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NEW STUDENT REGISTRATION

Welcome to the Kingston City School District

New students are registered by appointment at the Administrative Building located at 61Crown 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**. 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.

2/19

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

John J. Voerg
Deputy Superintendent for Teaching & Learning

CHECKLIST FOR KINDERGARTEN 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 physician/medical practice.

☐ **Custody/Guardian papers**: Necessary if the child does not live with both biological parents

☐ **Parent or Guardian photo identification**: Driver's License, passport, state id.

☐ **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) 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
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, and Bank Statements.

****CLASSIFIED – 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 9th 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): ____

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:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to Student*

HOME LANGUAGE CODE ______

Language Background
(Please check all that apply.)

Question			
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:

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:________________

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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)

____
(Print Name)

Sworn to before me on this
__________ Day of________________, 20_____

____
(Notary Public)
State of:
County of:

Kingston City School District
61 Crown Street
Kingston, NY 1240I
845-339-3000

Dear Parents and Guardians,

Welcome to Kindergarten! The information in this form will be used to develop class lists for kindergarten and it will help teachers create a positive learning environment that meets your child's social, emotional and learning needs. We greatly appreciate your thoughtful replies to the following questions:

Child's given name: ____

Child's nickname for school (if any): ____

Has your child attended preschool or daycare? If so, please provide:

Name of preschool or day care provider:______________________________

Years attended:____

Number of days per week/hours per day:______________________________

How does your child react to separation?____________________________________

____

How does your child react to new situations?_________________________________

____

Please identify any friends of your child also entering Kindergarten this year in the same school:

____

What does your child enjoy doing?____

____

____

What are your child's strengths?____

____

What does your child find challenging or difficult? ______________________________

____

Does your child have fears? If so, please explain: ____

____

Skills- please check if your child can complete tasks successfully

______dresses him/herself

______zips zippers

______buttons

______toileting

______helps pick up or clean up

______opens snacks and drinks

______puts on coat or jacket

______asks for help when needed

______sits and listens to stories

______shares and plays with other children

Use this space if you wish to share information about family events that may have had a significant impact on your child, for example: birth of a sibling, death in the family, divorce, remarriage, etc.:

Use this space to tell us anything else you would like us to know about your child:

This will be an exciting year! We look forward to getting to know you and your child.