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 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.
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
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 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 _______________________________________________________________

(First) (Middle) (Last)

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 _______________________________________________________________

(First) (Middle) (Last)

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 ________________________________________________________________

(First) (Middle) (Last)

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 ____________________________________________________________________________

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 ____________________________________________________________________________

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): ________________________________
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.

Home Language Questionnaire (HLQ)

Please write clearly when completing this section.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT/PERSON IN PARENTAL RELATION INFO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

Language Background

(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence?

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

2. What was the first language your child learned?

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

3. What is the Home Language of each parent/guardian?

<table>
<thead>
<tr>
<th>☐ Mother</th>
<th>☐ Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td>Specify</td>
</tr>
<tr>
<td>☐ Guardian(s)</td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

5. What language(s) does your child speak?

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
<th>☐ Does not speak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. What language(s) does your child read?

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
<th>☐ Does not read</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. What language(s) does your child write?

<table>
<thead>
<tr>
<th>☐ English</th>
<th>☐ Other</th>
<th>☐ Does not write</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

<table>
<thead>
<tr>
<th>SCHOOL DISTRICT INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Name (Number) &amp; School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>
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

   ____________________________  ____________________________

   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 REVIEWSING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: ____________________________  POSITION: ____________________________

ORAL INTERVIEW NECESSARY: ❑ No  ❑ Yes

**DATE OF INDIVIDUAL INTERVIEW: ____________________________

   MO   DAY   YR.

OUTCOME OF 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:
# 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:

<table>
<thead>
<tr>
<th>If Yes, please explain and include date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

- Had an ongoing medical condition
- Seen a medical specialist
- Had allergies: [ ] food [ ] environmental [ ] insect [ ] medication [ ] other
- Been hospitalized
- 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
- Had a hearing problem or condition
- Worn dental bridge, braces or mouthpiece

## Have any family members under the age of 50 ever:

<table>
<thead>
<tr>
<th>If Yes, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<td></td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Given at school
- Taken at home

## ASSISTIVE EQUIPMENT

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Please check all that apply

  - During or outside of school
  - Crutches
  - Walker
  - Wheelchair
  - Other:

## TREATMENTS

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

- 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: ______________
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.

<table>
<thead>
<tr>
<th>Student Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature:</td>
</tr>
<tr>
<td>Name of Previous School:</td>
</tr>
<tr>
<td>• Street Address:</td>
</tr>
<tr>
<td>• City, State and Zip:</td>
</tr>
<tr>
<td>School Phone #:</td>
</tr>
<tr>
<td>School Fax #:</td>
</tr>
<tr>
<td>Does your student have an IEP - Individualized Education Program?</td>
</tr>
</tbody>
</table>

*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**

<table>
<thead>
<tr>
<th>Chambers Elementary School</th>
<th>Edward R. Crosby Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>945 Morton Boulevard</td>
<td>767 Neighborhood Road</td>
</tr>
<tr>
<td>Kingston, NY 12401-1399</td>
<td>Lake Katrine, NY 12449-5337</td>
</tr>
<tr>
<td>Phone: (845) 943-3392</td>
<td>Phone: (845) 943-3333</td>
</tr>
<tr>
<td>Fax: (845) 336-5616</td>
<td>Fax: (845) 382-2668</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harry L. Edson Elementary School</th>
<th>Robert Graves Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>116 Merilina Avenue Extension</td>
<td>PO Box 549</td>
</tr>
<tr>
<td>Kingston, NY 12401-4226</td>
<td>345 Mountain View Rd.</td>
</tr>
<tr>
<td>Phone: (845) 943-3362</td>
<td>Port Ewen, NY 12466-0549</td>
</tr>
<tr>
<td>Fax: (845) 331-9034</td>
<td>Phone: (845) 943-3422</td>
</tr>
<tr>
<td></td>
<td>Fax: (845) 338-3049</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>John F. Kennedy Elementary School</th>
<th>Ernest C. Myer Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>107 Gross Street</td>
<td>121 Schoolhouse Road</td>
</tr>
<tr>
<td>Kingston, NY 12401-5598</td>
<td>Hurley, NY 12443-5231</td>
</tr>
<tr>
<td>Phone: (845) 943-3102</td>
<td>Phone: (845) 943-3484</td>
</tr>
<tr>
<td>Fax: (845) 331-2477</td>
<td>Fax: (845) 331-1520</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>George Washington Elementary School</th>
<th>M. Clifford Miller Middle School</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Wall Street</td>
<td>65 Fording Place Road</td>
</tr>
<tr>
<td>Kingston, NY 12401-4854</td>
<td>Lake Katrine, NY 12449-5221</td>
</tr>
<tr>
<td>Phone: (845) 943-3513</td>
<td>Phone: (845) 943-3638 (Guidance)</td>
</tr>
<tr>
<td>Fax: (845) 338-3041</td>
<td>Fax: (845) 382-6069</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. Watson Bailey Middle School</th>
<th>Kingston High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>118 Merilina Avenue Extension</td>
<td>403 Broadway</td>
</tr>
<tr>
<td>Kingston, NY 12401-4225</td>
<td>Kingston, NY 12401-4617</td>
</tr>
<tr>
<td>Phone: (845) 943-3572 (Guidance)</td>
<td>Phone: (845) 943-3970</td>
</tr>
<tr>
<td>Fax: (845) 943-3240</td>
<td>Fax: (845) _______________</td>
</tr>
</tbody>
</table>

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
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.

_________________________________                        Sworn to before me on this
(Signature of Property Owner/Landlord or Property Manager)                                       ____________ Day of___________________, 20______

_________________________________                         ______________________________________
(Print Name)                                                                                                                      (Notary Public)
State of:                                                                                                                         County of:

The Kingston City School District Mission: We Inspire. We Educate. We Graduate. All Students, All of the Time.