

Student Name _____, School / Grade _____
Last First

KINGSTON CITY SCHOOL DISTRICT

Meagher Administration Building
21 Wynkoop Place
Kingston, NY 12401-3879

Dr. Paul J. Padalino
Superintendent of Schools

CHECKLIST FOR Pre-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**
 1. Most recent utility bill/tax or mortgage statement – 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. 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**

DATE: _____

CHILD'S NAME: _____ DOB: _____ Sex: M F

PARENTS/GUARDIANS NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____ E-MAIL _____

PHONE: (h) _____ (w) _____ (mobile) _____

Have you had a child previously attend Pre-K? YES NO If yes, name of Agency _____

Do you feel your child has any special needs? If so, please explain: _____

PLEASE CHECK PREFERRED UPK SITE:**FULL DAY 4-YEAR-OLD UPK (5 HOURS)**

- MEAGHER PRESCHOOL CENTER, 21 WYNKOOP PLACE, KINGSTON – 943-3008
- AUNT JENN'S EARLY LEARNING CENTER – 925 ORLANDO STREET, KINGSTON – 383-1060
- LITTLE RED SCHOOLHOUSE – LUCAS AVENUE EXTENSION, KINGSTON – 340-8460
- MONTESSORI SCHOOL OF KINGSTON – 243 HURLEY AVENUE, KINGSTON – 331-3311
- GEORGE WASHINGTON MONTESSORI SCHOOL– 67 WALL STREET, KINGSTON – 943-3513
- YWCA OF ULSTER COUNTY – 209 CLINTON AVENUE, KINGSTON – 338-6844

HALF DAY 4-YEAR-OLD UPK (2 ½ HOURS)

- FAIR STREET NURSERY SCHOOL – 209 FAIR STREET, KINGSTON – 331-8220
- HURLEY NURSERY SCHOOL – MAIN STREET, HURLEY – 339-1036

FULL DAY 3-YEAR-OLD UPK (5 HOURS)

- GEORGE WASHINGTON MONTESSORI SCHOOL– 67 WALL STREET, KINGSTON – 943-3513

Universal Pre-Kindergarten program is a program which provides curriculum and activities, 5 days/week, Half-day (2 ½ hrs) or Full-day (5 hrs), which are appropriate to the age-level and individual needs of eligible children and which promote

cognitive, linguistic, physical, cultural, emotional, and social development. Activities shall be learner-centered and shall be designed and provided in a way that promotes the child's total growth and development in all areas including emergent English literacy. Children are encouraged to be self-assured and independent.

Eligible children are those who reside within the school district and are four years of age on or before December 1st of the year in which he or she is enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year. Selection is based on a lottery system.

Transportation is NOT provided and is the responsibility of the parent/caregiver.

After you have completed the entire application and compiled all supporting documents, call the Pre-K office to schedule an appointment to register.

Kingston City School District
Attn: Lisa Resso, Pre-K Office
21 Wynkoop Place
Kingston, New York 12401
(845) 943-3008 Fax: (845) 943-3209

NOTE TO SCHOOLS/LEAs: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. If the student qualifies as residing in temporary housing, the student is **not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: _____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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 (MV) 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 Persons in Parental Relation, or Student (for unaccompanied homeless youth)

Signature of Persons in Parental Relation, or Student (for unaccompanied homeless youth)

Date
If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAs: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison;
2. the registrar;
3. the student's teachers, and/or guidance counselor; and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parent, person in parental relation that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However, LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

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) _____

Custody Papers or Guardian Warnings? No Yes

Explain _____

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

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

Email address _____

Employer's Name _____ Employer's Phone # _____ Priority ____

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

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

Email address _____

Employer's Name _____ Employer's Phone # _____ Priority ____

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)

Phone1 _____ Phone Type Cell Home Office; Contact Priority ____

Phone2 _____ Phone Type Cell Home Office; Contact Priority ____

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 _____

Phone 1 _____ Phone Type Cell Home Office

Phone 2 _____ Phone Type Cell Home Office

Relationship to the Student _____

Name _____ Gender _____
(Last) (First) (Middle)

Resides in Same Household Yes No

If different household:

Address _____ City _____ State _____ Zip _____

Phone 1 _____ Phone Type Cell Home Office

Phone 2 _____ Phone Type Cell Home Office

Relationship to the 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): _____



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

¹ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

Kingston City School District

STUDENT HEALTH HISTORY

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (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 hospitalized	<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"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, | anxiety, OCD, ODD, etc.)
<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<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 <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: _____

KINGSTON CITY SCHOOL DISTRICT

Meagher Administration Building

21 Wynkoop Place

Kingston, NY 12401-3879

Dr. Paul J. Padalino
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:

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.