Enrollment Registration Requirements Checklist

Welcome to the Tiger Family! Please use this checklist to complete the registration process for each of your students.

❑ Completed and signed Registration Form *(please print single sided)*:

- ❑ Initial Student Registration Form
- ❑ Request for Student Records
- ❑ Housing Questionnaire
- ❑ Student Support Services
- ❑ Student Racial and Ethnic Identification
- ❑ Home Language Questionnaire
- ❑ Transportation Information
- ❑ Student Questionnaire (two pages)
- ❑ Chromebook User Guidelines and Acceptable Use Policy
- ❑ Interval Health History (three pages)

❑ Student's Birth Certificate Baptismal Record Passport

❑ Current Record of Immunizations

❑ Proof of Residency (2 proofs of residency required):

- Lease agreement or notarized statement from
- landlord that includes the full address of your residence.
- Copy of purchase contract for the residence you will be living in, with letter from attorney that includes date/time of closing.
- Notarized statement from a third party establishing the physical presence of the parent/guardian in their household in the school district.
- Copy of deed.
- Pay stub.
- Income tax form.
- Utility bill.
- Official driver's license, learner's permit, or non-driver ID.
- State or other government issued ID.
- Documents issued by federal, state or other local agencies

❑ Court Custody Papers (if applicable)

- Birth certificate that names the adult registering the child as a biological parent.
- Legal custody papers.
- Notarized signed affidavit (must be authenticated if from outside the United States).

ID# B/C Custody Papers Rec'd

Welcome!
Initial Student Registration

Has your child ever been registered in the Hudson Falls School District? ❑ Yes ❑ No Grade Entering _____

Student's Legal Name: _____
(First) (Middle) (Last)

D.O.B.: _____ Gender: ❑ Male ❑ Female ❑ Non-Binary Primary Phone:_____

Primary Residence: _____

_____, NY _____ Student Cell: _____
City Zip

Court documents or Custodial/Non-Custodial affidavits stating current custody arrangements must be provided to the school district if the student is not living with both parents.

Mother: _____ Home Phone: _____

E-mail: _____ Cell Number: _____

Street Address:_____ Mailing Address:_____
(only complete if different than student)

_____ _____

Add'l Adult in Household:_____ Primary Number: _____

Father: _____ Home Phone: _____

E-mail: _____Cell Number: _____

Street Address:_____ Mailing Address:_____
(only complete if different than student)

_____ _____

Add'l Adult in Household:_____ Primary Number:_____

Siblings: (living in same household that are expected to attend a school in our district)

Name: _____D.O.B.____/____/_____ Grade _____ □Male □Female □Non-Binary

Name: _____D.O.B.____/____/_____ Grade _____ □Male □Female □Non-Binary

Name: _____D.O.B.____/____/_____ Grade _____ □Male □Female □Non-Binary

Name: _____D.O.B.____/____/_____ Grade _____ □Male □Female □Non-Binary

Name: _____D.O.B.____/____/_____ Grade _____ □Male □Female □Non-Binary

Emergency Contact Person(s): When injury, illness, or non-emergency situations occur involving your child, we want to be able to quickly reach families and other responsible adults. In the event that we cannot reach a parent/guardian, please list a person you trust who is available during the day to provide care for your child. (Must be a local contact)

Full Name_____ Relationship:_____ Primary Phone: _____-_____-_____

Full Name_____ Relationship:_____ Primary Phone: _____-_____-_____

Full Name_____ Relationship:_____ Primary Phone: _____-_____-_____

Full Name_____ Relationship:_____ Primary Phone: _____-_____-_____

Request For Student Records

Name and address of previous school:

_____

_____

School Phone:_____

Student Name:_____

Grade:_____ DOB: _____

School Fax#: _____

The above student is transferring to Hudson Falls CSD. Please forward, at your earliest convenience, the following school records to the building indicated below:

- ❑ Academic Record
- ❑ Health/Immunization Record
- ❑ Standardized Test Data
- ❑ Approx. grades for the current marking period
- ❑ CSE Records (IEP, Social History, Psycho-Educational Evaluation, Speech Evaluation, OT/PT Scripts, Medical Records, Medicaid Consent Form)

Signature of Parent/Guardian: _____ Date: _____

Relationship: _____

I hereby authorize the release of these records to the following school:

- ❑ Margaret Murphy Kindergarten Center, 2 Clark Street, Hudson Falls, NY 12839 — Grades UPK-Kindergarten
  Phone: 518-681-4512 Fax: 518-747-3853
- ❑ Hudson Falls Primary School, 47 Vaughn Road, Hudson Falls, NY 12839 — Grades 1-3
  Phone: 518-681-4462 Fax: 518-747-3502
- ❑ Hudson Falls Intermediate School, 139 Maple Street, Hudson Falls, NY 12839 — Grades 4-5
  Phone: 518-681-4415 Fax: 518-747-2774
- ❑ Hudson Falls Middle School, 131 Notre Dame Street, Hudson Falls, NY 12839 — Grades 6-8
  Phone: 518-681-4319 Fax: 518-746-2790
- ❑ Hudson Falls Senior High School, 80 East LaBarge Street, Hudson Falls, NY 12839 — Grades 9-12
  Phone: 518-681-4214 Fax: 518-746-9033
- ❑ Hudson Falls Senior High School, 80 East LaBarge Street, Hudson Falls, NY 12839 — Special Education
  Phone: 518-681-4114 Fax: 518-681-4149
- ❑ Hudson Falls Senior High School, 80 East LaBarge Street, Hudson Falls, NY 12839 — District Registrar
  Phone: 518-681-4279 Fax: 518-681-4290

Housing Questionnaire

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 that 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 your student currently living? (Please check <u>one</u> box)

- ❑ In permanent housing (your own apartment or house)
- ❑ With another family or other person (sometimes referred to as "doubled")
- ❑ In hotel/motel
- ❑ In a shelter
- ❑ In a car, park, bus, train, or campsite
- ❑ Other temporary living situation (please describe)

If not in permanent housing, please provide last address:

_____

_____

_____

_____

_____

_____

Parent/Guardian or Eligible Student Signature: _____ Date: _____

Office Use Only: Signature_____ Date:_____

Student Support Services

Does your student receive AIS? (Academic Intervention Services) □Yes □No If yes, what subjects?_____

Does your student receive special education services? □ No □ Yes If yes, please fill out Consent Form

Check all that apply to your child:

- ❑ IEP
- ❑ Self-Contained Classroom
- ❑ Consultant Teacher
- ❑ Resource Room
- ❑ Speech / Language Therapy
- ❑ Occupational Therapy
- ❑ Physical Therapy
- ❑ 504 Plan
- ❑ BOCES Placement
- ❑ Other special needs _____

_____ _____

Parent/Guardian Signature Date

Student Racial and Ethnic Identification

Check all groups that apply to your child:

Is the student Hispanic, Latino, or of Spanish origin? ❑ Yes, Hispanic ❑ No, not Hispanic

Select one or more races from the following:

❑ **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. (For example: Cherokee, Mohawk, Inuit, etc…)

❑ **Asian:** 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, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

❑ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

❑ **Black:** A person having origins in any of the black racial groups of Africa.

❑ **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ _____

Signature of Parent/Guardian/Other Date

This form will become part of your child's permanent record. The information you provide on this form is confidential and it is protected by the Confidentiality Regulations cited here: "The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed, or national origin, citizenship, or immigration status.

Home Language Questionnaire

In order to provide your student with the best possible education, we need to determine how well they understand, speak, read and write English.

What language(s) is spoken in the student's home or residence?	English Spanish Other_____
What language(s) are spoken most of the time to the student, in the home or residence?	English Spanish Other_____
What language(s) does the student speak?	English Spanish Other_____
What language(s) does the student read?	English Spanish Other_____
What language(s) does the student write?	English Spanish Other_____

In your opinion, how well does the student understand, speak, read, and write English?

Understands English	Very well	Only a little	Not at all
Speaks English	Very well	Only a little	Not at all
Reads English	Very well	Only a little	Not at all
Writes English	Very well	Only a little	Not at all

_____ _____

Parent/Guardian Signature Date

Transportation Information

Transportation Information Form **must be filled out for each school year**, even if the information is the same as the previous year.

Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

Primary Home Address: _____

Primary Phone: _____ Work Phone: _____

Complete this section if pick up/drop off are different from the primary address:

Child Care Provider :_____

Address: _____

Child Care Provider Primary Phone: _____

Days your child will be PICKED UP at child care:

- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday

Days your child will be DROPPED OFF at child care:

- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday

Parent/Guardian Signature_____

Please mail to:

Hudson Falls Central School
Transportation Department
3663 Burgoyne Avenue
Hudson Falls, NY 12839
Fax: 518-747-9179

Student Questionnaire

Student Name: _____ Date of Birth: _____
Current Grade: _____ and/or Grade Entering: _____
Are you the legal parent? YES NO (please circle one)
If no, please state relationship to child: _____

ELEMENTARY LEVEL: K- 5 Please Check All That Apply

___ Enjoys school
___ Makes friends easily
___ Is happy and outgoing
___ Follows school rules
___ Gets along well with classmates
___ Works independently
___ Almost always completes homework
___ Has difficulty completing homework
___ Has trouble following school rules
___ Is nervous about a new school
___ Has trouble making friends
___ Is shy and withdrawn

What does your child like the most about school? _____

Is there anything you would like to share that will help us get to know your child?

_____
_____
_____

EDUCATIONAL HISTORY: Please list all prior school districts your child has attended, by grade level.

UPK/Pre-K _____
K _____ 1st _____
2nd _____ 3rd _____
4th _____ 5th _____
6th _____ 7th _____
8th _____ 9th _____
10th _____ 11th _____

Has your child ever been suspended from school? YES NO (please circle)
If yes, what grade level and describe the reason(s) for suspension

_____
_____
_____

Has your child ever received a psychoeducational evaluation? ❑ Yes ❑ No
If yes, at what grade level? _____

Has your child ever been diagnosed with ADD/ADHD? ❑ Yes ❑ No

If yes please note the year/age and physician: _____

Has your child ever exhibited violent or threatening behaviors? ❑ Yes ❑ No

If yes, please explain:

_____

_____

Is your child/family currently working with any outside service providers such as social service workers, counselors/therapists, drug/alcohol counselors, probation, PINS Diversion, etc.? ❑ Yes ❑ No

If yes, please list names and agencies of service providers below:

_____

_____

_____

Do we have your permission to share information regarding your child with the above service providers?

❑ Yes ❑ No

Do you need information about outside services for your family? ❑ Yes ❑ No

If yes, please note concerns:

_____

_____

Please note here any specific behavioral/social/emotional concerns that you have about your child:

_____

_____

_____

Please note here any comments/suggestions you may have regarding your child's educational program:

_____

_____

_____

BAND / ORCHESTRA / CHOIR

If your child participates in a music program, please circle which program listed below.

Band 5 6 7 8 9 10 11 12 What Instrument _____ ❑ Own ❑ Rent

Orchestra 4 5 6 7 8 9 10 11 12 What Instrument _____ ❑ Own ❑ Rent

Choir 7 8 9 10 11 12

Parent/Guardian Name (please print)

_____Date _____

Parent/Guardian Signature _____

Chromebook User Guidelines and Acceptable Use Policy

HFCSD is pleased to offer our students individual access to Chromebooks in grades K-12. Access to Chromebooks are a privilege, not a right, and are to be used by HFCSD students only. They are provided to enhance, enrich and facilitate teaching and learning. Chromebooks are to be used for school related use, curriculum support, research, communications and other instructional purposes. We believe the advantages to having access to digital resources far outweigh any disadvantages to not providing access to technology in the school environment. To that end, students and staff have participated in appropriate trainings and use Positive Behavior Intervention Strategies to help facilitate the use of technology in the classroom.

The following guidelines are provided to help manage the use of this equipment. These guidelines apply to Chromebooks owned by HFCSD.

1.Chromebooks used by school district students remain the legal property of HFCSD.

2.Before a Chromebook is issued, the student and parent must sign the HFCSD Chromebook User Agreement, as well as the HFCSD Acceptable Use Policy. Both the User Agreement and the Acceptable Use Policy will remain on file with IT Administration.

3.Students will be responsible for any data on the Chromebook outside of the default image. Any intentional malicious activity caused by student data will be the student's sole responsibility.

4.In the event of problems with the Chromebook, the user will immediately bring it to the attention of the teacher and/or IT Department.

5.Chromebooks will be turned in at the end of the year for all students 6-11 or prior to a student transferring out of the district. Chromebooks can be turned in directly to the IT Dept located in the High School.

6.It is the student's responsibility to keep their assigned Chromebook secure and protected at all times.

Safe Care and Use

1.Chromebooks should be shut down when not in use to conserve battery life and at the end of each day.

2.Never leave Chromebooks in an unsecure location or unattended in a classroom.

3.It is your responsibility to return your Chromebook at the end of each day to its designated charging station or arrive at school prepared with a fully charged Chromebook.

4.Carry your Chromebook closed. Do not place anything on the keyboard before closing the lid. (pens, earbuds, notebooks)

5.Keep drinks, food, lotions, liquids of any kind and other harmful materials away from your Chromebook.

Chromebook User Guidelines and Acceptable Use Policy

- I will take good care of my Chromebook knowing that I will be issued the same Chromebook each year
- I will never leave my Chromebook unattended or in an unsecured or unsupervised location
- I will not loan my Chromebook to others
- I will be responsible for charging my Chromebook
- I will use my Chromebook for educational purposes only
- I will be responsible for all damage caused by neglect or abuse
- I understand any form of cyberbullying or online harassment is strictly prohibited and will result in removal of all email and Internet privileges
- I understand that failure to return my Chromebook if I move or at the end of the school year will be considered unlawful appropriation of public school property
- I understand that the use of the Internet as part of my educational program is a privilege, not a right, and inappropriate use will result in removal of these privileges

This application indicates that you agree and will follow the guidelines and regulations for Internet access and use of your Chromebook.

Student Name: _____

Student Signature: _____

School:_____ Grade: _____

I acknowledge this Chromebook belongs to HFCSD and is intended only for my individual school/district related use. I have read the Chromebook User Guidelines and agree to abide by the terms and conditions of those guidelines.

The terms and conditions of this agreement are subject to change.

I understand that violation of these guidelines may result in disciplinary action by the issuing administrative authority.

Student Signature: _____Date:_____

Parent/Guardian Signature: _____Date:_____

Print Parent/Guardian Name: _____

Questions regarding this application may be directed to help@hfcsd.org or by calling 681-4357

Please sign and return to your homeroom teacher or the main office

Hudson Falls Central School District NYSED Interval Health History						
Student Name:				DOB:		
School Name:				Age:	Grade:	
Physician's Name:				Date of last Health Exam:		
List Medications:				Date form completed:		
MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.						
Does or has your child:				***Does or has your child:***		
General Health	**No**	**Yes**		**Breathing**	**No**	**Yes**
Ever been restricted by a healthcare provider from sports participation for any reason?	❑	❑		Ever complained of getting extremely tired or short of breath during exercise?	❑	❑
Ever had surgery?	❑	❑		Use or carry an inhaler or nebulizer?	❑	❑
Ever spent the night in a hospital?	❑	❑		Wheeze or cough frequently during or after exercise?	❑	❑
Been diagnosed with mononucleosis within the last month?	❑	❑		Ever been told by a health care provider they have asthma or exercise-induced asthma?	❑	❑
Have only one functioning kidney?	❑	❑		**Devises/Accommodations**	**No**	**Yes**
Have a bleeding disorder?	❑	❑		Use a brace, orthotic, or another device?	❑	❑
Have any problems with hearing or have congenital deafness?	❑	❑		Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	❑	❑
Have any problems with vision or only have vision in one eye?	❑	❑		Wear protective eyewear, such as goggles or a face shield?	❑	❑
Have any ongoing medical conditions? If yes, check all that apply: ❑ Asthma ❑ Diabetes ❑ Seizures ❑ Sickle Cell trait or disease ❑ Other:	❑	❑		Wear a hearing aid or cochlear implant?	❑	❑
				Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.	❑	❑
				Digestive (GI) Health	**No**	**Yes**
Have Allergies? If yes, check all that apply ❑ Food ❑ Insect Bite ❑ Latex ❑ Medicine ❑ Pollen ❑ Other:	❑	❑		Have stomach or other GI problems?	❑	❑
				Ever had an eating disorder?	❑	❑
Ever had anaphylaxis?	❑	❑		Have a special diet or need to avoid certain foods?	❑	❑
Carry an epinephrine auto-injector?	❑	❑		Are there any concerns about your child's weight?	❑	❑
Brain/Head Injury History	**No**	**Yes**		**Injury History**	**No**	**Yes**
Ever had a hit to the head that caused headache, dizziness, nausea, confusion or been told they had a concussion?	❑	❑		Ever been unable to move their arms or legs or had tingling, numbness or weakness after being hit or falling?	❑	❑
Receive treatment for a seizure disorder or epilepsy?	❑	❑		Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	❑	❑
Ever had headaches with exercise?	❑	❑		Have a bone, muscle or joint that bothers them?	❑	❑
Ever had migraines?	❑	❑		Have joints that become painful, swollen, warm or red with use?	❑	❑
				Ever been diagnosed with a stress fracture?	❑	❑

Student Name: DOB:

Does or has your child			*Does or has your child*		
Heart Health			**Females Only**	**No**	**Yes**
Ever complained of:	**No**	**Yes**	Have regular periods?	❑	❑
Ever had a test by a health care provider for their heart (eg-EKG, echocardiogram, stress test)?	❑	❑	**Males Only**	**No**	**Yes**
Lightheadedness, dizziness, during or after exercise?	❑	❑	Have only one testicle?	❑	❑
Chest pain, tightness or pressure during or after exercise?	❑	❑	Have groin pain or a bulge or a hernia?	❑	❑
Fluttering in the chest, skipped heartbeats, heart racing?	❑	❑	**Skin Health**	**No**	**Yes**
Ever been told by a health care provider they have or had a heart or blood vessel problem? If yes, check all that apply: ❑ Chest Tightness or Pain ❑ Heart Infection ❑ High Blood Pressure ❑ Heart Murmur ❑ High Cholesterol ❑ Low Blood Pressure ❑ New Fast or Slow Heart Rate ❑ Kawasaki Disease ❑ Has Implanted Cardiac Defibrillator (ICD) ❑ Has a Pacemaker ❑ Other:	❑	❑	Currently have any rashes, pressure sores or other skin problems?	❑	❑
			Ever had a herpes or MRSA skin infection?	❑	❑
			COVID-19 Information	**No**	**Yes**
			Has your child ever tested positive for COVID-19?	❑	❑
			If NO, STOP. Go to Family Heart Health History. If YES, answer questions below:	❑	❑
			Date of positive COVID test:	❑	❑
			Was your child symptomatic?	❑	❑
			Did your child see a healthe care provider for their COVID-19 symptoms?	❑	❑
			Was your child hospitalized for COVID?	❑	❑
			Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	❑	❑

Family Heart Health History

A relative has/had any of the following: Check all that apply:

❑ Enlarged Heart/Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
❑ Arrhythmogenic Right Ventricular Cardiomyopathy
❑ Heart rhythm problems, long or short QT interval
❑ Heart Attack at age 50 or younger
❑ Brugada Syndrome
❑ Catecholaminergic Ventricular Tachycardia
❑ Marfan Syndrome (aortic rupture)
❑ Pacemaker or implanted cardiac defibrillator (ICD)

A family history of:

❑ Known heart abnormalities or sudden death before age 50?
❑ Structural heart abnormality, repaired or unrepaired?
❑ Unexplained fainting, seizures, drowning, near drowning or car accident before age 50?

If you answered **NO** to all questions, **STOP**, Sign and date below. **GO** to page 3 if you answered **YES** to a question.

Parent/Guardian Signature: Date:

Student Name:	DOB:
If you answered YES to any questions, give details, sign and date below.	
Parent/Guardian Signature: Date:	