



## **Peekskill City School District**

*Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.*

**Alba Illescas**  
**Registrar**

**Registration Office, 400 S. Division Street, Peekskill, NY 10566-3499**  
**Phone: (914)737-3300 ext. 7535 Fax: (914) 737-0113**  
**Email: [aillescas@peekskillschools.org](mailto:aillescas@peekskillschools.org)**

# **PRE-K REGISTRATION CHECKLIST**

- 1. PARENT/GUARDIAN'S DRIVER'S LICENSE OR PASSPORT**
- 2. TWO PROOFS OF RESIDENCY IN PEEKSKILL, SUCH AS:**
  - **CON EDISON BILL**
  - **WATER BILL**
  - **LEASE**
  - **PRINTED RENT RECEIPT STATEMENT (NO HANDWRITTEN RECEIPTS)**
  - **NOTARIZED LANDLORD CERTIFICATION**
  - **DEED OR MORTGAGE STATEMENT**

**If you cannot produce the above required documents, please see Registrar for proper affidavits.**

**(PHONE/CABLE BILL/REGULAR MAIL ARE NOT ACCEPTED)**

- 3. BIRTH CERTIFICATE OR PASSPORT**
- 4. CERTIFICATE OF IMMUNIZATIONS**
- 5. PROOF OF TUBERCULOSIS TESTING (PPD) (IF APPLICABLE)**
- 6. UP-TO-DATE PHYSICAL EXAMINATION**

**If physical has expired, please provide an appointment card for new physical examination.**
- 7. RECENT REPORT CARD OR TRANSCRIPT; NAME, ADDRESS, PHONE, FAX OF PREVIOUS SCHOOL ATTENDED (IF AVAILABLE)**
- 8. IF SPECIAL EDUCATION SERVICES ARE REQUIRED, BRING MOST RECENT IEP**

**NOTE: MUST MAKE APPOINTMENT TO TURN IN REGISTRATION. IT IS OPTIONAL FOR THE CHILD TO BE PRESENT AT THE TIME OF REGISTRATION.**



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

### Additional Questions to Finalize Registration/ Preguntas Adicionales para finalizar el registro

	YES/SI	NO
Do you need assistance creating an email? <b>Necesita asistencia para crear un correo electrónico?</b>		
Are you in need of internet access? <b>Necesita acceso al internet?</b>		
Do you need help setting up the parent portal?/ <b>Necesita ayuda configurando el portal para padres?</b>		
Would you like support with navigating the district 's webpage?/ <b>Le gustaría recibir apoyo en cómo navegar la página web del distrito?</b>		
Do you have any additional technology needs? / <b>Tiene alguna otra necesidad tecnológica?</b>		
(Pre-K and Kindergarten ONL Y/ Pre-Kinder y Jardin SOLAMENTE) <b>Are you interested in the Dual Language Program/ Está interesado en el Programa Dos Caminos?</b>		
Are you interested in receiving more information regarding the resources available at the Parent Resource Center such as workshops (Financial literacy, Raising a Reader, ESL classes, Spanish for nonnative speakers, Special Education Workshops, etc.), community resources, food and clothing programs? <b>¿Está interesado en recibir más información sobre los recursos disponibles en el Centro de Recursos Para Padres, como talleres (información financiera, crear un lector, clases de ESL, español para hablantes no nativos, talleres de educación especial, etc.), recursos comunitarios, comida y programas de ropa?</b>		

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

Date: \_\_\_\_\_



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### Student Registration/McKinney-Vento Enrollment Form

#### Student Census / Enrollment Information

Please Print

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: \_\_\_\_\_

#### HOUSING QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this housing questionnaire will help our District determine the services that your child may be eligible to receive.

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

- |   |   |
|---|---|
| <input type="checkbox"/> In a shelter   | <input type="checkbox"/> In a transitional housing program      |
| <input type="checkbox"/> In a motel or hotel?   | <input type="checkbox"/> In a car, park, bus, train or campsite |
| <input type="checkbox"/> In a rented trailer/motor home on private property   | <input type="checkbox"/> In a single room occupancy building    |
| <input type="checkbox"/> In a rented garage due to loss of housing  | <input type="checkbox"/> Other place unfit for human habitation |
| <input type="checkbox"/> Awaiting foster placement  |   |
| <input type="checkbox"/> Temporarily in another's family house or apt due to loss of housing?   |   |
| <input type="checkbox"/> Temporality with an adult that is not the parent/legal guardian due to loss of housing?  |   |
| <input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up") |   |
| <input type="checkbox"/> Other temporary living situation (Please describe): _____  | <input type="checkbox"/> NONE OF THESE CHOICES APPLY            |

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

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

Date: \_\_\_\_\_



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### Student Racial and Ethnic Identification

**Please answer both questions (1) AND (2)**

- (1) Is the student Hispanic, Latino or of Spanish origin? ☐ YES ☐ NO  
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.

- (2) Please check one or more races from the following racial groups.  
Check all groups that apply to your child.

<input type="checkbox"/>	<b>American Indian or Alaska Native</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment, (e.g. Cherokee, Mohawk, Inuit)
<input type="checkbox"/>	<b>Asian</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example, Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand. And Vietnam.
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	<b>Black or African American</b> A person having origins in any of the black racial groups of Africa
<input type="checkbox"/>	<b>White</b> A person having origins in any of the original people of Europe, North Africa, or the Middle East.

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

Date: \_\_\_\_\_



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### Registration Form- Student Census/Enrollment Information

#### 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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### Registration Form- Student Census/Enrollment Information

#### 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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### Registration Form- Student Census/Enrollment 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: \_\_\_\_\_

#### 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: \_\_\_\_\_





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### NEW YORK STATE EDUCATION DEPARTMENT Emergent Multilingual Learners Language Profile for Prekindergarten Students<sup>i</sup>

Dear Parent or Guardian,  
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

#### Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other \_\_\_\_\_

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

#### Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

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

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

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

Date: \_\_\_\_\_





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7a. At what age did your child begin to speak in short sentences?  In what language?
7b. At what age did your child begin to speak in full sentences?  In what language?
8. In what language does your child pretend play?
9. How has your child learned English so far (television shows, siblings, childcare, etc.)?
<b>Language Outside the Home/Family</b>
10. Has your child attended any nursery, Head Start or childcare program? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, in what language was the program conducted?  In what language does your child interact with other people in the nursery or childcare setting?
11. How would you describe your child's language use with friends?
<b>Language Goals</b>
12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?
13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? <input type="checkbox"/> yes <input type="checkbox"/> no
14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, in what language(s)?
<b>Emergent Literacy</b>
15. Does your child have books at home or does he or she read books from the library?  In what language(s) are these books read to him or her?
16a. Can your child name any letters or sounds in English? <input type="checkbox"/> yes <input type="checkbox"/> no
16b. Can your child recognize letters or symbols in another language? <input type="checkbox"/> yes <input type="checkbox"/> no

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

Date: \_\_\_\_\_



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If yes, in what language(s)?
17a. Does your child pretend to read? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure
If yes, in what language(s)?
17b. Does your child pretend to write? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure
If yes, in what language(s)?
18. Does your child tell the stories from his/her favorite books or videos? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, in what language(s)?
19. Does your child's childcare or nursery program describe goals for his or her learning? <input type="checkbox"/> yes <input type="checkbox"/> no
If so, what goals do they describe?
20. Please describe anything special you did to prepare your child to begin Prekindergarten.

<sup>i</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto:OEL@nysed.gov) or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email [OBEWL@nysed.gov](mailto:OBEWL@nysed.gov).

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:

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

Date: \_\_\_\_\_



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### Previous School Information

Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

Last School Attended: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Previous School Attended (Include Pre-School and Nursery Schools):

School name	Address	Grade	Dates Attended

Date entered 9<sup>th</sup> Grade: \_\_\_\_\_  
Month Year

List the **first time** the student was enrolled in **any school in the US** (including Pre-School and Kindergarten):

\_\_\_\_\_  
Month Year Grade (Pre-school – 12)

List the **most recent** time the student was enrolled in **any school in the US** (including Pre-School and Kindergarten):

\_\_\_\_\_  
Month Year Grade (Pre-school – 12)

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

Date: \_\_\_\_\_



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

### **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 health concerns: \_\_\_\_\_

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:

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

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

Date: \_\_\_\_\_



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This form will be given to the Nurse after registration.

### 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.*

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

Date: \_\_\_\_\_



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

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This form will be given to the Nurse after registration.

### Health Questionnaire

HAS THIS CHILD EXPERIENCED ANY OF THE FOLLOWING:

Yes	No		Yes	No	
___	___	Head Injury	___	___	Hypertension
___	___	Loss of Consciousness	___	___	Diabetes
___	___	Headache	___	___	Stomach Aches
___	___	Seizures	___	___	Constipation / Diarrhea
___	___	Attention Deficit Disorders	___	___	Dietary Restrictions
___	___	Visual Problems	___	___	Bed Wetting
___	___	Anemia	___	___	Menstrual Cramps (Severe)
___	___	Nose bleeding	___	___	Motion Sickness
___	___	Chronic Ear Infections	___	___	Skin Problems
___	___	(More than 2 years)	___	___	Lyme Disease
___	___	Hearing Difficulties	___	___	Lead Poisoning: Date Tested___
___	___	Frequent Sore Throat	___	___	Chicken Pox or (Vaccine___)
___	___	Asthma / Wheezing	___	___	Sickle Cell Anemia
___	___	Heart Problems / Murmur	___	___	Weight Problem

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

Date: \_\_\_\_\_





## Peekskill City School District

*Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.*

Alba Illescas  
Registrar

Registration Office, 400 S. Division Street, Peekskill, NY 10566-3499  
Phone: (914)737-3300 ext. 7535 Fax: (914) 737-0113  
Email: [aillescas@peekskillschools.org](mailto:aillescas@peekskillschools.org)

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

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**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: \_\_\_\_\_

If consent is given, can your child swallow pills?

☐ Yes

☐ No

If **No**, please explain below:

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

Date: \_\_\_\_\_



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**Email: [aillescas@peekskillschools.org](mailto:aillescas@peekskillschools.org)**

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

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

Date: \_\_\_\_\_



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

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**This form will be given to the Transportation Department after registration.**

### **Transportation Request Form (Only For Grades K – 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: \_\_\_\_\_

\*\*\* **PLEASE NOTE** – If bussing to a baby-sitter and/or day care is needed, please contact the Transportation Department at 914-737-3300 x 7702 to make these arrangements.

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



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

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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: \_\_\_\_\_



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

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### Release of Information

The registrar of the City School District of Peekskill, New York is requesting all records including academic records, health records, birth certificates, etc. Send these records to the attention of the Registrar.

If the student is receiving Special Education Services, please forward all confidential evaluations (i.e. **PSYCHOLOGICAL, SOCIAL HISTORY, EDUCATIONAL, SPEECH/LANGUAGE, PHYSICAL**, etc. including IEP to the attention of the Director of Special Education.)

STUDENT(s) \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL NAME/ADDRESS \_\_\_\_\_

RECORDS COMING FROM: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

IF STUDENT ATTENDS SPECIAL EDUCATION CLASSES, PLEASE LIST ADDRESS AND PHONE # OF SPECIAL EDUCATION OFFICES BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Signed Consent for Records:** I have been told that in order to protect the limited confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be in effect for 1 year after the date of my signature, unless specified. I also understand that I may revoke this authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact treatment. HIV-related information contained in the parts of the record will not be released through this consent. A separate consent is required to release HIV-related information.

#### SEND RECORDS TO:

Registration Office  
400 S. Division Street  
Peekskill, NY 10566  
Phone (914) 737-3300 x 7535  
Fax (914) 737-0113

**If Special Education:**  
CSE/CPSE Chairperson  
Peekskill City Schools  
1031 Elm Street  
Peekskill, New York 10566  
Phone (914) 737-3300 x 1525  
Fax (914) 788-7584

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

Date: \_\_\_\_\_

