



**Registration Form – Student Census/Enrollment Information**  
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Student ID# \_\_\_\_\_

**Student Census/ Enrollment Information** **Please Print**

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Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_  
Month Day Year

City/State/Country of Birth: \_\_\_\_\_

Date Entered USA: \_\_\_\_\_ Years in US: \_\_\_\_\_  
Month Day Year

Current Address: \_\_\_\_\_ Apt/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Home/Cell Phone Number: \_\_\_\_\_

**Ethnicity (For State Reports)**

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1. Is the student Hispanic/Latino? *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin-regardless of race.*  Yes  No
2. If yes, please also check from the appropriate group designation below.
3. For all other students, please check one:

- American Indian or Alaskan Native *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
- Black *A person having origins in any of the Black racial groups of Africa.*
- 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.*
- White *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*
- Native Hawaiian or Other Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Student Lives With: Please check one box**

- Both Parents       Mother Only       Father Only       Mother/Stepfather
- Father/Stepmother     Relatives \_\_\_\_\_       Other \_\_\_\_\_

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. There must be applicable legal documents (custody papers), a copy of which should be provided to the school. In the event of an emergency situation, the school will provide the necessary form(s) for the parent/guardian to complete.

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian  Yes  No

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian  Yes  No

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Parent Not Living with the Student**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian  Yes  No

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Legal Guardian  Yes  No

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Sibling(s)**

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Sibling(s)**

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**Other Emergency Contact Information**

Emergency Contact #  1  2  3  4 (Check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact #  1  2  3  4 (Check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact #  1  2  3  4 (Check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact #  1  2  3  4 (Check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY SCHOOL DISTRICT OF PEEKSKILL

Uriah Hill Elementary School, 980 Pemart Avenue • Peekskill, NY 10566  
 fmiranda@peekskillcsd.org (914) 739-0682 ext. 246 FAX: (914) 737-0113

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The University of the State of New York • The State Education Department • Office of Bilingual Education  
 Albany, New York 12234

### 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 English. Your assistance in answering these questions is greatly appreciated.*  
*Thank You*

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT		Please print or type clearly	
SCHOOL		GRADE	
STUDENT NAME			
DATE OF BIRTH			
Month:		Day:	Year:
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:		<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
2. What language(s) are spoken most of the time to the student, in the home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
3. What language(s) does the student understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
4. What language(s) does the student speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
5. What language(s) does the student read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Read <i>specify</i>
6. What language(s) does the student write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Write <i>specify</i>
7. In your opinion, how well does the student understand, speak, read and write English?			
	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: Day: Year:

HLQ (2/03) 80-337 PM

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Language Assessment**

What is the first language the student learned to speak?

English     Spanish     Arabic     Other – please specify \_\_\_\_\_

Is the answer above a language OTHER than English?    Yes     No

Is a language OTHER than English regularly used by the parent(s) or guardian(s)?    Yes     No

If Yes, please specify -    English     Spanish     Arabic     Other – please specify \_\_\_\_\_

The student speaks:

No English     Some English     Another Language and English Equally     Mostly or Only English

**Special Services Information**

Is your child receiving special education services?     Yes     No

Does your child have a current 504 Plan?     Yes     No

If **yes**, please indicate if related to:     Academics     Health

Was your child in any Gifted/Talented programs?    Yes     No if **yes**, please list \_\_\_\_\_

Has your child ever received Academic Intervention Services?    Yes     No

Does your child receive any other services (Remedial Reading, etc.)?    Yes     No

If **yes**, please indicate \_\_\_\_\_

Does your child participate in sports?     Yes     No    If **yes**, please indicate \_\_\_\_\_

Does your child have any medical alerts?    Yes     No if **yes**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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Student ID# \_\_\_\_\_ Please send a copy to the Parent Resource Center

**Student Residency Information**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

**Where is the student presently living? (Check One Box)**

In a shelter?  Yes  No In a transitional housing program?  Yes  No

In a motel or hotel?  Yes  No In a car, trailer or campsite?  Yes  No

In a rented trailer/motor home on private property?  Yes  No

In a SRO building (Single Room Occupancy)?  Yes  No

In a rented garage due to loss of housing?  Yes  No

Temporarily in another family’s house or apt due to a loss of housing?  Yes  No

Temporarily with an adult that is not the parent/legal guardian due to loss of housing?  Yes  No

Awaiting foster placement?  Yes  No

Other places unfit for human habitation?  Yes  No

NONE OF THE CHOICES APPLY

If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, simply sign the bottom of the form.

Student’s Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Gender: M  F  Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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### Doctor/Primary Care Provider

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_ Name of Dentist: \_\_\_\_\_

*In an emergency situation, the student will be transported to the nearest hospital and/or if the parents hospital of choice is on divert, the Emergency Personnel will select the alternative site.*

*If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Peekskill City School District will in no case accept financial responsibility for care.*

### Health Concerns

Parents/Guardians are responsible for providing full details on any medical condition to the school nurse

Any problems during pregnancy or delivery? (any drugs or medication during pregnancy, etc.)  Yes  No

Was the pregnancy full term?  Yes  No      Child's birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Does your child wear glasses?  Yes  No      Does your child wear contacts?  Yes  No

If yes, name of eye doctor: \_\_\_\_\_

Has your child been seen by a psychologist, psychiatrist or neurologist or social worker?  Yes  No

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical consent to contact your health care provider when necessary?  Yes  No

**This form will be given to the Nurse after registration.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Alerts (Asthma, Allergies, etc.)**

Medical Alert 1: \_\_\_\_\_

Medical Alert 2: \_\_\_\_\_

**Medication Information**

Is your child taking any medication regularly?  Yes  No

If yes, please list the medication(s): \_\_\_\_\_

Is your child allergic to any medication(s)?  Yes  No

If yes, please list the medication(s): \_\_\_\_\_

Indicate allergic reaction: \_\_\_\_\_

*Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.*

**Current Medications**

Name	Dose	Time Taken	Doctor	Reason

**Immunization Information**

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

**This form will be given to the Nurse after registration.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Registration Form – Student Census/Enrollment Information**  
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Student ID# \_\_\_\_\_ This form will be given to the Nurse after registration.

**Parent/Guardian Informed Consent Form**

**Potassium Iodide Administration During School Hours In The Event Of a Nuclear Emergency**

**Reason for Taking Potassium Iodide**

In the event of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine may be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

**Potential Side Effects of Potassium Iodide**

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

**Upset stomach, Rash, Allergic reaction** - A reaction can range from mild (rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention).

**Risks of Taking Potassium Iodide**

Taking Potassium iodide is safe for most people\*. Potassium Iodide should not be taken if someone:

**Is allergic to Iodine, Has Graves Disease, Has any other thyroid illness, Takes thyroid medication**

\* Parents/guardians are requested to contact their child’s physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

**Administration of Potassium Iodide**

Potassium Iodide will only be given:

In the event of a radiological emergency

When it is recommended by public health officials

If a parent/guardian signs a consent form for a child under the age of 18 years

**Informed Consent: Please complete the following information and return to the school nurse at your child’s school.**

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I do not consent** to have my child receive Potassium Iodide in the event of a nuclear emergency

**I consent** to have the school nurse or his/her designee administer Potassium Iodide to my child

Parent/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parents Address: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If consent is given, can your child swallow pills?  Yes  No

If No, please explain below:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY SCHOOL DISTRICT OF PEEKSKILL

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## Registration Form – Student Census/Enrollment Information Page 13 of 14

Student ID# \_\_\_\_\_ This form will be given to the Transportation Department after registration.

### **Transportation Request Form (Only For Grades PK – 5)**

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Grade: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Complete ONLY if the student will be picked-up and dropped-off on a daily basis to a bus stop near their daycare:**

Babysitter's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Registration Form – Student Census/Enrollment Information**  
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Student ID# \_\_\_\_\_ This form will be given to the Transportation Department after registration.

**Parent-Student Compact for Bus Safety**

**BUS DISCIPLINE**

**Misconduct and Unacceptable Behavior:**

Behaviors such as using profanity; disrespectful to the driver, monitor or other students; throwing objects on or from the bus; standing while bus is in motion; climbing over seats; eating or drinking; and any other behavior not consistent with the Peekskill City School District Code of Conduct for students. Transportation is a continuation of the school day. All conduct reports that require disciplinary action will be forwarded to the Principal of the School your child attends who will then determine the course of action.

- 1<sup>st</sup> Offense: Verbal Warning
- 2<sup>nd</sup> Offense: Written Warning
- 3<sup>rd</sup> Offense: 1-Day Bus Suspension

**Smoking on Bus:**

- 1<sup>st</sup> Offense: Written Warning
- 2<sup>nd</sup> Offense: 1-Day Bus Suspension
- 3<sup>rd</sup> Offense: 3-Day Bus Suspension
- Recurring Offenses: Indefinite Bus Suspension and Superintendent Review

**Physical Assaults/Fighting or Threats of Any Type:**

- 1<sup>st</sup> Offense: Minimum of a 3-Day Bus Suspension (depending on severity of action)
- 2<sup>nd</sup> Offense: Indefinite Bus Suspension and Superintendent Review  
Each situation May Require Referral to Police Agency

**Use of Drugs or Alcohol:**

- Any Offense: Referral to Police Agency, Indefinite Bus Suspension and Superintendent Review

**Vandalism to the Bus:**

- Any Offense: Referral to Police Agency, Indefinite Bus Suspension and Superintendent Review

**THE PARENT/GUARDIAN MUST SIGN AND RETURN THIS FORM NO LATER THAN THE SECOND WEEK IN SEPTEMBER TO THE TRANSPORTATION DEPARTMENT. AFTER THE THIRD WEEK IN SEPTEMBER STUDENTS WILL NOT BE ALLOWED ON THE BUS UNTIL THIS FORM HAS BEEN SIGNED AND RETURN.**

I certify that I am the legal parent/ guardian of the child named below and that I have received and understand; and have discussed with my child the Compact for Bus Safety as well as the consequences of inappropriate behavior. I am also aware that I am responsible for providing the Transportation Office with any changes to the information provided below.

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_