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, you may submit a notarized letter stating that you are living with a Peekskill resident who has one of the above documents, a copy of which must also be submitted.

   (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
   An appointment card indicating an upcoming physical exam can be used if an up-to-date physical examination is unavailable.

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. IT IS OPTIONAL FOR THE CHILD TO BE PRESENT AT THE TIME OF REGISTRATION
Student ID# __________________

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

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

### Student Registration/McKinney-Vento Enrollment Form

Firma del Padre/Madre/ Guardian: ___________________________  Fecha: ______________________
Student ID# __________________

Student Census / Enrollment Information

Student’s Full Legal Name: _____________________________________________

Last   First   Middle   Suffix

Grade: ______  Gender: M □ F □  Date of Birth: ____________________________

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: ____________________________

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.)

□ In a shelter  □ In a transitional housing program

□ In a motel or hotel?  □ In a car, park, bus, train or campsite

□ In a rented trailer/motor home on private property  □ In a single room occupancy building

□ In a rented garage due to loss of housing  □ Other place unfit for human habitation

□ Awaiting foster placement

□ Temporarily in another’s family house or apt due to loss of housing?

□ Temporality with an adult that is not the parent/legal guardian due to loss of housing?

Firma del Padre/Madre/ Guardian: ___________________________  Fecha: ___________________________
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.

<table>
<thead>
<tr>
<th></th>
<th>American Indian or Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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, Malasya Pakistan, the Philippine Islands, Thailand. And Vietnam.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Native Hawaiian or Other Pacific Islander</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Black or African American</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A person having origins in any of the black racial groups of Africa</td>
</tr>
</tbody>
</table>
Student ID# ________________

□ White
A person having origins in any of the original people of Europe, North Africa, or the Middle East.

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

Firma del Padre/Madre/ Guardian: _________________ Fecha: ______________
# Registration Form - Student Census/Enrollment Information

## Parent Not Living with the Student

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Relationship to Student:</td>
<td>Legal Guardian □ Yes □ No</td>
</tr>
<tr>
<td>Current Address:</td>
<td></td>
</tr>
<tr>
<td>Household Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
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</tbody>
</table>

## Additional Parent

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Relationship to Student:</td>
<td>Legal Guardian □ Yes □ No</td>
</tr>
<tr>
<td>Current Address:</td>
<td></td>
</tr>
<tr>
<td>Household Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

## Sibling(s)

<table>
<thead>
<tr>
<th>Firma del Padre/Madre/ Guardian:</th>
<th>Fecha:</th>
</tr>
</thead>
</table>
Student ID# __________________

Student’s Full Legal Name: __________________________________________

<table>
<thead>
<tr>
<th>Grade</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>M □ F □</td>
<td>_____________</td>
<td>__________</td>
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</tbody>
</table>

Student’s Full Legal Name: __________________________________________

<table>
<thead>
<tr>
<th>Grade</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
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</thead>
<tbody>
<tr>
<td>______</td>
<td>M □ F □</td>
<td>_____________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Registration Form- Student Census/Enrollment Information

Sibling(s)

Student’s Full Legal Name: __________________________________________

<table>
<thead>
<tr>
<th>Grade</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>M □ F □</td>
<td>_____________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Student’s Full Legal Name: __________________________________________

<table>
<thead>
<tr>
<th>Grade</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>M □ F □</td>
<td>_____________</td>
<td>__________</td>
</tr>
</tbody>
</table>

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: ________________________________
Firma del Padre/Madre/ Guardian: __________________________ Fecha: __________________
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.

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

__________________________________________

Firma del Padre/Madre/Guardian: ________________________  Fecha: ________________
Student ID# ____________________

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?

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.)?

**Language Outside the Home/Family**

10. Has your child attended any nursery, Head Start or childcare program?  ☐ yes  ☐ 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?

**Language Goals**

12. What are your language goals for your child?  For example, do you want child to become proficient in more than one language?

Firma del Padre/Madre/ Guardian: ___________________________  Fecha: ________________________
13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family? ☐ yes ☐ no

If yes, in what language(s)?

**Emergent Literacy**

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? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child’s childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

---

**Firma del Padre/Madre/Guardian:** __________________________  **Fecha:** __________________________
20. Please describe anything special you did to prepare your child to begin Prekindergarten.

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 ________________________________

Firma del Padre/Madre/ Guardian: ___________________________  Fecha: ________________
Student ID# ________________

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:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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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</table>

Firma del Padre/Madre/ Guardian: ___________________________ Fecha: _________________
Student ID# __________________________

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)

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

Firma del Padre/Madre/ Guardian: __________________________  Fecha: ______________________
Student ID# ______________

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.

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.

Firma del Padre/Madre/ Guardian: ____________________________ Fecha: ____________________________
Student ID# ________________

**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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**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.

**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

Firma del Padre/Madre/ Guardian: _______________________  Fecha: ________________
<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Ear Infections (More than 2 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent Sore Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma / Wheezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems / Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td></td>
<td></td>
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<tr>
<td>Lead Poisoning: Date Tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox or (Vaccine)</td>
<td></td>
<td></td>
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<tr>
<td>Sickle Cell Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Problem</td>
<td></td>
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</tr>
</tbody>
</table>
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:

Firma del Padre/Madre/Guardian: ______________________________ Fecha: ____________________
This page is intentionally left blank.
Student ID# ________________

Transportation Request Form (Only For Grades K – 5)

Student’s Full Legal Name: ____________________________

<table>
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<th>Middle</th>
<th>Suffix</th>
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</table>

Grade: ______ Gender: M □ F □ Date of Birth: ___________ School: ________________

Sibling’s Full Legal Name: ____________________________

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Grade: ______ Gender: M □ F □ Date of Birth: ___________ School: ________________

Sibling’s Full Legal Name: ____________________________

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</table>

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 ext. 7702 to make these arrangements.

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

Firma del Padre/Madre/ Guardian: ________________________ Fecha: ________________
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

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: ________________________________

Firma del Padre/Madre/ Guardian: ____________________________
Fecha: ____________________
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

Firma del Padre/Madre/ Guardian: ___________________________ Fecha: ________________