

Highland Falls Fort Montgomery CSD UPK Checklist of Registration Paperwork

Please contact the central registrar, Lori Sheldon lori.sheldon@hffmcsd.org with any questions regarding registration at 845-446-9575 ext. 1600

Forms	Check if given
Required Registration Forms: Student/Parent information Form, NYSED Language Form, Military Affiliation Form, Residency Questionnaire, Health History Form, Parent Portal Form, Migrant Form	
Three Valid Forms of Residency	
Proof of Age (Birth Certificate, Passport, etc.)	
Immunization Record	
Health Exam within the last 12 months	
Last Report Card	
Copy of IEP, if applicable	
Parent/Guardian Photo ID	
Proof of Custody/Guardianship if applicable	

Notes:



Highland Falls-Fort Montgomery Central School District Central Registration

Lori Sheldon, Registration

845-446-9575 x-1600

Lori.Sheldon@hffmcsd.org

Welcome to the Highland Falls-Fort Montgomery Central School District!

We are pleased to assist you in registering your child in our schools. The HFFMCS website, www.hffmcsd.org has an overview of our programs, policies, and the forms you will need to enroll your child in our school district.

There are two parts to our registration process. In order to register your child, you will need to provide **three** forms of proof of residency (listed below) : a proof of age for your child, last report card, release of records form for the last school your child attended and the most recent physical and immunizations. If applicable, evidence of custody of the child, including but not limited to judicial custody orders or guardianship documents. Only a parent/legal guardian is able to enroll a child into school.

DOCUMENTS REQUIRED AT TIME OF REGISTRATION

PROOF OF RESIDENCY

One of the following:

- CURRENT MORTGAGE STATEMENT or TAX BILL**
- CURRENT LEASE**
- A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian is living (please ask for affidavit)
- Such other statement(s) by a third party establishing the physical presence of the parent(s)/ guardian(s) in the school district. Current utility bill i.e., gas/heating oil, water, electricity, cable/phone/internet. (no cell phones)

In addition to the above list, TWO of the following may be accepted:

- Pay stub-must show name and physical address of parent/guardian
- Voter registration document(s)
- State or other government issued identification
- Documents issued by federal, state, or local agencies
- Utility bills i.e. electric, gas, heating oil, cable, water, Internet

PROOF OF AGE

In addition to the foregoing documentation, the School District requires appropriate documentation sufficient to establish the age of the child(ren) being registered. The following documentation will be required at the time of registration:

- Certified transcript of a birth certificate or record of baptism;
- Passport (including foreign passport)

If the foregoing documentation is not available, the School District will consider other documentary evidence, including but not limited to:

- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state, or local agencies
- Court orders or other court-issued documents
- Records from non-profit international aid agencies and voluntary agencies
- Native American tribal documents

EVIDENCE OF IMMUNIZATIONS & PHYSICAL

The child's most recent immunization records are required at the time of registration. All new students are required to have a health physical completed in **New York State** in order to attend school. The exam must be performed within 12 months prior to the child's start date. If a physical has not been performed, you are allowed 14 days from the start of school to obtain one. Exception for military families: A physical done on a military base by a military doctor is acceptable by NYS.

DOCUMENTATION NEEDED FOR SCHOOL INFORMATION FOR SPECIAL EDUCATION

- IEP (Individualized Education Plan) from previous school district
- Section 504 documentation from previous school district
- Last report card for placement purpose

All Documents must be current and original - Originals will be copied and returned to you immediately. Print outs from online accounts will be accepted if they show the name and address of the resident and have a current date.

Additionally, you will need to complete the following forms included in this packet:

- Release of Records Form
- Student Information & Registration Form
- Student Residence Questionnaire
- Home Language Questionnaire
- Military Affiliation Questionnaire
- Parent Portal Access Form

Additional Required Forms:

- NYS School Health Examination Form, including proof of immunization
- Student Health History Update Form

CHANGE IN RESIDENCE AND/OR MAILING ADDRESS: If your living situation changes at any time during the year, you must contact the Central Registration office. Proof of residency documents are required when you change your address and/or change your mailing address. The Central Registrar will update our systems and notify the Transportation Coordinator of the change. Your child's transportation will be arranged when proof of residency is received by the Central Registration office.

KINDERGARTEN & PRE-KINDERGARTEN: Your child must turn 5 years of age on or before December 1 of the school year in order to enroll in kindergarten. For pre-kindergarten, your child must turn 4 years of age on or before December 1. **There are absolutely no exceptions.** If you have any questions or concerns, please call 845-446-9575 x-1600.



Student Information and Registration Form

Date: _____

Name: _____

Date of Birth: _____ Gender: _____

Student Ethnicity (per NYSED):

American Indian / Alaska Native Asian / Pacific Islander / Hispanic / Black / White

PRIMARY HOUSEHOLD (Address Information)

Students' Residence Address:

Street: _____

City _____ State _____ Zip _____

Home Phone Number: _____

Student's mailing address, if different

Street: _____

City _____ State _____ Zip _____

Present grade level or grade level just completed: _____

Has your child been retained? (Repeated a grade.) Yes / No If yes, what grade? _____

Name of previous school: _____

Address of previous school: _____

Phone # _____ Fax #: _____

Has the student previously attended HFFMCSD? _____ If yes, list dates attended: _____

Primary language spoken at home: _____ Secondary language spoken: _____

Has student received additional educational services: _____ If yes, please indicate:

Special education / Speech therapy / Physical therapy / Occupational therapy / English

Language Learner Services / AIS/Rtl / Other _____

Sibling Information-please include first and last names:

Name	M/F	Date of Birth	Current School and Grade

Custody Information

With whom is the student living? (check all that apply)

Mother / Father / Stepmother / Stepfather / Grandparent / Guardian

Other-Please explain_____

If the parents are divorced, who has custody?_____

In addition to student's residence, to whom should mail be sent?_____

Are there any safety concerns the District should be aware of?_____

If yes, please explain:_____

Order of Protection: Yes / No

If an order of protection exists, please submit a copy at time of student enrollment.

Parent/Guardian Information: RESIDING IN PRIMARY HOUSEHOLD

Relationship	Name	Cell Phone	Place of Employment	Work Phone
email address:				

Parent/Guardian Information: RESIDING IN PRIMARY HOUSEHOLD

Relationship	Name	Cell Phone	Place of Employment	Work Phone
email address:				

Parent/Guardian Information: NOT RESIDING IN PRIMARY HOUSEHOLD

Relationship	Name	Cell Phone	Place of Employment	Work Phone
Mailing address:				
email address:				

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



Highland Falls-Fort Montgomery Central School District

Student Residence Questionnaire

Name of Student: _____ Male / Female

Birth Date: ___/___/___ Age: ___ Student ID #: _____

This questionnaire is intended to address the McKinney-Vento Act 32 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living environment? ___Yes ___No 2. Is this temporary living arrangement due to loss of housing or economic hardship? ___Yes ___No

- If you answered **YES** to the above questions, please complete the remainder of this form.
- If you answered **NO**, you may stop here.

Where is the student presently living? (*Check one*)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Name of Parent/Legal Guardian: _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone -----

Presenting a false record or falsifying records is an offense and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian: _____ Date: _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the State.

7. Does your child have any allergies to food, medication or insects/bee stings? Yes _____ No _____

If yes, please list:

8. Does your child wear glasses or contact lenses? Yes _____ No _____ Other visual difficulties, please

explain _____

9. Does your child have any: (circle all that apply)

Ear problems?

Hearing loss?

Frequent ear infections?

Tubes in ears? If so, at what age?

Explain: _____

10. Does your child have any speech difficulties? Yes _____ No _____ If yes, please

explain: _____

1. Does your family have a history of diabetes or tuberculosis? Yes _____ No _____

Family

Physician: _____

Phone number

In emergency situations, the Administration will take any action it deems necessary and appropriate.

Parent/Guardian

Signature: _____ Date: _____



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

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

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.



Highland Falls-Fort Montgomery Central School District

Parent Portal Access Form for Parents

Note: If both parents/legal guardian(s) want individual accounts, each must complete a separate form.

Please Print

Name of Parent/Legal Guardian: _____

Student Name(s) _____

Grade(s): _____

Email Address: _____

Each account requires a separate email address. Your signature affirms that you are the **legal guardian for the student(s) named**, and are therefore entitled to access their educational records. It also gives consent for the Highland Falls-Fort Montgomery Central School District to establish an individualized password so that you may gain access to our Parent Portal. You will receive an email from SchoolTool with your log in information. Please note that to protect the privacy of student data, parents/guardians will be required to provide identification in order to be issued their password.

Parent/Guardian Signature: _____ Date: _____

If the parent/legal guardian of the above named student(s) requests permission for a non parent/non legal guardian residing in the household to access the Parent Portal, please fill out and sign the section below. Both parties are required to provide a valid photo ID.

Name of individual to receive access to parent portal: _____

Relationship to student(s): _____

Name of parent/legal guardian: _____

Signature of parent/legal guardian: _____

Date: _____

Parent/legal guardian ID attached _____

School Personnel Initials _____

Non parent/legal guardian ID attached _____

School Personnel Initials _____



Highland Falls-Fort Montgomery Central School District

Military Affiliation Questionnaire

(To Be Filled Out By Parent/Guardian)

Answers to these questions help determine the eligibility of funds for the school district.

Name of Student: _____

Date of Birth: ____/____/____ Grade: _____ Month Day Year

Name of Parent/Guardian: _____ Title: _____.

Does either parent have any military affiliation? ____ YES ____ NO

2. If yes to the above question, please describe your military affiliation:

- ____ Active military, assigned to West Point, living ON POST
- ____ Active military, assigned to West Point, living OFF POST
- ____ Active military, not assigned to West Point
- ____ Retired military
- ____ Active reservist
- ____ Inactive reservist
- ____ NYS National Guard

3. Is any family member employed at West Point? ____ Yes (Please continue) ____ No
(If No, STOP here)

4. If "YES", please indicate who is employed at West Point and in what capacity.

Signature of Parent/Guardian _____ Date _____

Medical Information

1. Student Health History Form (next page) must be filled out and signed by a parent/guardian and submitted with this packet at the time of registration
2. Up to date immunization records
3. The required NYS Health Examination Form must be filled out and signed by the doctor.

Thank you.



Highland Falls-Fort Montgomery Central School District STUDENT HEALTH OFFICES

High School
845-446-9575 x 2700

Intermediate School
845-446-4761 x 3700

Elementary School
845-446-1008 x 4700

Student Name: _____ Gender: _____ Grade: _____

Date of Birth: _____

Parent/Guardian: _____ Phone #: _____

Parent email: _____

Student Health History

Has your child ever had the following Communicable Diseases:

Chicken Pox Yes__No__Date_____

Scarlet Fever Yes__No__Date_____

Mumps Yes__No__Date_____

Whooping Cough Yes__No__Date_____

German Measles Yes__No__Date_____

1. Is your child currently under treatment for any physical problem? Yes_____No_____
If so, explain:

2. Does your child take medication on a regular basis? Yes_____No_____
If so, name of medication and reason.

Name of Medication: _____ Reason: _____

Name of Medication: _____ Reason: _____

Name of Medication: _____ Reason: _____

If your child needs to take medication during the day, you must contact the Health Office in person. Specific forms must be filled out and signed by your Physician before ANY medication can be administered.

3. Has your child ever had surgery? Yes__No__ Explain: _____

4. Has your child had any serious medical problems? Explain _____

5. Has your child has a serious accident or injury? Yes_____No____ Explain _____

6. Has your child ever been hospitalized? Yes_____No____

Explain: _____

7. Does your child have any allergies to food, medication or insects/bee stings? Yes _____ No _____
If yes, please list:

8. Does your child wear glasses or contact lenses? Yes _____ No _____ Other visual difficulties, please

explain _____

9. Does your child have any: (circle all that apply)

Ear problems?

Hearing loss?

Frequent ear infections?

Tubes in ears? If so, at what age?

Explain: _____

10. Does your child have any speech difficulties? Yes _____ No _____ If yes, please explain

11. Does your family have a history of diabetes or tuberculosis? Yes _____ No _____

Family

Physician: _____

-

Name

Phone number

In emergency situations, Administration will take any action it deems necessary and appropriate.

Parent/Guardian

Signature: _____ Date: _____

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): < 5th 5th- 49th 50th- 84th 85th- 94th 95th- 98th 99th and >

Hyperlipidemia: Yes Not Done Hypertension: Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:	
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$	
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>			

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:	Affirmed Name (if applicable):	DOB:
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SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>

Notes

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.	Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail Referral <input type="checkbox"/> Yes

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	Negative	Positive	Referral	Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

***Family cardiac history reviewed** – required for Dominic Murray Sudden Cardiac Arrest Prevention Act

Student may participate in all activities without restrictions.

If Restrictions Apply – Complete the information below

Student is restricted from participation in:

- Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V

Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

MEDICATIONS

Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	IMMUNIZATIONS
<input type="checkbox"/> Confirmed free of communicable disease during exam	<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: _____ Fax: _____

Please Return This Form to Your Child's School Health Office When Completed.

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - _____ - _____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.