

HUDSON CITY SCHOOL DISTRICT

Do you speak any language other than English at home? Yes ___ No ___ Language _____

আপনি ইংরেজী ছাড়া অন্য কোন ভাষায় এ কথা বলতে পারি? হ্যাঁ ___ কোন ___ ভাষা _____

¿Hablas cualquier idioma distinto del Inglés en casa? Sí ___ No ___ Idioma _____

ou pale nenpòt lòt lang ke angle nan kay la? Wi ___ Non ___ Lang _____

هل تتكلم أي لغة أخرى غير الإنجليزية في البيت؟ نعم ___ لا ___ اللغة _____

Registration Form and Procedures

Please call 828-4360 extension 2103 to schedule an appointment to return completed registration forms. All completed paperwork and required documentation is to be returned to the Registrar at the time of your appointment.

Please provide the following documents when registering your child(ren):

Proof of student(s) age: Documents that will be accepted by the HCSD to prove a student's age are:

- Certified copy of a Birth Certificate (Foreign or Domestic)
- Record of Baptism
- Passport (Foreign or Domestic)

If you are unable to provide any of the above listed documents the district will also accept one of the following if it has been established and in existence for a minimum of 2 (two) years:

- Official driver's license
- State or other government issued identification
- School photo identification with date of birth
- Hospital or health records
- Military dependent identification card
- Federal, state or local agency documents. (E.g. Department of Social Services, Federal Office of Refugee Resettlement.)
- Court orders or other court-issued documents
- Native American Tribal documents
- Non-Profit International Aid Agency or Volunteer Agency records

Proof of Residency: Documentation that the district will accept establishing that the parent / guardian reside within the boundaries of the Hudson City School District is:

- Utility Bill
- School Tax Bill
- A copy of a deed or mortgage statement proving home ownership or residential lease
- A sworn / unsworn statement by a third-party landlord, owner or tenant from whom the parent leases or shares property
- A statement from a third party establishing the parent's physical presence in the district, along with one of the above mentioned documents.

Custody Documentation: If applicable please provide the district with copies of placement orders, custody orders or orders of protection. Copies of Care, Custody and Control affidavits may be requested as acknowledgement of transfer of custody from a parent to a guardian at the time of registration.

Immunization Records: Please bring copies of your child(s) immunization records and latest physical.

School Records: If you have them, copies of any current school records you have including an IEP if applicable

Parent / Guardian Photo Identification: Please bring a copy of your photo identification when registering.

Registration Form

Student's Name : _____ Male ___ Female ___ Birth Date ___/___/___
Last First M

Resident Address: _____ Mailing Address / Po Box _____

Home Phone Number: _____ Cell Number: _____

Mothers Maiden Name: _____ Marital Status at this time? _____

Parent / Guardian 1 - _____

Employer: _____ Work Number: _____ Email Address: _____

Parent / Guardian 2 - _____

Employer: _____ Work Number: _____ Email Address: _____

Grade _____ Grades 9 -12 : What year did student first enter the 9th Grade? _____
Grades 6 – 8: Foreign Language -please choose one Spanish___ Italian___

Has student ever been enrolled in the Hudson City School District? If so when? _____

Is Student in Foster Care? Y ___ N ___
Please provide copy of placement order.

If parent are divorced or separated, is there a court appointed custody document? Yes ___ No ___
Please provide copy of custody order.

Who retains legal custody? _____ If Joint who has residential custody? _____
Relationship to child? _____ Relationship to child? _____

Will student be residing with Parent / Guardian? Yes ___ No ___
When a parent relinquishes custody of a student to another person and there is no court order to establish a change in guardianship, this district requires an affidavit from the parents acknowledging their transfer of custody and control to the child's custodian. Also a Custodial Affidavit is required as proof that the adults with whom the student is living provides for the student's care and supervision.
Copies of Care, Custody and Control Affidavits are available from the registration office.

Are there any restraining orders or orders of protection filed against any person or persons? Yes ___ No ___
If so, please give the name(s) of the person(s) and attach all legal documents which indicate such restrictions

Please sign and date below to complete this form

Signature: _____ Relationship To Child: _____ Date: _____

Release of Records

Last school student attended:

Name _____

Contact Person _____

Address _____

Counselor _____

Phone: _____

Does student have an IEP? Yes _____

Fax: _____

CSE Contact _____

Name: _____ Date of Birth _____ Grade _____

The above mentioned student will be enrolling in the Hudson City School District. Please fax or send transcript, including previous grades, current course load, and health records to the grade appropriate school.

John L. Edwards Primary School – 360 State Street, Hudson, NY Grades K-1

Phone: 518-828-4360

Ext 4300 / 4317 – Main Office

Fax: 518 -697-8516

M.C. Smith Intermediate School – 102 Harry Howard Avenue, Hudson, NY Grades 2-5

Phone: 518-828-4360

Ext 1112 / 1113 – Main Office

Fax: 518 -697-8733

Hudson Junior - 215 Harry Howard Avenue, Hudson, NY Grades 6-8

Phone: 518-828-4360

Ext: 8308 – Junior HS Guidance Office

Fax: 518 -697-8791

Senior High School - 215 Harry Howard Avenue, Hudson, NY Grades 9-12

Phone: 518-828-4360

Ext: 3111 – Senior HS Guidance Office

Fax: 518 -697-8568

Please send copies of all related Special Education records for the student listed above to the HCSD Student Services Department. Be sure to include the following: IEP, Psychological Reports – including testing, Social History and Related service evaluation results.

HCSD Student Services Department – 215 Harry Howard Avenue, Hudson, NY

Phone: 518-828-4360

Ext: 2111 or 2112

Fax: 518 -697-8481

It is understood that such releases shall include only that information necessary and pertinent and that all such information shall be treated in a confidential and professional manner.

Signature of Parent or Guardian: _____

Date: _____

Student Information Form

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) check the one that best describes your child.] Check only ONE.

1. Is the student Hispanic, Latino, or of Spanish Origin? Hispanic Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ YES, Hispanic _____ NO, not Hispanic

2. Select one or more races from the following five racial groups

[For question (2) check all groups that apply to your child. Check at least ONE.

___ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

___ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

___ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

If born in the United States, please list the City and State the student was born in.

Students Birthplace: City: _____ State: _____

If born outside of the United States, please list country of origin and date of entry into U.S.

Country of Origin: _____ Date of Entry: ____/____/____

List in order of preference, the individuals to be notified in case of illness, injury or other emergency.

Name: _____ Phone 1: _____ 2: _____ Relationship: _____

Name: _____ Phone 1: _____ 2: _____ Relationship: _____

Name: _____ Phone 1: _____ 2: _____ Relationship: _____

Brothers and Sisters

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Signature of Parent / Guardian: _____



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

- What language(s) is(are) spoken in the student's home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What was the first language your child learned?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- 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>		
- What language(s) does your child understand?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What language(s) does your child speak?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
		<i>specify</i>	
- What language(s) does your child read?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
		<i>specify</i>	
- 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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Today's Date _____

Date of Entry _____

Student Name _____

Date of Birth _____

School _____

Any chronic or potentially life threatening disorders or dangerous medical conditions the school personnel should be aware of: _____

Severe Allergies (for example nuts, latex, insect bites or stings): _____

Treatment plan for care of these medical problems: _____

Does this student have any current physical restrictions or gym/recess concerns: _____

Current medications to be taken in school: _____

Medications taken at home: _____

All students need updated immunization records to stay in school.

Guardian's Signature: _____

PLEASE SIGN BOTH:

HUDSON CITY SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

STUDENT NAME: _____
Please Print Clearly

Please forward all medical/immunization records for the above mentioned student to the school nurse at John L. Edwards Primary School.

It is understood that said release shall include only that information that is necessary and pertinent and that all such information will be treated in a professional and confidential manner.

Parent Name: _____ Signature: _____

Relationship to Student: _____

Date: _____

HUDSON CITY SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

STUDENT NAME: _____
Please Print Clearly

Please forward all medical/immunization records for the above mentioned student to the school nurse at John L. Edwards Primary School.

It is understood that said release shall include only that information that is necessary and pertinent and that all such information will be treated in a professional and confidential manner.

Parent Name: _____ Signature: _____

Relationship to Student: _____

Date: _____



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

FOR FAMILIES WHO ARE CURRENTLY OR PREVIOUSLY IN AGRICULTURAL / FARM WORK.
ELIGIBILITY FORM FOR ADDITIONAL EDUCATIONAL SERVICES

Mary K. Kline
Migrant Education Outreach Program - Herkimer County BOCES
352 Gros Boulevard
Herkimer, NY 13350
315-867-2079
mkline@herkimer-boces.org

Within the last 3 years, have you or anyone living with you, worked or are currently working, in Agricultural, Food Processing or Farm Work?

- Hay
- Dairy
- Crops
- Poultry
- Fish Farming
- Nursery / Greenhouse
- Fruits / Vegetables

Please answer: _____ Yes _____ NO

If "No" stop here

If "Yes" continue

Someone from the Outreach Program will contact you to explain the program and do a full screening which will determine your eligibility for services. If you have any questions please call the number above.

Name of Student:

_____ First _____ Middle _____ Last

Gender:

Date of Birth:

Grade: Home Language:

___ Male ___ Female

MM / DD / YYYY

Name of Parent / Guardian / Responsible Party:

Siblings:

Current Address:

Phone #:

The Migrant Education Outreach Program was authorized by Congress to help eligible students maintain continuity in their education. It is authorized by Title 1, Part C of the ESEA. This program provides educational support to both students and their families.

(October 2009)

By signing below I am giving permission for the Hudson City School District to release this document and the pertaining information to the Migrant Education Outreach Program.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Transportation Information Form

Child's Name: _____

Residential Address: _____

Location of house or nearest landmark: _____

School Bus Arrangements

Will your child need to take a bus to or from a location other than their home or assigned bus stop?

Yes _____ No _____

IF YES:

Please give specific details including: Am and/or PM and the days of the week that the student will be coming or going to a location other than their home or assigned bus stop.

Babysitter Name: _____

Address: _____

Phone #: _____

We understand the importance of child care and want to make arrangements that are safe and convenient for you and your child. Lack of consistency or constant bussing changes are confusing and dangerous for all parties involved.

With that in mind please be advised that unless there is an emergency:

You must give 48 hours advanced notice in writing for any bus changes.

Parent Signature: _____ Date: _____