_\_\_\_

These questions address the McKinney-Vento Act 42 U.S.C. 11435. This information helps determine eligibility for services:

1. Is your current address a temporary living arrangement?  Yes  No If "No" stop here. If "Yes" please continue:
2. Is your temporary living arrangement due to loss of housing or economic hardship?  Yes  No

Where is the student presently living?

- 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.

**PARENTS/GUARDIANS WITH WHOM CHILD(REN) RESIDE(S)**

Home Phone \_\_\_\_\_ Unlisted?  Yes  No Contact Priority \_\_\_\_\_

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

Mailing Address, if different \_\_\_\_\_

Dominant Home Language \_\_\_\_\_ ESL  YES  NO

Resident Type:  Lease  Own  Rent  Trailer Park/Condo Unit  Unknown

Proof of Residency:  Mortgage Statement  Property Tax Bill  Real Estate Statement  Utility Bill

Lease  Landlord Verification Form  Other \_\_\_\_\_

**INFORMATION TO BE COMPLETED FOR PARENTS/GUARDIANS WHO LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):**

Parent/Guardian Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_ Legal custody?  YES  NO

Cell Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Work Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

(City)

(State/Zip)

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_ Legal custody?  YES  NO

Cell Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Work Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

(City)

(State/Zip)

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

**INFORMATION TO BE COMPLETED FOR A PARENT/GUARDIAN WHO DOES NOT LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):**

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_ Correspondence  Yes  No

(City)

( State/Zip)

Home Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Cell Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Work Phone \_\_\_\_\_ Contact Priority \_\_\_\_\_

Email Address \_\_\_\_\_

Currently Serving Active Military Duty  YES  NO If yes, date enlisted: \_\_\_\_\_ Date Exited: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:**

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household  Yes  No

If different household:

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Resides in Same Household  Yes  No

If different household:

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

---

**OTHER CHILDREN WHO RESIDE IN HOUSEHOLD**

**Children not yet enrolled in school:**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**Children enrolled in school:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

---

**Guardian Warnings?**  No  Yes Explain \_\_\_\_\_

**Custody Papers?**  No  Yes Explain \_\_\_\_\_

---

Information collected by (name of registrar): \_\_\_\_\_



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:

|  |   |
|--|---|
| <b>SCHOOL DISTRICT INFORMATION:</b>        | <b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b> |
| _____                                      | _____   |
| <i>District Name (Number) &amp; School</i> | <i>Address</i>  |
| _____                                      | _____   |

## Home Language Questionnaire (HLQ)—Page Two

| <b>Educational History</b>   |
|--|
| 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.<br>Yes*    No    Not sure<br><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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____  |
| Age at which services received (Please check all that apply):<br><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.)<br>_____<br>_____<br>_____   |
| 12. In what language(s) would you like to receive information from the school? _____   |

|  |              |            |             |
|--|--------------|------------|-------------|
| _____<br><i>Signature of Parent or of Person in Parental Relation</i>  | Month: _____ | Day: _____ | Year: _____ |
| _____<br><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: _____<br><small>MO.    DAY    YR.</small>  | OUTCOME OF INDIVIDUAL INTERVIEW:<br><input type="checkbox"/> ADMINISTER NYSITELL<br><input type="checkbox"/> ENGLISH PROFICIENT<br><input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM                               |
| NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL  |  |
| NAME: _____  | POSITION: _____  |
| DATE OF NYSITELL ADMINISTRATION: _____<br><small>MO.    DAY    YR.</small>   | PROFICIENCY LEVEL ACHIEVED ON NYSITELL:<br><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: |  |
|  |  |



### STUDENT HEALTH HISTORY

|   |        |             |  |
|---|--------|-------------|--|
| Name:   | DOB:   | Age:        | Gender:<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Parent/Guardian:<br>(person completing this form) | Grade: | Home Phone: | Date:  |
|   |        | Cell Phone: |  |

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

**CHECK ALL THAT APPLY TO YOUR CHILD:**

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

| CURRENT MEDICATIONS         | YES                      | NO                       | Please list name, dose, time(s)  |
|-----------------------------|--------------------------|--------------------------|--|
| Given at school             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Taken at home               | <input type="checkbox"/> | <input type="checkbox"/> |  |
| ASSISTIVE EQUIPMENT         | YES                      | NO                       | Please check all that apply  |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:                              |
| TREATMENTS                  | YES                      | NO                       |  |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring<br><input type="checkbox"/> 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: \_\_\_\_\_



We Inspire. We Educate. We Graduate.  
*All Students. All of the Time*

**Dr. Paul J. Padalino**  
 Superintendent of Schools

**John J. Voerg**  
 Deputy Superintendent for Teaching & Learning

### Request for Records

To Whom It May Concern:

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.

|  |   |
|--|---|
| <b>Student Name:</b>   |   |
| <b>Student Date of Birth:</b>  |   |
| <b>Parent/Guardian Signature:</b>  |   |
| <b>Name of Previous School:</b>  |   |
| • <b>Street Address:</b>   |   |
| • <b>City:</b>   |   |
| • <b>State and Zip:</b>  |   |
| <b>School Phone #:</b>   |   |
| <b>School Fax #:</b>   |   |
| <b>Please send and/or fax records to the school indicated below</b>  |   |
| _____ <b>Chambers Elementary School</b><br>945 Morton Boulevard<br>Kingston, NY 12401-1399<br>Phone: (845) 943-3392<br>Fax: (845) 336-5616                         | _____ <b>Edward R. Crosby Elementary School</b><br>767 Neighborhood Road<br>Lake Katrine, NY 12449-5337<br>Phone: (845) 943-3333<br>Fax: (845) 382-2668           |
| _____ <b>Harry L. Edson Elementary School</b><br>116 Merilina Avenue Extension<br>Kingston, NY 12401-4226<br>Phone: (845) 943-3362<br>Fax: (845) 331-9034          | _____ <b>Robert Graves Elementary School</b><br>PO Box 549<br>345 Mountain View Rd.<br>Port Ewen, NY 12466-0549<br>Phone: (845) 943-3422<br>Fax: (845) 338-3049   |
| _____ <b>John F. Kennedy Elementary School</b><br>107 Gross Street<br>Kingston, NY 12401-5598<br>Phone: (845)943-3102<br>Fax: (845) 331-2477                       | _____ <b>Ernest C. Myer Elementary School</b><br>PO Box 297<br>Millbrook Avenue<br>Hurley, NY 12443-0297<br>Phone: (845) 943-3484<br>Fax: (845) 331-1520          |
| _____ <b>George Washington Elementary School</b><br>67 Wall Street<br>Kingston, NY 12401-4854<br>Phone: (845) 943-3513<br>Fax: (845) 338-3041                      | _____ <b>M. Clifford Miller Middle School*</b><br>65 Fording Place Road<br>Lake Katrine, NY 12449-5221<br>Phone: (845) 943-3638 (Guidance)<br>Fax: (845) 382-6069 |
| _____ <b>J. Watson Bailey Middle School</b><br>118 Merilina Avenue Extension<br>Kingston, NY 12401-4225<br>Phone: (845) 943-3572 (Guidance)<br>Fax: (845) 340-0741 | _____ <b>Kingston High School</b><br>403 Broadway<br>Kingston, NY 12401-4617<br>Phone: (845) 331-1970<br>Fax: (845) _____<br>Guidance Counselor: _____            |



We Inspire. We Educate. We Graduate.
All Students, All of the Time

Dr. Paul J. Padalino
Superintendent of Schools

John J. Voerg
Deputy Superintendent for Teaching & Learning

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: