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
Student ID# __________________

Student Registration/McKinney-Vento Enrollment Form

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: ____________________

Month  Day  Year

Current Address: _____________________________________________________________

City: ___________________________  State: ___________________________  Zip: _________

Apt/Floor: _______

Mailing Address: ______________________________________________________________

City: ___________________________  State: ___________________________  Zip: _________

Apt/Floor: _______

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

□ Awaiting foster placement  □ Other place unfit for human habitation

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

Parent/Guardian Signature: _____________________________________________  Date: ____________
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.

<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>
</tr>
</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>
</tr>
</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>

Parent/Guardian Signature: ________________________________ Date: ________________
<table>
<thead>
<tr>
<th>Student Lives With: Please check one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Both Parents  □ Mother Only  □ Father Only  □ Mother/Stepfather</td>
</tr>
<tr>
<td>□ Father/Stepmother □ Relatives __________________________ □ Other __________________________</td>
</tr>
</tbody>
</table>

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: ________________
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: _____________
<table>
<thead>
<tr>
<th>Student ID#</th>
<th>________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Full Legal Name:</th>
<th>_____________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>_____</td>
</tr>
<tr>
<td></td>
<td>Last</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Full Legal Name:</th>
<th>_____________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>_____</td>
</tr>
<tr>
<td></td>
<td>Last</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration Form- Student Census/Enrollment Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sibling(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Student’s Full Legal Name:</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Emergency Contact Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact # □ 1 □ 2 □ 3 □ 4 (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>Household Phone: _________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact # □ 1 □ 2 □ 3 □ 4 (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>Household Phone: _________________</td>
</tr>
</tbody>
</table>

| Parent/Guardian Signature: ____________________________ | Date: _________________ |
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: ________________
Page 7 of 17

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: 

Month

Day

Year

GENDER:

☑ Male

☑ 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?

☐ English

☐ Other

specify

2. What was the first language your child learned?

☐ English

☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Mother

specify

☐ Father

specify

☐ Guardian(s)

specify

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

☐ English

☐ Other

specify

5. What language(s) does your child speak?

☐ English

☐ Other

specify

☐ Does not speak

6. What language(s) does your child read?

☐ English

☐ Other

specify

☐ Does not read

7. What language(s) does your child write?

☐ English

☐ Other

specify

☐ 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 (District & School)

Address

Parent/Guardian Signature: ___________________________ Date: __________________
8. Indicate the total number of years that your child has had special education services.

9. Do you think your child may have any difficulties or disabilities in English or any other language? If yes, please describe:
   - Yes
   - No
   - Not sure
   - If yes, please explain:

   How severe do you think these difficulties are?  
   - Minor
   - Somewhat severe
   - Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  
   - No
   - Yes

   *Please complete 10b below if referred for an evaluation*

10b. Has your child ever received any special education services in the past?  
   - No
   - Yes
   - Type of services received:

   Age at which services received (Please check all that apply):
   - Birth to 3 years (Early Intervention)
   - 3 to 5 years (Special Education)
   - 6 years or older (Special Education)

11. Is there anything else you think is important for the school to know about your child?  
   (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school?

   Signature of Parent or of Person in Parental Relation  
   ____________________________  
   ____________________________
   ____________________________  
   ____________________________
   ____________________________  
   ____________________________

   Relationship to student:  
   - Mother
   - Father
   - Other:

---

**Language Assessment**

Parent/Guardian Signature:  
Date:  

---

**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:  
- No
- Yes

**Date of Individual Interview**

Date of Interview:  
- Day:
- Month:
- Year:

Outcome of Interview:
- Administer NYSITELL
- English Proficient
- Refer to Language Proficiency Team

---

**Name/Position of Qualified Personnel Administering NYSITELL**

Name:  
Position:  

Date of NYSITELL Administration:

- Month:
- Day:
- Year:

Proficiency Level:  
- Achieved on NYSITELL:
- Entering
- Emerging
- Transitioning
- Expanding
- Commanding

---

For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE recommendation:
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: ___________________
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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date entered 9th Grade: ____________________________

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: ___________________
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
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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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: ________________
**Health Questionnaire**

HAS THIS CHILD EXPERIENCED ANY OF THE FOLLOWING:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>Head Injury</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Loss of Consciousness</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Headache</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Seizures</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Attention Deficit Disorders</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Visual Problems</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Anemia</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Nose bleeding</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Chronic Ear Infections</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>(More than 2 years)</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Hearing Difficulties</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Frequent Sore Throat</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Asthma / Wheezing</td>
<td>___</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Heart Problems / Murmur</td>
<td>___</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ________________________________  Date: ________________
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 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: ____________________________
This page is intentionally left blank.
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: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grade: _______ Gender: M □ F □ Date of Birth: ___________ School: _______________________________

Sibling’s Full Legal Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grade: _______ Gender: M □ F □ Date of Birth: ___________ School: _______________________________

Sibling’s Full Legal Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 x 7702 to make these arrangements.

Parent/Guardian Signature: ___________________________ Date: ______________
Page 17 of 17

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

**Parent-Student Compact for Bus Safety**

**BUS DISCIPLINE**

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

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: ______________________

Last First Middle Suffix

**Release of Information**

Parent/Guardian Signature: ______________________ Date: ______________________
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: _____________