Sharon Melendez
Registrar

PreK-Registration Form – Student Census/Enrollment Information
Page 1 of 18

Student ID# ______________

Student Census / Enrollment Information

Student’s Full Legal Name: ____________________________________________________________

Grade: _______ Gender: M □ F □ Date of Birth: ________________________________________

Month Day Year

City/State/Country of Birth: ____________________________________________________________

Date Entered USA: ____________________________________________________ Years in US: ______________

Current Address: __________________________________________ Apt/Floor: __________

City: __________________ State: ______________ Zip: ____________

Mailing Address: ________________________________________ Apt/Floor: __________

City: __________________ State: ______________ Zip: ____________

Current Home/Cell Phone Number: ____________________________________________________

Ethnicity (For State Reports)

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: _____________________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ______________

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: ______________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ____________

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: _______________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ______________

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: ________________
NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for Prekindergarten Students

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.

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: ________________
**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.

**Sharon Melendez**
Registrar

Registration Office, 980 Pemart Avenue, Peekskill, NY 10566-3499
Phone: (914)739-0682 ext. 7535 Fax: (914) 737-0113
Email: smelendez@peekskillschools.org

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### PreK-Registration Form – Student Census/Enrollment Information
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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a. At what age did your child begin to speak in short sentences?</td>
<td></td>
</tr>
<tr>
<td>In what language?</td>
<td></td>
</tr>
<tr>
<td>7b. At what age did your child begin to speak in full sentences?</td>
<td></td>
</tr>
<tr>
<td>In what language?</td>
<td></td>
</tr>
<tr>
<td>8. In what language does your child pretend play?</td>
<td></td>
</tr>
<tr>
<td>9. How has your child learned English so far (television shows, siblings, childcare, etc.)?</td>
<td></td>
</tr>
</tbody>
</table>

**Language Outside the Home/Family**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Has your child attended any nursery, Head Start or childcare program?</td>
<td>no</td>
</tr>
<tr>
<td>If yes, in what language was the program conducted?</td>
<td></td>
</tr>
<tr>
<td>In what language does your child interact with other people in the nursery or childcare setting?</td>
<td></td>
</tr>
<tr>
<td>11. How would you describe your child's language use with friends?</td>
<td></td>
</tr>
</tbody>
</table>

**Language Goals**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?</td>
<td></td>
</tr>
<tr>
<td>13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?</td>
<td>no</td>
</tr>
<tr>
<td>14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?</td>
<td>no</td>
</tr>
<tr>
<td>If yes, in what language(s)?</td>
<td></td>
</tr>
</tbody>
</table>

**Emergent Literacy**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Does your child have books at home or does he or she read books from the library?</td>
<td></td>
</tr>
<tr>
<td>In what language(s) are these books read to him or her?</td>
<td></td>
</tr>
<tr>
<td>16a. Can your child name any letters or sounds in English?</td>
<td>no</td>
</tr>
<tr>
<td>16b. Can your child recognize letters or symbols in another language?</td>
<td>no</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ____________________________________________ Date: __________________
### PreK-Registration Form – Student Census/Enrollment Information

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, in what language(s)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. Does your child pretend to read?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b. Does your child pretend to write?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Does your child tell the stories from his/her favorite books or videos?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Does your child’s childcare or nursery program describe goals for his or her learning?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If so, what goals do they describe?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Please describe anything special you did to prepare your child to begin Prekindergarten.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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1 For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5802 or email OFEL@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 OBWE@nysed.gov.

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Parent/Guardian Signature: ___________________________ Date: ______________

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**Sharon Melendez**
Registrar

Registration Office, 980 Pemart Avenue, Peekskill, NY 10566-3499
Phone: (914)739-0682 ext. 7535 Fax: (914) 737-0113
Email: smelendez@peekskillschools.org

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.
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ____________

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: ________________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ______________

**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):

<table>
<thead>
<tr>
<th>School name</th>
<th>Address</th>
<th>Grade</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Date entered 9th 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: ______________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ______________

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: ________________
PreK-Registration Form – Student Census/Enrollment Information
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Student ID# ____________ 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 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

Parent/Guardian Signature: ________________________________ Date: ________________
PreK-Registration Form – Student Census/Enrollment Information
Page 12 of 18

Student ID# __________________ 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Time Taken</th>
<th>Doctor</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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: ______________
PreK-Registration Form – Student Census/Enrollment Information
Page 13 of 18

Student ID# _______________  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:  ________________
PreK-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: __________________
This page is intentionally left blank.
Sharon Melendez  
Registrar  
Registration Office, 980 Pemart Avenue, Peekskill, NY 10566-3499  
Phone: (914)739-0682 ext. 7535 Fax: (914) 737-0113  
Email: smelendez@peekskillschools.org

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.

PreK-Registration Form – Student Census/Enrollment Information  
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Student ID# ____________  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 (located at Uriah Hill School) at 914-739-0682 x 7702 to make these arrangements.

Parent/Guardian Signature: ____________________________________________ Date: ________________
PreK-Registration Form – Student Census/Enrollment Information
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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.

1st Offense: Verbal Warning
2nd Offense: Written Warning
3rd Offense: 1-Day Bus Suspension

Smoking on Bus:
1st Offense: Written Warning
2nd Offense: 1-Day Bus Suspension
3rd Offense: 3-Day Bus Suspension
Recurring Offenses: Indefinite Bus Suspension and Superintendent Review

Physical Assaults/Fighting or Threats of Any Type:
1st Offense: Minimum of a 3-Day Bus Suspension (depending on severity of action)
2nd 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 RETURNED.

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: ____________________________________________

Parent/Guardian Name: ____________________________________________

Parent/Guardian Signature: _________________________________________ Date: _______________
PreK-Registration Form – Student Census/Enrollment Information  
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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.

Parent/Guardian Signature ___________________________________________ (Date)

SEND RECORDS TO:

Registration Office
Uriah Hill School
980 Pemart Avenue
Peekskill, NY 10566
Phone (914) 739-0682 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: ________________