

ID # \_\_\_\_\_

Bus Route / Pass # \_\_\_\_\_

Stop: \_\_\_\_\_

**For Office Use Only**

Student's Name : \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last First M Birth Date \_\_\_/\_\_\_/\_\_\_

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: \_\_\_\_\_

Parent / Guardian 2 - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Grade \_\_\_\_\_ Grades 9 -12 : What year did student first enter the 9<sup>th</sup> 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? \_\_\_\_\_

**If you answer yes to any of the following questions you must provide any related legal documentation. All documents must be kept in the student's file.**

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: \_\_\_\_\_

Last school student attended:

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Phone: \_\_\_\_\_

Does student have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Fax \_\_\_\_\_

CSE Contact \_\_\_\_\_

### Release of Records for the Hudson City School District

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  
360 State Street  
Hudson, New York 12534  
**Grades K-2**

Phone: 518-828-4360  
ext 4300 / 4317 – Main Office  
Fax: 518 -697-8516

\_\_\_\_\_ Greenport Elementary School  
158 Union Turnpike  
Hudson, New York 12534  
**Grades 3-4**

Phone: 518-828-4360  
ext 5100 – Main Office  
Fax: 518 -697-8522

\_\_\_\_\_ Hudson Middle School  
102 Harry Howard Avenue  
Hudson, New York 12534  
**Grades 5-8**

Phone: 518-828-4360  
ext 1117 - Guidance  
Fax: 518 -697-8733

\_\_\_\_\_ Hudson High School  
215 Harry Howard Avenue  
Hudson, New York 12534  
**Grades 9-12**

Phone: 518-828-4360  
ext 3111 / 3112 - Guidance  
Fax: 518 -697-8568

HCS D Student Services Department  
621 Route 23B  
Hudson, New York 12534  
  
Phone – 518-828-4658 ext: 2111 or 2112  
Fax – 518-697-8481

**Please send copies of all related Special Education records for the student listed above to the HCS D Student Services Department. Be sure to include the following:**

- IEP
- Psychological Reports – including testing
- Social History
- Related Service evaluation results

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: \_\_\_\_\_

Hudson City School District

**Health History**

To be completed by parent

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child currently or has had in the past, any of the following:

- |                        |       |                     |       |
|------------------------|-------|---------------------|-------|
| Allergies/Hay Fever    | _____ | Hearing Loss        | _____ |
| Anemia                 | _____ | Heart Problems      | _____ |
| Ankle Injury           | _____ | High Blood Pressure | _____ |
| Arthritis              | _____ | Joint Sprain        | _____ |
| Asthma                 | _____ | Knee Pain / Injury  | _____ |
| Back Pain/Injury       | _____ | Ligament Tear       | _____ |
| Bee Sting Allergy      | _____ | Muscle Pull         | _____ |
| Bladder/Kidney         | _____ | Neck Injury         | _____ |
| Convulsions            | _____ | Nose Bleeds         | _____ |
| Diabetes               | _____ | Nose Fracture       | _____ |
| Ear Problems           | _____ | One Kidney          | _____ |
| Eye Problems           | _____ | One Testicle        | _____ |
| Fainting Spells        | _____ | Rheumatic Fever     | _____ |
| Fracture/Dislocation   | _____ | Spleen Injury       | _____ |
| Headaches              | _____ | Stomach Ulcer       | _____ |
| Head Injury/Concussion | _____ | Vision Loss         | _____ |

1. Has your child ever been unconscious or lost memory from a blow to the head? \_\_\_\_\_
2. Has your child ever had an illness, condition or injury that required hospitalization, x-rays or an operation? \_\_\_\_\_
3. Is your child under medical care now? \_\_\_\_\_
4. Has your child taken medications in the past year? \_\_\_\_\_
5. Has your child ever fainted during exercise? \_\_\_\_\_
6. Has there ever been a sudden death of a family member who was less than 50 years of age? \_\_\_\_\_
7. Does your child have an orthopedic appliance? \_\_\_\_\_
8. Does your child have capped teeth? \_\_\_\_\_
9. Does your child wear contact lenses for sports? \_\_\_\_\_
10. Does your child wear glasses for sports? \_\_\_\_\_
11. Has your child received any immunizations in the past three years? \_\_\_\_\_

If you answered checked any of the above, please describe or explain:

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Hudson City School District Student Information Form

Social Security Number : \_\_\_\_/\_\_\_\_/\_\_\_\_ Physicians Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Ethnicity - School districts are required by New York State to list the ethnicity of all students. Please choose the ONE ethnicity you feel your child should be listed as.**

American Indian or Alaskan Native _____	Asian _____
Black or African American _____	Hispanic or Latino _____
Native Hawaiian / Other Pacific Islander _____	White ( not of Hispanic origin) _____

Students Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

**Please be sure to bring students Visa or Passport.**

Country of Origin: \_\_\_\_\_ Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

First Name	Last Name	Home Phone	Work Phone	Relationship

### Brothers and Sisters

First Name	Last Name	Birth Date	Grade	Relationship

### Others Living In Home

First Name	Last Name	Birth Date	Relationship

**Please list in order, starting with the most recent, all the schools your child has attended.**

Name	Address	City – State	Years	Grades

The board of education believes that it is crucial for students to behave appropriately while riding on buses provided by the district, both to ensure their safety and that of other passengers. **All** students are expected to maintain good conduct while traveling to and from school. It is also important that those waiting for buses conduct themselves properly in respect to the rights and property of others. Parents are reminded that bus transportation is a privilege, which may be suspended due to misbehavior. While the law requires the school to furnish transportation, it does not relieve the parents of their responsibility of supervision until such time as the child boards the bus in the morning and after the child departs the bus at the close of the school day. When attending approved functions outside the district students will be returned to the school from which they departed unless alternative arrangements have been made in writing and approved by the building principal. Upon returning from the event, parents are required to pick up their students or make alternate arrangements prior to the event.

Students must demonstrate acceptable behavior and concern for safety while riding on **all** school buses, including those for authorized school trips and sporting events. Students who become a serious disciplinary problem will be reported by the drivers and may have their riding privileges suspended by an administrator or the transportation department. Suspension from transportation does **not** mean suspension from school. It requires the parent to provide transportation to and from school for the length of the suspension. Anytime a student is suspended from transportation the Principal is required to notify parents and to provide a copy of the referral.

Signature of Parent: \_\_\_\_\_



### Permission for Publicity Purposes

I, the undersigned parent/guardian of \_\_\_\_\_ a student in the Hudson City School District, hereby give my permission for my child's photograph and name to appear in the district newsletter, the district website, the district calendar of events, district brochures and/or other publications, the yearbook, local newspapers, videotaped recordings of student activities during the school day and after school which may be broadcast and televised on local television stations, on a non-paid basis. I understand that my child's name may or may not be mentioned and his/her voice, likeness, statements, actions or other information may be used in such recordings. The same applies to any interviews conducted for broadcast by local radio media.

I release the Hudson City School District, its officers, employees and agents, from any claims, demands, actions, causes of actions, suits damages and judgments as a result of the use of the above information about my child in the publications and/or media broadcasts described above.

I am over the age of 18, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on my own behalf of my child.

Please print your name here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission for Publication of the Internet

I, the undersigned parent/guardian of \_\_\_\_\_ a student in the Hudson City School District, hereby give my permission for my child to create artwork or writings which would be suitable for publication on the internet, through my child's school's website: [WWW.HUDSONCITYSCHOOLDISTRICT.COM](http://WWW.HUDSONCITYSCHOOLDISTRICT.COM). I know that every student cannot have his/her work published and that only the best representative work will be included as an educational resource for other students.

I further understand that the work will appear in an educational context on web pages with a copyright notice prohibiting the copying of such work without express written permission. In addition, I understand that students will be mentioned by first name only. No home address, telephone number or student's photograph will appear with such work.

I  DO  DO NOT give permission to have my child's picture put on the district website.

By signing this form, I release the Hudson City School District, its officers, employees, agents and successors, and hold them harmless from any and all claims, demands, actions, causes of actions, suits, damages and judgments as a result of the use of my child's work on the school's web site.

I am over the age of 18. I have read the above information and I understand the conditions of the above agreement. I will be bound by its terms on my own behalf and on behalf of my child.

Please print your name here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### If you do not wish to have this information used by the School District in the manner described above, please complete this section:

I do not want the types of information described above regarding my child \_\_\_\_\_ given to local newspapers, used in school district publications, the yearbook, on the district website or by local television and/or radio stations during the \_\_\_\_\_ school year.

Please print your name here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Records

Pursuant to the Family Educational Rights and Privacy Act, (FERPA) it shall be the policy of this school district to permit parents/guardians and "eligible student" to inspect and review any and all official records, files, and data directly related to that student, including all materials that are that are incorporated into each student's cumulative record folder. For the purpose of this regulation, "eligible student" are those students who are 18 or older or former students who are attending any school beyond the high school level. The rights created by FERPA transfer from parent/guardian to the student once the student attains eligible student status.

A parent/guardian or eligible student who wishes to inspect and review student records shall make a request for access to the student's records, in writing, to the building principal.

**Notice**

I hereby affirm, under penalty of perjury, that the information provided herein is true and correct. I understand that if any material information supplied is found not to be true, the school district attorney will be notified for further legal action.

I understand that if it is later determined that the child attending the Hudson City School District is not entitled to a free education, I will reimburse the Hudson City School District for the amount of any tuition.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information (Internal)**

I \_\_\_\_\_ give the Hudson City School District Office of Food Service permission to release

Information, regarding my child's \_\_\_\_\_ free and/or reduced lunch eligibility to other appropriate offices within the Hudson City School District. I understand that this information is necessary for state and federal reporting and to determine eligibility for the fee waiver program used for the SAT, ACT, Profile and college applications. I further understand that this release will become null and void only if I rescind this release in writing.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NCLB Release of Information (High School Students Only)**

Pursuant to the No Child Left Behind Act, the Hudson City School District must disclose to military recruiters and institutions of higher learning, upon request, the names addresses and telephone numbers of high school students. The district must also notify parental guardians of their rights and the rights of their child to request that the district not release such information without prior written permission.

Therefore if you, as a parent/guardian of a high school student, wish to exercise your option to withhold your consent to the release of the above information to military recruiters and institutions of higher learning, you must sign below.

I, the parent/guardian of \_\_\_\_\_, a student at the Hudson High School do not consent to the release of the name, address and telephone number of such student to military recruiters and institutions of higher learning.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Permission**

Child's Name: \_\_\_\_\_

During the course of the school year your child may be going on several field trips. The class might walk, travel by school bus or private vehicle to the field trip destination. Therefore, it is requested that you sign the following permission statement.

I, \_\_\_\_\_ give my child permission to go on class field trips during the \_\_\_\_\_ school year.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Acceptable Use Policy Agreement**

**Student Consent**

I, the undersigned, have read and agree to the terms and conditions set forth in the Acceptable Use Policy which is based on the Telecommunications use Regulation 4512-R and the Telecommunications Use Policy 4512. I further understand that any violation of the regulations may constitute a violation. Should I commit a violation, my access privileges may be revoked, school disciplinary action and/or the appropriate legal action may be taken.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Consent**

I, the parent/legal guardian of the above, understand the contents of this document and agree to be bound by its terms and conditions.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Refusal**

I, the parent/legal guardian of the above, understand the contents of this document and **DO NOT** give consent for my son/daughter to access the Internet at this time. I understand my son/daughter may be negatively affected in classrooms where the internet has been integrated into the instructional program. I understand that I may change this decision on Internet Access for my child at any time.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_