

Public Schools of the Tarrytowns



PUPIL PERSONNEL SERVICES - REGISTRATION, 200 North Broadway, Sleepy Hollow, NY 10591

Loly Rodriguez, Central Registration

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Tel: 914-332-6272

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REGISTRATION INFORMATION NEEDED

* In order to register a student in the Public Schools of the Tarrytowns, the following documents must be presented at the time of registration:

Proof of residency:

Three current proofs of residence forms (*not older than two months*) must be provided in order to register, which include: One house deed, mortgage statement, lease agreement or a notarized landlord affidavit (*with copy of Deed or Tax Bill/Receipt in the name of the individual signing the Landlord Affidavit*), and at least **two additional proofs** of residence indicating your name and home address, which may include a current drivers license, electric, water, telephone (for a home telephone, **not** a cell phone), cable, or other household bill/statement. If the family is living in the residence of a friend or relative, the homeowner must provide a notarized statement regarding this fact. Legal residency for school is established when a child's parents reside within the boundaries of the Public Schools of the Tarrytowns. Student must be accompanied by a parent/legal guardian.

Proof of birth:

All students enrolling for the first time (or previous students reentering the district) must present birth certificates, baptismal certificates or passports.

Evidence of up-to-date immunizations:

New York State law requires the following immunizations:

5 or 4 DPT (diphtheria, pertussis, tetanus) with the 4th dose at 4 years of age or older, students grades 6-12 need 1 Tdap in addition to the initial series. 4 or 3 Polio (IPV) with the 3rd dose at 4 years of age or older for students in grades K, 1, 6 and 7.; 2 measles, 2 mumps, and 1 rubella (MMR), 3 Hepatitis B and 2 Chicken Pox (Varicella), grades 2-5 and 8-12 need only 1 Varicella.

Complete dates with month, day and year must be documented for every dose of immunization. A doctor's/ doctor's office name, address, and signature (stamp) must be on the form. If a child has not been completely immunized, parents must provide a statement from a doctor explaining why an immunization(s) was not given. If the student has never attended a school, one dose of DPT, Polio (IPV), MMR, Hepatitis B, and Varicella must have been given before the child may enter school.

For PreK students: 3 HiB given before 15 months of age or 1 HiB after 15 months of age;
4 Pneumococcal Conjugate Vaccine (PCV) given by 15 months of age are also required.

Health documentation:**

Certificate of a physical examination performed within the year prior to the first day of the current school year is required for all new students, prekindergarten through twelfth grade. Documentation of a physical examination must be provided within 30 days of entering the Public Schools of the Tarrytowns. Once the 30 day grace period is over, students will not be permitted to participate in physical education or playground activities until a medical is received.

**** The most recent physical and immunization record must be provided with all CSE/CPSE evaluation requests. ****

Documentation of previous education program:

School records, transcripts, and/or other reports of school experience.

* *Additional notarized documents may be required.*

Registration hours: Monday-Friday, 8:00 to 4:00 (Please call for appointment at 914-332-6272) Summer Hours May Vary

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: _____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Printname of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date _____
If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

**Public Schools of the Tarrytowns
Pupil Personnel Services Department
Central Registration
Pupil Registration Form**

OFFICE USE ONLY

Date of Registration: _____ Registered by: _____ Student ID# _____
Proof of Residency: _____ Birthday Verification: _____ Family# _____

STUDENT'S PERSONAL DATA (Please Print)

Student's Name: _____ Sex: _____
Last First MI

Nickname: _____ Email Address: _____

Address: _____ Apt # _____ City/State/Zip: _____
Street Address

Phone #: _____ Birthdate: _____

Birthplace: _____ Date Arrived in USA: _____
City/Town State Country

FAMILY DATA

Parent/Guardian _____ Cell Number: _____
Mr. /Mrs. /Ms. First and Last Name Relationship: _____

Birthplace: _____ Last Year of School Completed: _____

Occupation: _____ Employer: _____ Business Phone Number: _____

Employer's Address: _____

Other Adult in Home: _____ Cell Number: _____
Mr. /Mrs. /Ms. First and Last Name Relationship: _____

Birthplace: _____ Last Year of School Completed: _____

Occupation: _____ Employer: _____ Business Phone Number: _____

Employer's Address: _____

Parent's/Guardian Signature: _____

Please note that the information below is requested in consideration of those instances where parents are separated or divorced or when a student lives with a legal guardian. Under such circumstances, a parent may live in a household other than which the student resides.

Parent Not in Home _____ Relationship: _____
Mr. /Mrs. /Ms. First and Last Name

Birthplace: _____ Last Year of School Completed: _____

Occupation: _____ Employer: _____ Business Phone Number: _____

Home Address: _____

Names of Other Children in Family Sex (M/F) Relationship DOB School/Grade/Occupation Live at Home?

Number of years of Schooling Prior to Arrival: _____ Last Grade Completed: _____

Resident of Another School District: _____ If in Foster Placement, Foster Origin: _____

Grade: _____ School: _____ Free/Reduced Lunch: _____

Ethnic Group: Afro-American Asian Hispanic Native-American White Other _____

Student's Dominant Language: _____ Primary Home Language: _____

Person in Charge of Student Care After School: _____ Relationship: _____

Address: _____ Phone: _____

Name/Location of other School Attended	Grades	Years	Grades Repeated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Eligible for Special Education: _____ Records Attached: _____ Records Requested: _____

Eligible for Support Services: _____ If yes, what? _____

EMERGENCY/MEDICAL/PHYSICAL INFORMATION

Emergency Contact: _____ Relationship: _____
Mr. /Mrs. /Ms. First and Last Name

Address: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____
Mr. /Mrs. /Ms. First and Last Name

Address: _____ Phone #: _____

Medical Contact: Dr. _____ Phone #: _____

Immunization Checked: _____ Date of Last Physical Examination: _____ PE Limited/Exempt: _____

Allergies: _____

Medication: _____

Chronic Health Condition or Other Medical Alert: _____



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

Lisette Colon-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	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____
			<i>specify</i>
	<input type="checkbox"/> Guardian(s)		_____
			<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write
			<i>specify</i>

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

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

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____	
Age at which services received (Please check all that apply):	
<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)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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? _____	

Month: _____ Day: _____ Year: _____

Date

Signature of Parent or of Person in Parental Relation _____

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: _____ <small>MO DAY YR.</small>	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: _____ <small>MO DAY YR.</small>	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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

Student Racial and Ethnic Identification

(72 Fed. Reg. 59267) 2010-11 School Year

Student Name _____ School _____

Please identify your child's race and ethnicity by selecting as many as applies:

Asian

American Indian or Alaska Native

Black or African American

Hispanic / Latino (Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or region)

Hispanic White

Hispanic Black

Hispanic Asian

Hispanic Other _____

Specify Other Race

Native Hawaiian or Other Pacific Islander

White

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: the information which you have provided on this form is confidential. It is protected by Confidentiality Regulations.

The Family Educational Rights and Privacy Act (1974) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by student name.

Parent/Guardian Signature _____ Date _____

Relationship to Student (please check one box below):

Mother

Father

Guardian

Other (Specify) _____



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RECORDS RELEASE AUTHORIZATION

Date: _____

I, _____ of _____, _____,
(Parent/Legal Guardian) (Name of Child) (DOB)

give my consent for the _____,
(Name of Agency/School/Physician)

_____, _____, to release any records and information that the
(Telephone #) (Fax #)

Public Schools of the Tarrytowns may request.

Reports Requested:

_____ Medical

_____ Educational

_____ Psychological/Psychiatric

_____ Special Education

_____ Transcript

_____ Other pertinent school/agency records

Signature of Parent/Legal Guardian



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(Phone)

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(Fax)

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In an amendment to NYS Education Law, pursuant to Chapter 434 of the Laws of 2014; Section 4402 of the Education Law has been amended to require public schools to notify every parent of their rights regarding referral and evaluation of their child for the purposes of special education services or programs upon their child's enrollment in public school.

This notice shall serve as The Public Schools of the Tarrytowns notice of this amendment and your rights. To further understand your rights under this amendment, please navigate to the following web page link:

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> or to the districts home page at <http://www.tufsd.org> and navigate to the special education department and click on *A parent's Guide to Special Education*.

En una enmienda a la ley de Educación del estado de Nueva York, en conformidad con el Capítulo 434 de las legislaciones del 2014; La sección 4402 de la ley de Educación se ha modificado para requerir a las escuelas públicas informar a todos los padres de sus derechos con respecto a la referencia y la evaluación de su niño/a para los propósitos de servicios de educación especial o programas sobre la inscripción de su hijo en la escuela pública.

Esta notificación deberá servir como aviso de que Las Escuelas Públicas de los Tarrytowns anuncio esta enmienda y sus derechos. Para entender aún más sus derechos bajo esta enmienda, por favor vaya al siguiente enlace de la página web:

[<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>] <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> o a la pagina del distrito [<http://www.tufsd.org>] <http://www.tufsd.org>] y desplácese hasta el departamento de educación especial y haga clic en Guía de los padres de educación especial.