

HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

11 Boice Road, P.O. Box 2033, Hyde Park, NY 12538
 Telephone (845)229-4000 Ext. 1606 Fax (845)229-4056
 Email: hpcsdregistrar@hpcsd.org

REGISTRATION CHECKLIST for CPSE & CSE EVALUATION REQUESTS

Student's Name: _____ Registration Date: ____/____/____

Name of Person Registering Student: _____

Relationship to Student: _____ Phone #: _____

DOCUMENTS TO BE PROVIDED BY PARENT/GUARDIAN TO COMPLETE REGISTRATION:	STAFF INITIALS
PROOF OF RESIDENCY: <u>Homeowner:</u> <ul style="list-style-type: none"> Submit the most recent school or property tax bill or mortgage statement 1 current bill for services you receive at this address, such as current electric, cable or phone bill <u>Renting in an apartment complex:</u> <ul style="list-style-type: none"> Submit your current signed lease 1 current bill for services you receive at this address (ie. electric, cable, telephone bill, etc.) <u>Renting from a private owner:</u> <ul style="list-style-type: none"> Your current lease AND the owner's school or property tax bill. If you do not have a formal lease, your landlord will need to complete the attached Residency Affidavit. This affidavit must be notarized. 1 current bill for services you receive at this address (ie. electric, cable, telephone bill, etc.) 	
Proof of Birth: Original Birth Certificate OR Passport OR New York State ID Card	
Photo ID of Parent/Guardian registering student, which may include: Driver's License OR Passport (must be current) OR NY State Identification Card	
Proof of Immunizations	
Current IEP or 504 Plan , if applicable - please provide a copy when you register	
DS2999 form (foster care children), if applicable	
Court Documents: such as Custody Order, Order of Protection, Guardianship, etc., if applicable	
STAC 202 - if applicable	
Referral Letter - written explanation stating your concerns and why you feel your child needs to be evaluated for services	<input type="checkbox"/> Early Intervention

ATTACHED FORMS TO BE COMPLETED:	
Registration Form	
Enrollment/Residency Questionnaire	
FERPA	
Home Language Questionnaire (HLQ)	
Residency Affidavit - ONLY if needed for proof of residency	

FOR OFFICE USE ONLY	
Home School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS <input type="checkbox"/> HMS <input type="checkbox"/> FDR	Attending School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS <input type="checkbox"/> HMS <input type="checkbox"/> FDR
Reason not attending home school: <input type="checkbox"/> ENL <input type="checkbox"/> Special Ed <input type="checkbox"/> At capacity <input type="checkbox"/> Other: _____	

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PUPIL REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

THIS BOX IS FOR DISTRICT STAFF ONLY

Child's Name: _____
Last First MI

Child's Street Address: _____

City: _____ State: _____ Zip Code: _____

Household Phone # _____ ☐ Home ☐ Cell

Sex: ☐ F ☐ M Grade: _____ Date of Birth: ____/____/____

City of Birth: _____ State of Birth: _____

REGISTRATION TYPE:

- ☐ New Enrollee ☐ Re-Enrollee
☐ Change of Address ☐ Change of Guardian
☐ CPSE Eval ☐ CPSE Transfer ☐ CSE Eval

Pupil ID#: _____

Home School: _____

Attending School: _____

Registration Date: ____/____/____

How many years has the child attended school in the US? _____ outside the US? _____

Has your child ever been enrolled in
HPCSD? ☐ No ☐ Yes

ETHNIC ORIGIN: ☐ YES, Hispanic ☐ NO, not Hispanic

RACE (NYS Required, please check all that apply):

- ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ White

CHILD'S LEGAL GUARDIAN: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: _____

CHILD LIVES WITH: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: _____

Is there a custody order for the child? ☐ Yes ☐ No

Is there an Order of Protection? ☐ Yes ☐ No

Parent/Guardian #1

This will be the **FIRST** parent/guardian contacted

Name: _____ Relationship to Student: _____

Email: _____ Residential Address: _____

Mailing Address: _____

Phone Contact #1 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #2 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #3 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Does parent/guardian need accommodations for hearing impairment? ☐ Yes ☐ No Type: _____

Is this parent/guardian in Active Military Service: ☐ Yes ☐ No Entry date: ____/____/____ Exit date: ____/____/____

Parent/Guardian #2

This will be the **SECOND** parent/guardian contacted

Name: _____ Relationship to Student: _____

Email: _____ Residential Address: _____

Mailing Address: _____

Phone Contact #1 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #2 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #3 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Does parent/guardian need accommodations for hearing impairment? ☐ Yes ☐ No Type: _____

Is this parent/guardian in Active Military Service: ☐ Yes ☐ No Entry date: ____/____/____ Exit date: ____/____/____

PUPIL REGISTRATION FORM (Page 2)

If your child received Special Education services prior to enrolling in this district, complete the following:

Name of School District Attended: _____ Phone #: _____

Services were provided by: _____

CHECK ALL SUPPORTS SERVICES THAT YOUR CHILD CURRENTLY RECEIVES

☐ READING ☐ MATH ☐ SPEECH ☐ OCCUPATIONAL THERAPY ☐ PHYSICAL THERAPY ☐ COUNSELING

☐ SPECIAL EDUCATION PROGRAM ☐ ENGLISH AS A NEW LANGUAGE

CENSUS INFORMATION

THE FOLLOWING INFORMATION IS NECESSARY TO KEEP THE SCHOOL CENSUS UP TO DATE.
PLEASE INCLUDE **ALL** CHILDREN FROM BIRTH TO 18 YEARS OLD, INCLUDING REGISTRANT.

Name Of Child	Place of Birth	Date of Birth	Grade	School
		___/___/___		
		___/___/___		
		___/___/___		
		___/___/___		
		___/___/___		

I understand the requirements for enrollment and request that my child(ren) be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address.

I am the legal guardian of the above listed child(ren). This/these child(ren) reside with me at this address.

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park CSD will rely upon them in determining whether the above child(ren) will be admitted to its schools.

I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document.

I understand that the district reserves the right to investigate any student's residency by any legal means available, including but not limited to, public records, site visits and any other lawful methods of investigation.

I understand that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York and may be referred to the office of the District Attorney.

Parent/Guardian Signature

___/___/___
Date

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

School (check one): ☐ FDR ☐ HMS ☐ NES ☐ NPE ☐ RRS ☐ VAS ☐ CPSE ☐ UPK ☐ Homeschooled
☐ Private/Parochial School:

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FERPA RELEASE OF INFORMATION

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of "non-directory information" contained in a student's educational records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Name of Student: _____ DOB: ____/____/____

(Please Print)

I, the undersigned, hereby authorize the Hyde Park Central School District ("District") to request the following:

Education Records	Health Records	IEP (please fax & transfer on IEP Direct)
Psych. Evals. & Related Service Reports (any additional evals)	Transcript, Last Report Card & Exit Grades	Discipline Records
Science Labs	Other:	

From the following Person and/or Agency:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I understand that this authorization will remain in effect from today until I send a written request to the District to revoke the authorization. I also understand that revoking the authorization shall not affect disclosures previously made by the District prior to the receipt of any such authorization.

Signature of Parent/Guardian and/or Eligible Student: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Netherwood Elem. - Ph 845-229-4055 - Fax 845-229-2797	North Park Elem. - Ph 845-229-4040 - Fax 845-229-5655
Ralph R. Smith Elem. - Ph 845-229-4060 - Fax 845-229-2828	Violet Avenue Elem - Ph 845-486-4499 - Fax 845-486-7796
Haviland Middle School - Ph 845-229-4030 - Fax 845-229-4038	Special Ed. Dept. - Ph 845-229-4050 - Fax 845-229-2933
FDR High School Guidance Dept. - Fax 845-229-2181 - Email: Jillfuller@hpcsd.org	

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HYDE PARK CENTRAL SCHOOL DISTRICT

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 print clearly when completing this section

STUDENT NAME: _____		
First	Middle	Last
DATE OF BIRTH: ____/____/____	GENDER: ____ Male ____ Female	
PARENT/GUARDIAN INFO: RELATIONSHIP TO STUDENT: _____		
LAST NAME: _____ FIRST: _____		

HOME LANGUAGE CODE:

LANGUAGE BACKGROUND:			
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 _____ <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 _____ specify	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify	<input type="checkbox"/> Does not write

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

SCHOOL DISTRICT INFORMATION: HydePark Central School District, PO Box 2033, Hyde Park, NY 12538 <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> District Name (Number) & School Address </div>	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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HOME LANGUAGE QUESTIONNAIRE (HLQ) - PAGE 2

EDUCATION 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 their ability to understand, speak, read or write in English or any other language? If yes, please describe them.

☐ Yes ☐ No ☐ Not sure If Yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes - Type of service received: _____

Age at which services were received (please check all that apply)

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

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

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

☐ English ☐ Spanish ☐ Other (Please specify) _____

Date: ____/____/____

Signature of Parent or Guardian

Relationship to Student: ☐ Mother ☐ Father ☐ Other - please specify _____

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 CONDUCTION INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

Oral Interview Necessary ☐ No ☐ Yes

Date of Individual Interview: ____/____/____

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

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION:

____/____/____

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



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RESIDENCY AFFIDAVIT

Note: This affidavit is to be completed by the home owner or leaseholder when a person is renting an apartment or room(s) within a privately owned home or apartment, including their own home, or is sharing a house or apartment with another family where there is no formal lease.

Please **PRINT** all information:

My name is _____, and I am the legal owner or leaseholder of this address: _____.

Please attach a copy of your school or property tax bill, deed, mortgage statement or lease.

What part of your home do these tenants occupy? (Example: basement apt., 1st floor, apartment #, number of rooms in the home, etc.): _____

The terms and conditions of tenancy are as follows:

Lease start date: ____/____/____ Lease End date: ____/____/____ **OR**, Month to month start date: ____/____/____
OR, Temporarily residing in my home/apartment due to loss of housing as of ____/____/____.

I understand the requirements for enrollment and request that the following child/children be admitted to the schools of the Hyde Park Central School District as a district resident:

To the best of my knowledge, the above mentioned property is the current and only legal residence of _____ (Name of Parent/Guardian) and the child(ren)/ward(s) named above.

The following is a list of the names of **ALL** persons residing at this address:

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park Central School District will rely upon them in determining whether the above named child/children will be admitted to its schools. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for such child/children and/or seek criminal action against me for filing a false document.

The most recent annual tuition rates, as determined by the New York State Department of Education are as follows: *(please note these rates are estimated and adjusted annually)*

Grades K-6 = \$11,350 Grades 7-12 = \$14,261

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of this form, and must be met for application to be accepted.

As the property owner/and/or leaseholder, I certify that I will notify the Hyde Park Central School District Central Registration Office, PO Box 2033, Hyde Park, NY 12538, within 30 days of termination of this living arrangement.

Signature of Property Owner/Landlord/Leaseholder Date ____/____/____

Print Owner/Landlord/Leaseholder Name Owner/Landlord/
Leaseholder Phone Number

Owner/Landlord/Leaseholder Address: _____

E-Mail: _____

Sworn to before me this

Day of
_____,
20____

Notary Public



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Parental Rights to Referral and Evaluation for Special Education Services or Programs

The Hyde Park Central School District offers supports for students in general education such as psychological services, curriculum and instructional modifications and Academic Intervention Services (AIS). The Response to Intervention (RtI) team in your child's school may make a referral to the Committee on Special Education (CSE) if interventions have not been successful. In addition, parents and guardians have the right to refer their child to the Committee on Special Education (CSE).

A referral is a written statement asking that the school district evaluate your child to determine if he or she needs special education services. This written statement should be addressed to:

Joanna Murphy
Director of Special Education
P.O. Box 2033
Hyde Park, NY 12538

There is a requirement that the building principal offer to meet with you to discuss other ways to help your child. As a result, you may withdraw your referral, or ask that the referral process continue.

Additional information is available in English and Spanish in a document called, *A Parent's Guide to Special Education* at www.nysed.gov.

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