



## **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)**

# **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) or QUANTIFERON-TB GOLD**
- 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**



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

### 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"/> Awaiting foster placement  | <input type="checkbox"/> Other place unfit for human habitation |
| <input type="checkbox"/> Temporarily in another's family house or apt due to loss of housing? |   |

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



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Student ID#

- Temporality with an adult that is not the parent/legal guardian due to loss of housing?
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- Other temporary living situation (Please describe):     NONE OF THESE CHOICES APPLY

## 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

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



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Student ID#

<input type="checkbox"/>	<p><b>White</b> A person having origins in any of the original people of Europe, North Africa, or the Middle East.</p>
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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: \_\_\_\_\_

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



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

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

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

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

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

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

## 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)

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



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

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

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

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

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

---

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



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

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



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
 Office of P-12

Lissette Colón-Collins, Assistant Commissioner  
 Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
 Brooklyn, New York 11217  
 Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
 Albany, New York 12234  
 (518) 474-8775 / Fax: (518) 474-7948

**Home Language Questionnaire (HLQ)**

*Dear Parent or Guardian:  
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

**Language Background**  
 (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
District Name (Number) & School	Address

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





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**Home Language Questionnaire (HLQ)—Page Two**

<p><b>8. Indicate the total number of years that your child has:</b></p> <p><b>9. Do you think your child may have any difficulties or English or any other language? If yes, please describe:</b></p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____</p> <p>How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe</p> <p><b>10a. Has your child ever been <u>referred</u> for a special education evaluation in the past?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below</p> <p><b>10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____</p> <p><b>Age at which services received (Please check all that apply):</b></p> <p><input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)</p> <p><b>10c. Does your child have an Individualized Education Program (IEP)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>12. In what language(s) would you like to receive information from the school?</b> _____</p>	<p><b>Peekskill City School District</b></p> <p><i>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.</i></p>
---	--

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*Date*

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ Mo. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____	

**Language Assessment**

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



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

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

Is your child interested in participating in a sport?     Yes     No    If yes, please indicate \_\_\_\_\_

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

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

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



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

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



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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# \_\_\_\_\_

**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 (More than 2 years)	___	___	Skin Problems
___	___	Hearing Difficulties	___	___	Lyme Disease
___	___	Frequent Sore Throat	___	___	Lead Poisoning: Date Tested ___
___	___	Asthma / Wheezing	___	___	Chicken Pox or (Vaccine ___)
___	___	Heart Problems / Murmur	___	___	Sickle Cell Anemia
					Weight Problem

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



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**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**

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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: \_\_\_\_\_

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

If No, please explain below:

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



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

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





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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 at 914-737-3300 x 7702 to make these arrangements.

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





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

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

