



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

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: _____

Parent / Guardian 2 - _____

Employer: _____ Work Number: _____

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? _____

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: _____



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

Release of Records

Last school student attended:

Name _____ Contact Person _____

Address _____ Guidance Counselor _____

Phone: _____ Does student have an IEP? Yes _____ No _____

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, New York 12534
Grades K-2

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

_____ M.C. Smith Intermediate School
102 Harry Howard Avenue
Hudson, New York 12534
Grades 3-6

Phone: 518-828-4360
ext 1112 / 1113 – Main Office
Fax: 518-697-8733

_____ Hudson Junior / Senior High School
215 Harry Howard Avenue
Hudson, New York 12534
Jr. High School - Grades 7- 8
Sr. High School - Grades 9 -12

Jr. High School
Phone: 518-828-4360
ext: 8308 - Guidance
Fax:

Sr. High School
Phone: 518-828-4360
ext: 3111 / 3112 - Guidance
Fax: 518 -697-8568

HCS D Student Services Department
215 Harry Howard Avenue
Hudson, New York 12534

Phone – 518-828-4360 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

HOME OF THE BLUEHAWKS

Student Information Form

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.
 [For question (1) check (✓) the box that best describes your child.] Check (✓) only ONE box.

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 box.

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.

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

Signature of Parent / Guardian: _____



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

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:

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

Parent Signature: _____

Date: _____



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

McKinney / Vento Form

You may be eligible to receive assistance (tutoring, advocacy, transportation, clothing, free lunch, etc.) from the McKinney-Vento Homeless Assistance Act if your child(ren) is:

- Sharing housing of others due to loss of housing, economic hardship or similar reason
- Living in motels, hotels, temporary trailer parks, or camping grounds due to the lack of alternative accommodations
- Living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings
- Abandoned in hospitals
- In emergency or transitional shelters
- In a residential program for runaways and homeless
- Awaiting foster care placement
- A child from a migrant family who qualifies as homeless because he or she is living in circumstances described above
- An unaccompanied youth for whom no parent or person in parental relation is available

Name of Student: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Grade: _____
MM DD YYYY Preschool - 12th

Name of Parent / Guardian / Responsible Party: _____

Current Address: _____ Phone : _____

PLEASE BE SURE TO FILL OUT THE FOLLOWING:

Last School Attended: _____
Name

_____ Address Phone Number

Last Address: _____
_____ How long did you live there? _____

The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento 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, immunizations records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

ID# _____
School district will complete

(October 2009)

Where is the student currently living? (Please check ONE box)

IF YOU ARE IN PERMANENT HOUSING STOP HERE.

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- In a hotel / motel
- In a car, park, bus, train or campsite
- Other temporary living situation
(Please describe): _____

_____ **Print Name** of Parent, Guardian, or Student (unaccompanied homeless youth)

_____ **Signature** of Parent, Guardian, or Student (unaccompanied homeless youth)

_____ Date



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

FORMULARIO DE SERVICIOS ADICIONALES EDUCATIVOS
PARA FAMILIAS QUE HAN TRABAJADO EN LA AGRICULTURA EN TRABAJOS DE FINCA.

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

Dentro de los últimos tres años, Ud ó alguien con Ud ha trabajado ó está trabajando en la agricultura, en una procesadora de comida ó en un trabajo en una finca?

- Heno
- Productos lácteos
- Cosechas
- Aves
- Cultivo de peces
- Vivero / Invernaderos
- Frutas / Vegetales

Favor de contestar: _____ SI _____ NO

Si contesta no pare aquí

En caso afirmativo termine el formulario

Alguien del programa le contactará para hacer una evaluación completa, determinar su elegibilidad de los servicios y para explicarle el programa.

Nombre del estudiante:

Primer nombre

Segundo nombre

Apellido

Sexo:

Fecha de nacimiento:

Grado:

Idioma Hablado en casa:

___ hombre ___ mujer

___/___/___
Mes día año

Nombre del padre / madre / guardián persona responsable:

Hermanos:

Dirección actual:

Número del teléfono:

El Programa de Educación Migrante esta autorizado por el Congreso para ayudar a estudiantes elegibles a mantener la continuación de su educación. Esta autorizado bajo el Título I, Parte C de ESEA. Este programa proveè apoyo educacional a los estudiantes ya a sus familias.

(August 2009)

Yo doy permiso para que este formulario se mande al Programa de Educación Migrante

Escriba en imprenta el nombre del Padre, madre ó guardián.

Firma del padre, madre ó guardián

Fecha



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