



CITY SCHOOL DISTRICT OF PEEKSKILL

Uriah Hill Elementary School, 980 Pemart Avenue • Peekskill, NY 10566
fmiranda@peekskillcsd.org (914) 739-0682 ext. 246 FAX: (914) 737-0113

Registration Form – Student Census/Enrollment Information

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Student ID# _____

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: _____

Ethnicity (For State Reports)

1. Is the student Hispanic/Latino? *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin-regardless of race.* Yes No
2. If yes, please also check from the appropriate group designation below.
3. For all other students, please check one:

- American Indian or Alaskan Native *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
- Black *A person having origins in any of the Black racial groups of Africa.*
- Asian *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- White *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*
- Native Hawaiian or Other Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Student Lives With: Please check one box

- Both Parents Mother Only Father Only Mother/Stepfather
 Father/Stepmother Relatives _____ Other _____

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. There must be applicable legal documents (custody papers), a copy of which should be provided to the school. In the event of an emergency situation, the school will provide the necessary form(s) for the parent/guardian to complete.

Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Parent Not Living with the Student

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Sibling(s)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Parent/Guardian Signature: _____ **Date:** _____



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Student ID# _____

Sibling(s)

Student's Full Legal Name: _____

Last

First

Middle

Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Student's Full Legal Name: _____

Last

First

Middle

Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Other Emergency Contact Information

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____



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The University of the State of New York • The State Education Department • Office of Bilingual Education
 Albany, New York 12234

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 English. Your assistance in answering these questions is greatly appreciated.
Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT	<i>Please print or type clearly</i>		
SCHOOL	GRADE		
STUDENT NAME			
DATE OF BIRTH			
Month:		Day:	Year:
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:			
		<input type="checkbox"/> Possible LEP	
		<input type="checkbox"/> English Proficient	

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____ *specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
3. What language(s) does the student understand? English Other _____ *specify*
4. What language(s) does the student speak? English Other _____ *specify*
5. What language(s) does the student read? English Other _____ Does Not Read *specify*
6. What language(s) does the student write? English Other _____ Does Not Write *specify*
7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: Day: Year:

HLQ (2/03) 89-337 FM

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

Language Assessment

What is the first language the student learned to speak?

English Spanish Arabic Other – please specify _____

Is the answer above a language OTHER than English? Yes No

Is a language OTHER than English regularly used by the parent(s) or guardian(s)? Yes No

If Yes, please specify - English Spanish Arabic Other – please specify _____

The student speaks:

No English Some English Another Language and English Equally Mostly or Only English

Special Services Information

Is your child receiving special education services? Yes No

Does your child have a current 504 Plan? Yes No

If **yes**, please indicate if related to: Academics Health

Was your child in any Gifted/Talented programs? Yes No if **yes**, please list _____

Has your child ever received Academic Intervention Services? Yes No

Does your child receive any other services (Remedial Reading, etc.)? Yes No

If **yes**, please indicate _____

Does your child participate in sports? Yes No If **yes**, please indicate _____

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

Parent/Guardian Signature: _____ **Date:** _____



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Student ID# _____

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

This form will be given to the Nurse after registration.

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____

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.*

This form will be given to the Nurse after registration.

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____ This form will be given to the Nurse after registration.

Parent/Guardian Informed Consent Form

Potassium Iodide Administration During School Hours In The Event Of a Nuclear Emergency

Reason for Taking Potassium Iodide

In the event of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine may be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

Upset stomach, Rash, Allergic reaction - A reaction can range from mild (rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention).

Risks of Taking Potassium Iodide

Taking Potassium iodide is safe for most people*. Potassium Iodide should not be taken if someone:

Is allergic to Iodine, Has Graves Disease, Has any other thyroid illness, Takes thyroid medication

* Parents/guardians are requested to contact their child’s physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

Administration of Potassium Iodide

Potassium Iodide will only be given:

In the event of a radiological emergency

When it is recommended by public health officials

If a parent/guardian signs a consent form for a child under the age of 18 years

Informed Consent: Please complete the following information and return to the school nurse at your child’s school.

Child’s Name: _____ Age: _____ Date of Birth: _____

I do not consent to have my child receive Potassium Iodide in the event of a nuclear emergency

I consent to have the school nurse or his/her designee administer Potassium Iodide to my child

Parent/Guardian Name: _____ Telephone Number: _____

Parents Address: _____

Parents Signature: _____ Date: _____

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

If No, please explain below:

Parent/Guardian Signature: _____ Date: _____



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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 PK – 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: _____

Complete ONLY if the student will be picked-up and dropped-off on a daily basis to a bus stop near their daycare:

Babysitter's Name: _____

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____



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Student ID# _____ 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

THE PARENT/GUARDIAN MUST SIGN AND RETURN THIS FORM NO LATER THAN THE SECOND WEEK IN SEPTEMBER TO THE TRANSPORTATION DEPARTMENT. AFTER THE THIRD WEEK IN SEPTEMBER STUDENTS WILL NOT BE ALLOWED ON THE BUS UNTIL THIS FORM HAS BEEN SIGNED AND RETURN.

I certify that I am the legal parent/ guardian of the child named below and that I have received and understand; and have discussed with my child the Compact for Bus Safety as well as the consequences of inappropriate behavior. I am also aware that I am responsible for providing the Transportation Office with any changes to the information provided below.

Student's Full Legal Name: _____
Last First Middle Suffix

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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Release of Information

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

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

STUDENT(s) _____ DOB _____

SCHOOL NAME/ADDRESS _____

RECORDS COMING FROM: _____

Phone #: _____ Fax #: _____

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

Phone #: _____ Fax #: _____

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

Parent/Guardian Signature

(Date)

SEND RECORDS TO:

Registrar Office
Uriah Hill Elementary School
980 Pemart Avenue
Peekskill, NY 10566
Phone (914) 739-0682
Fax (914) 737-0113

If Special Education:
CSE/CPSE Chairperson
Peekskill City Schools
1031 Elm Street
Peekskill, New York 10566
Phone (914) 737-1330
Fax (914) 788-7584