REGISTRATION INFORMATION
CLARKSTOWN CENTRAL SCHOOL DISTRICT
Phone: 845-639-6310 Website: www.ccsd.edu

Welcome! In February, Kindergarten registrations are completed at the elementary school associated with the student’s home address. Year round, new students are registered and address changes are made by appointment at the Administration Building which is located at 62 Old Middletown Road, New City, New York. The Registrar’s office is open from 8:00 a.m. to 4:00 p.m. during the school year and from 8:00 a.m. to 3:00 p.m. throughout the summer. Parents should obtain and complete a registration packet prior to scheduling an appointment. Registration packets are available at the Registrar’s office or they may be downloaded by clicking Registration under “Quick Links” at the ccsd.edu website.

Please Note: When a Clarkstown family has a change of address or enrolls a new student or re-enrolls a student, residency MUST be verified again. There are NO exceptions. All mail will be sent to the previous address and transportation will not be arranged until proper proof of residency is obtained.

DOCUMENT CHECK LIST:
If you do not have the requested documents, please call the Registrar’s Office at (845) 639-6310 to make an appointment to discuss your situation.

___ REGISTRATION PACKET
   One packet must be completed per child.

___ RESIDENCY AFFIRMATION FORM (signed)

___ PROOF OF RESIDENCY
   All students entering the Clarkstown Central School District must provide the proper documentation as outlined below to establish residency. The documents provided must always state the student’s physical address. A post office box is never an accepted address for the purpose of determining residency.

HOMEOWNERS
The name and address on the documents must match the name and address of the parent or legal guardian of the student being registered.

___ Mortgage Statement or Tax Bill
   If you have just recently closed on a new home, please provide your Settlement/Closing Statement or Deed.
-AND-
___ Current Utility Bill OR Utility hook-up receipt
   (i.e., cable, electric, gas/fuel, water, home telephone or internet service)

-OR-

RENTERS
The name and address on the documents must match the name and address of the parent or legal guardian of the student being registered.

___ Signed Lease Agreement with the terms listed and landlord’s phone number
-AND-
___ Current Utility Bill OR Utility hook-up receipt (i.e., cable, electric, gas/fuel, water, home telephone or internet service). Please note: After enrollment, a current lease and utility bill must be submitted to the Registrar’s Office within 30 days of the lease expiration date.
CCSD REGISTRATION INFORMATION
DOCUMENT CHECK LIST (cont.):

____ BIRTH CERTIFICATE
Original birth certificate with raised seal (translated into English, if necessary).

____ PROOF OF PARENTAL RELATIONSHIP
Students will be registered when proper proof of parental relationship is presented. The parent/legal guardian must be present at time of registration and must provide a valid photo ID.

____ Driver’s License or Government Issued I.D.

____ Custody Paperwork, if necessary:
Foster Parents: DSS-2999 form is required.
Guardian: Guardian documents signed by a court officer are required.
Separated or Divorced Parents: Documents signed by a court officer stating parent has physical custody of the child is required.

____ HEALTH INFORMATION

____ Health Packet
The medical questionnaire must be completed by the parent.

____ Immunization Records
Must be signed or stamped by a licensed health care provider.

____ SCHOOL RECORDS

____ Report Card or Progress Report
The most recent school reports are recommended.

____ Current Individualized Education Program (IEP), if applicable.

Submitting false documentation may be punishable as a crime under Section 210.35 and 210.45 of the Penal Law of the State of New York and will be referred to the proper authority for prosecution to the fullest extent of the law.

The Clarkstown Central School District reserves the right to request additional and/or updated proof of residency.
CLARKSTOWN CENTRAL SCHOOL DISTRICT
HOUSING QUESTIONNAIRE

Name of LEA: Mr. Arnold Fucci

Name of School: ________________________________

Name of Student: ________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

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

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

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

Date

NOTE TO SCHOOLS/LEAs: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.
CLARKSTOWN CENTRAL SCHOOL DISTRICT
CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar:
Mr. Arnold Fucci

Nombre de la Escuela:

Nombre del Estudiante:

<table>
<thead>
<tr>
<th>apellido</th>
<th>Primer Nombre</th>
<th>Segundo Nombre</th>
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<tbody>
<tr>
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</tbody>
</table>

Género: □ Hombre □ Mujer
Fecha de Nacimiento: ______/_____/______
Grado: ______
ID#: ______
Mes Día Año (jardín de infantes - 12) (opcional)

Dirección: ______________________________________
Teléfono: ____________________________

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

□ En un refugio
□ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
□ En un hotel/motel
□ En un carro, parque, autobús, tren, o camping
□ Otra vivienda temporal (Por favor describa):

□ En un hogar permanente

Nombre de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento) Firma de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)

Fecha

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante NO vive en un hogar permanente, favor de asegúrese que una Formulario de Designación sea completado.
STUDENT REGISTRATION / DISTRICT RESIDENCY AFFIRMATION

In order to attend the schools of the Clarkstown Central School District, a child must reside within the District. Per New York State Education Law, residency requires the child's physical presence as an inhabitant of the district and the intention to reside within the district. Children who do not live within District boundaries are not eligible to attend District schools. (Note that a child's residence is generally presumed to be that of his/her parents or legal guardian.)

When you register your child, you are declaring to the District that the child is in fact a District resident, and intends to remain in the District. If you present an in-District address when registering the child, despite the child residing out-of-District, we will take the steps necessary to remove the child from school and the District will seek to recoup imputed tuition and legal penalties.

It is the obligation of the parent or guardian to advise the District immediately if there is any change of address at which the child resides, or if there is a change in the custodial relationship to the child by a parent or guardian.

If you are unsure as to whether your child is a resident of the District, please contact the Registrar’s Office at 845.639.6310.

I attest that all the information provided on the following registration form and other associated paperwork submitted concerning the residency of my child, including any asserted-as-binding custodial arrangement, is accurate. I understand that if I deliberately provide false or inaccurate information to the Clarkstown Central School District in order to gain admission to District schools, I may be committing a crime subject to prosecution. \(^1\) I also understand that I will be responsible for the payment of tuition for my child if s/he received educational services from the District to which he/she was not entitled because of non-residency.

Date ______________

Student's Name ______________________________________ Date of Birth ______________

Print Name of Parent/Legal Guardian (Circle One) ______________________________________

Residence (Home Address) of Parent/Legal Guardian ______________________________________

__________________________________________________________________________________

Signature of Parent/Legal Guardian _____________________________________________________

\(^1\) Making a false statement to obtain a governmental benefit to which one is not entitled can represent a variety of criminal violations, as per Sections 155.30, 155.35, 155.40, 175.30, 175.35, 210.05, 210.10, and/or 210.45 of the New York Penal Law.
REGISTRO DE ESTUDIANTES / AFIRMACION DE RESIDENCIA DEL DISTRITO

Para asistir a las escuelas del Distrito Escolar Central de Clarkstown, un niño debe residir dentro del Distrito. Según la Ley de Educación del Estado de Nueva York, la residencia requiere la presencia física del niño como habitante del distrito y la intención de residir dentro del distrito. Los niños que no viven dentro de los límites del Distrito no son elegibles para asistir a las escuelas del Distrito. (Tenga en cuenta que generalmente se presume que la residencia de un niño es la de sus padres o su tutor legal.)

Cuando usted registra a su hijo, usted está declarando al Distrito que el niño es de hecho un residente del Distrito, y tiene la intención de permanecer en el Distrito. Si presenta una dirección en el distrito al registrar al niño, a pesar del niño que reside fuera del distrito, tomaremos las medidas necesarias para remover al niño de la escuela y el Distrito tratará de recuperar la cuota imputada y las penas legales.

Es la obligación del padre o guardián de informar al Distrito inmediatamente si hay algún cambio de dirección en el cual el niño reside, o si hay un cambio en la relación de custodia al niño por un padre o guardián.

Si no está seguro de si su hijo es residente del Distrito, contacte la Oficina del Registro al (845) 639-6310.

Yo atestigo que toda la información proporcionada en el siguiente formulario de inscripción y otros documentos relacionados presentados sobre la residencia de mi hijo, incluyendo cualquier arreglo de custodia afirmado como obligatorio, es correcto. Entiendo que si provoco deliberadamente información falsa o inexacta al Distrito Escolar Central de Clarkstown para poder ingresar a las escuelas del Distrito, puedo estar cometiendo un crimen sujeto a procesamiento. También entiendo que seré responsable del pago de la matrícula para mi hijo si él / ella recibió servicios educativos del Distrito al cual él / ella no tenía derecho debido a la no residencia.

Fecha ______________

Nombre del Estudiante ___________________________ Fecha de Nacimiento ______________

Nombre del Padre/Tutor Legal (Círculo Uno) ___________________________

Residencia (Domicilio) del Padre / Tutor Legal __________________________

____________________________________________________________________

Firma del Padre/Tutor Legal __________________________

1El hecho de hacer una declaración falsa para obtener un beneficio gubernamental al cual no se tiene derecho puede representar una variedad de violaciones criminales, según las secciones 155.30, 155.35, 155.40, 175.30, 175.35, 210.05, 210.10 y / o 210.45 de la Ley Penal de Nueva York.
# CLARKSTOWN CENTRAL SCHOOL DISTRICT REGISTRATION FORM

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>STUDENT DATA</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
<td>Last Name</td>
</tr>
<tr>
<td>Street</td>
<td>City or Town</td>
<td>Zip</td>
</tr>
</tbody>
</table>

| Birth Date   | Birth Place (Town, State, Country) |

For student NOT born in USA: Date entered USA __________ Date entered USA School __________ Number of years in U.S. schools prior to CCSD __________

| Home Language | Student Dominant Language |

Is the student Hispanic, Latino or of Spanish origin: ☐ Yes ☐ No

Racial Group: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander

Has the student had an educational evaluation: ☐ Yes ☐ No

If yes, does the student have a: ☐ Current IEP ☐ 504 Accommodation Plan

Has student registered in Clarkstown previously? Name and address of last school attended __________

No ☐ Yes ☐ If yes date left: __________

Yes ☐ Preschool Evaluation Date Left __________

FOR OFFICE USE ONLY

Entry School: Grade: Entered 9th Grade Year of Graduation

---

# FAMILY DATA

Custodial Parent/Guardian: ☐ Mother ☐ Father ☐ Other (please explain) __________

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name, First Name</td>
<td>Last Name, First Name</td>
</tr>
<tr>
<td>Priority 1 Phone #</td>
<td>Priority 1 Phone #</td>
</tr>
<tr>
<td>☐ Cell ☐ Work ☐ Home</td>
<td>☐ Cell ☐ Work ☐ Home</td>
</tr>
<tr>
<td>Marital Status Priority 2 Phone #</td>
<td>Marital Status Priority 2 Phone #</td>
</tr>
<tr>
<td>☐ Cell ☐ Work ☐ Home</td>
<td>☐ Cell ☐ Work ☐ Home</td>
</tr>
<tr>
<td>Occupation</td>
<td>Occupation</td>
</tr>
<tr>
<td>E-Mail Address Priority 3 Phone #</td>
<td>E-Mail Address Priority 3 Phone #</td>
</tr>
<tr>
<td>☐ Cell ☐ Work ☐ Home</td>
<td>☐ Cell ☐ Work ☐ Home</td>
</tr>
</tbody>
</table>

Siblings Names Date of Birth Siblings Names Date of Birth

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# EMERGENCY CONTACTS

Emergency Contact #1

Last Name, First Name Relationship Phone #: ☐ Cell ☐ Work ☐ Home

Emergency Contact #2

Last Name, First Name Relationship Phone #: ☐ Cell ☐ Work ☐ Home

I am a resident of the Clarkstown School District and the parent/guardian of the above child.

Signature ____________________________ Date __________

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Submitting false documentation to obtain a governmental benefit to which one is not entitled, such as false residency information to gain access to public school, is punishable as a crime, including but not limited to Fraud, Perjury and Larceny. Be forewarned that the District will refer such to the proper authorities.

A conviction could result in imprisonment.
Home Address before moving to Clarkstown:


Telephone number before moving to Clarkstown:


Revised January 2017
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:**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**Gender:**

- Male
- Female

**Parent/Person in Parental Relation Info:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
</tr>
</thead>
</table>

**Home Language Code**

---

**Language Background**

(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence?
   - English
   - Other
   - Specify

2. What was the first language your child learned?
   - English
   - Other
   - Specify

3. What is the Home Language of each parent/guardian?
   - Mother
   - Father
   - Guardian(s)
   - Specify

4. What language(s) does your child understand?
   - English
   - Other
   - Specify

5. What language(s) does your child speak?
   - English
   - Other
   - Specify
   - Does not speak

6. What language(s) does your child read?
   - English
   - Other
   - Specify
   - Does not read

7. What language(s) does your child write?
   - English
   - Other
   - Specify
   - Does not write

---

**This Section to be Completed by District in Which Student is Registered:**

**School District Information:**

<table>
<thead>
<tr>
<th>District Name/Number &amp; School</th>
<th>Address</th>
</tr>
</thead>
</table>

**Student ID Number in NYS Student Information System:**

---

ENGLISH
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* □ No □ Not sure □ "If yes, please explain:

   How severe do you think these difficulties are? □ Minor □ Somewhat severe □ Very 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 services received:

   Age at which services 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 concerns, etc.)

   __________________________________________

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

   __________________________________________

   Month: □ Day: □ Year:

   __________________________ ____________

   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: □ No □ Yes

---

**DATE OF INDIVIDUAL INTERVIEW:** __________________________

OUTCOME OF INDIVIDUAL INTERVIEW:

- □ ADMINISTER NY SITELL
- □ ENGLISH PROFICIENT
- □ REFER TO LANGUAGE PROFICIENCY TEAM

---

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NY SITELL**

NAME: __________________________

POSITION: __________________________

DATE OF NY SITELL ADMINISTRATION:

PROFICIENCY LEVEL ACHIEVED ON NY SITELL:

- □ ENTERING
- □ EMERGING
- □ TRANSITIONING
- □ EXPANDING
- □ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
Cuestionario de idioma del Hogar ("HLQ" por sus siglas en inglés)

Estimados padres o tutores:
Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés, así como conocer su educación previa e histórico personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas.
Gracias.

<table>
<thead>
<tr>
<th>NOMBRE DEL ESTUDIANTE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre</td>
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<table>
<thead>
<tr>
<th>FECHA DE NACIMIENTO:</th>
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<tbody>
<tr>
<td>Mes</td>
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<table>
<thead>
<tr>
<th>GÉNERO:</th>
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<tbody>
<tr>
<td>□ Masculino</td>
</tr>
<tr>
<td>□ Femenino</td>
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<tr>
<th>INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL</th>
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<tbody>
<tr>
<td>Apellido</td>
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</table>

| CÓDIGO DEL IDIOMA DEL HOGAR |

<table>
<thead>
<tr>
<th>Conocimientos de idiomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Por favor, marque todas las opciones que sean aplicables)</td>
</tr>
</tbody>
</table>

1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?  
   - □ Inglés  
   - □ Otro [especifique]

2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?  
   - □ Inglés  
   - □ Otro [especifique]

3. ¿Cuál es el idioma primario de cada padre / tutor?  
   - □ Madre [especifique]  
   - □ Padre [especifique]  
   - □ Tutor(es) [especifique]

4. ¿Qué idioma o idiomas entiende su hijo(a)?  
   - □ Inglés  
   - □ Otro [especifique]

5. ¿Qué idioma o idiomas habla su hijo(a)?  
   - □ Inglés  
   - □ Otro [especifique]  
   - □ No sabe hablar

6. ¿Qué idioma o idiomas lee su hijo(a)?  
   - □ Inglés  
   - □ Otro [especifique]  
   - □ No sabe leer

7. ¿Qué idioma o idiomas escribe su hijo(a)?  
   - □ Inglés  
   - □ Otro [especifique]  
   - □ No sabe escribir

**TO BE COMPLETED BY THE DISTRICT IN WHICH THE STUDENT IS REGISTERED**

<table>
<thead>
<tr>
<th>SCHOOL DISTRICT INFORMATION:</th>
<th>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Blank]</td>
<td>[Blank]</td>
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<table>
<thead>
<tr>
<th>District Name (Number) &amp; School</th>
<th>Address</th>
</tr>
</thead>
</table>

| PARA LLENAR POR EL DISTRITO EN EL QUE EL ESTUDIANTE SE HA INSCRITO |

1 SPANISH
Cuestionario de Idioma del Hogar (HLQ) — Página Dos

Historial Educativo

8. Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela: __________

9. ¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor describálos.
   SÍ  No  No se sabe
   ☐  ☐  ☐  * En caso afirmativo, por favor explique: ______________________________________

¿Qué gravedad considera usted que tienen estas dificultades educacionales? ☐ Poca gravedad  ☐ Algo grave  ☐ Muy grave

10a. ¿Algún vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? ☐ No  ☐ SÍ  * Por favor, llene 10b.

10b. *Si se le ha recomendado alguna vez una evaluación, ¿ha recibido su hijo(a) alguna vez alguna forma de educación especial?
   ☐ No  ☐ Sí – Explique, que forma o formas de educación especial recibió:

   Edad en la que recibió la intervención o forma de educación especial (favor de marcar todas las opciones que sean aplicables):
   ☐ De nacimiento a 3 años (Intervención Temprana)  ☐ 3 a 5 años (Educación Especial)  ☐ 6 años o mayor (Educación Especial)

10c. ¿Tiene su hijo(a) un Programa de Educación Individualizada ("IEP" por sus siglas en inglés)? ☐ No  ☐ Sí

11. ¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)?
   (Por ejemplo, talentos especiales, problemas de salud, etc.)

12. ¿En qué idioma(s) quiere usted recibir la información de la escuela?

   ________________________________________________

   Firma del padre/madre o de la persona en relación paternal Date
   Relación con el estudiante: ☐ Madre  ☐ Padre  ☐ Otra: ________________________________

   Mes:  Día:  Año:

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: ☐ NO  ☐ YES

**DATE OF INDIVIDUAL INTERVIEW:**

MON  DAY  VR.

OUTCOME OF INDIVIDUAL INTERVIEW:

☐ ADMINISTRER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: ____________________________  POSITION: ____________________________

DATE OF NYSITELL ADMINISTRATION:

MON  DAY  VR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

SPANISH
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
NOTICE REGARDING ACCESS TO STUDENT RECORDS AND STUDENT INFORMATION

Dear Parent or Eligible Student:

This is to advise you of your rights with respect to student records pursuant to the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of student records. The law gives parents and students over 18 years of age (referred to in the law as "eligible students") the following rights:

1. **The right to inspect and review the student's education records within 45 days of the day the district receives a request for access.** Parents or eligible students should submit to the Building Principal a written request that identifies the records they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. **The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading.** Parents or eligible students may ask the district to amend a record that they believe is inaccurate or misleading by writing the Principal, clearly identifying the part of the record they want changed, and specifying why it is inaccurate or misleading.

   If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. **The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.** The exceptions, which permit disclosure without consent, include disclosure to school officials with legitimate educational interests or an authorized representative. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, medical consultant,
or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

An authorized representative is any individual or entity designated by a state or local educational authority or a federal agency headed by the Secretary, the Comptroller General or the Attorney General to carry out audits, evaluations, or enforcement or compliance activities relating to educational programs.

Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

For a complete list of exceptions to FERPA's prior consent requirements see regulation 5500-R, Section 5.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue SW
Washington, DC 20202-4605
NOTIFICATION OF DIRECTORY INFORMATION DESIGNATIONS

In addition to the rights outlined above, FERPA also gives the school district the option of designating certain categories of student information as "directory information." Directory information includes student:

- Name
- ID number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems (only if the id cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the student’s identity)
- Weight and height if a member of an athletic team
- Degrees and awards received
- Grade level
- Photograph
- E-mail address
- Enrollment status

You may object to the release of this "directory information." However, you must do so in writing within 14 business days of receiving this notice. If we do not receive a written objection, we will be authorized to release this information without your consent.

Adoption date: March 31, 2015
PARENTS' BILL OF RIGHTS FOR STUDENT DATA PRIVACY AND SECURITY

The Clarkstown Central School District, in recognition of the risk of identity theft and unwarranted invasion of privacy, affirms its commitment to safeguarding student personally identifiable information (PII) in educational records from unauthorized access or disclosure in accordance with State and Federal law. The Clarkstown School District establishes the following parental bill of rights:

- Student PII will be collected and disclosed only as necessary to achieve educational purposes in accordance with State and Federal Law.

- A student's personally identifiable information cannot be sold or released for any commercial purposes by a third party contractor. The district will not sell student personally identifiable information and will not release it for commercial purposes, other than directory information released by the district in accordance with district policy;

- Parents have the right to inspect and review the complete contents of their child's education record (for more information about how to exercise this right, see 5500-R);

- State and federal laws protect the confidentiality of personally identifiable information. Safeguards associated with industry standards and best practices, including but not limited to, encryption, firewalls, and password protection, must be in place when data is stored or transferred;

- A complete list of all student data elements collected by the State Education Department is available for public review at http://www.p12.nysed.gov/irs/sirs/.

- Parents have the right to have complaints about possible breaches of student data addressed. Complaints should be directed to the Superintendent of Schools, 62 Old Middletown Road, New City, NY 10956. Complaints can also be directed to the New York State Education Department by writing to the Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234 or by email to CPO@mail.nysed.gov.
• In the event that the District engages a third party provider to deliver student educational services, the contractor or subcontractors will be obligated to adhere to State and Federal Laws to safeguard student PII. Parents can request information about third party contractors by contacting the Superintendent of Schools, 62 Old Middletown Road, New City, NY 10956. or can access the information on the district’s website www.ccsd.edu.

*   *   *


CLARKSTOWN CENTRAL SCHOOL DISTRICT

HEALTH SERVICES REGISTRATION FORMS

Dear Parent/Guardian:

Welcome to the Clarkstown Central School District.

Please fill the attached forms **COMPLETELY** (3 pages). Return them to the registrar before you leave today. This information is essential for the school nurse to care for your child.

- Include ALL special health needs
- Include ALL allergies
- Include ALL medications that need to administered in school
- Immunization records MUST be completed before a student can enter school. Leave a copy if you have it with you, as well as any other medical documents.
- The registrar will give you another packet. Please return those forms to your school nurse when school opens.

A school nurse will call you to review the information.

The best daytime phone number to reach you: __________________________

Name __________________________

Very truly yours,

Susan J. Sherlock, P.N.P.
Coordinator of Health Services

SJS:mei
Attached.
**CLARKSTOWN CENTRAL SCHOOL DISTRICT**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Mother’s Name</td>
<td></td>
</tr>
<tr>
<td>Place of Employment</td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td></td>
</tr>
<tr>
<td>Father’s Name</td>
<td></td>
</tr>
<tr>
<td>Place of Employment</td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td></td>
</tr>
<tr>
<td>BEST Phone Number For Nurse To Reach Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>If parents are unavailable when child is ill call</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Additional emergency contact</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Alternate Number</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**BIRTH/DEVELOPMENTAL HISTORY**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal</td>
<td>Uneventful:</td>
</tr>
<tr>
<td>Premature at</td>
<td></td>
</tr>
<tr>
<td>Birth Weight</td>
<td></td>
</tr>
<tr>
<td>Apgar Score: (if known) 1 minute</td>
<td></td>
</tr>
</tbody>
</table>

**Developmental:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat alone</td>
<td></td>
</tr>
<tr>
<td>Crawled</td>
<td></td>
</tr>
<tr>
<td>Toilet trained</td>
<td>Average</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td>Average</td>
</tr>
<tr>
<td>Comments/Therapy:</td>
<td></td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Average</td>
</tr>
<tr>
<td>Comments/Therapy:</td>
<td></td>
</tr>
<tr>
<td>Activity Level</td>
<td>Average</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

**Social Development:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolerates Change in Routine</td>
<td></td>
</tr>
<tr>
<td>Has Difficulty</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
<tr>
<td>Interaction with Peers</td>
<td></td>
</tr>
<tr>
<td>Has Difficulty</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Fear or Anxieties</td>
<td></td>
</tr>
<tr>
<td>(describe)</td>
<td></td>
</tr>
<tr>
<td>Special Dietary Concerns</td>
<td></td>
</tr>
<tr>
<td>(describe)</td>
<td></td>
</tr>
</tbody>
</table>
Information is confidential and may be shared with teaching staff as needed.

Child's name: (Please Print)________________________ Date of Birth:______________ Boy ☐ Girl ☐ Grade: ______

Address:______________________________________ Home Phone Number:_________________

Lives at home with:
(Name)________________________ ; Mother (Name)________________________ ; Father

Siblings/Other: (Name)________________________; Male ☐ Female ☐ Date of Birth_________; Relationship:_________

(Name)________________________; Male ☐ Female ☐ Date of Birth_________; Relationship:_________

(Name)________________________; Male ☐ Female ☐ Date of Birth_________; Relationship:_________

Child's Caretaker: (Name)________________________; Male ☐ Female ☐ Relationship:_________

Doctor's Name:_________________________________ Phone Number:______________ Date of last physical:_________

Dentist's Name:_________________________________ Phone Number:______________ Date of last visit:_________

Is child under an orthodontist's care? No ☐ Yes ☐ Doctor's Name:_________________________________

Is child under the care of any specialist? No ☐ Yes ☐ Doctor's Name:________________________ Specialty:_________

Has this child ever had (a): YES Date: YES Date:

Chicken Pox ☐ ______________ Meningitis ☐ ______________

Encephalitis ☐ ______________ Rheumatic fever ☐ ______________

Lyme disease ☐ ______________ Pneumonia ☐ ______________

Bleeding tendency ☐ ______________ Kidney disease ☐ ______________

High Blood Pressure ☐ ______________ Positive TB test ☐ ______________

If Yes: Was medication ordered? __________________

Any complications from above illnesses? (Please explain)__________________________________________________________

__________________________________________________________

Does child have or has child ever had:

- Allergies? Yes ☐ Drug________________________ Food________________________

Insects________________________ Environmental________________________

Has the allergy required emergency action in the past? No ☐ Yes ☐

________________________________________________________________________

What happens to child:

________________________________________________________________________

________________________________________________________________________

- Asthma? Yes ☐ Triggered by:________________________ Treatment:________________________

Uses: Inhaler ☐ Nebulizer ☐ Other medication ☐

Taken: at home only ☐ may need medication at school ☐
- 3 -

- Diabetes?  Yes ☐ Takes insulin? No ☐ Yes ☐ Pump? No ☐ Yes ☐

- Seizures?  Yes ☐ Describe seizure: ____________________________

- Heart condition, murmur, or irregular heart beat?  Yes ☐ Describe ____________________________________

- Previous head injury?  Yes ☐ At age: _______ Concussion? Yes ☐ Dates: ________________________

- Headaches/Migraines?  Yes ☐ Describe any Aura: ____________________________

- Dizziness, loss of consciousness, fainting or lost memory?  Yes ☐ Describe: __________________________

- Bone or joint problems or broken bones?  Yes ☐ Describe: __________________________

- Loss of an eye, kidney, testicle or other organ?  Yes ☐ Describe ________________________________

- Past history of increased lead levels in the blood?  Yes ☐ When? _______ Was it treated? _________

- Attention Deficit Disorder?  Yes ☐ Is your child taking medication for this now? No ☐ Yes ☐

- Has this child had any other illness? __________________________________________________________

- Does your child take any other daily medication at home? No ☐ Yes ☐ At school? No ☐ Yes ☐

- Name of medication: ____________________________ Reason for taking it: ____________________________

ALL MEDICATIONS ADMINISTERED AT SCHOOL REQUIRE A FORM COMPLETED AND SIGNED BY DOCTOR'S OFFICE.

- Has this child had any condition which required emergency treatment or hospitalization? No ☐ Yes ☐

- If yes, for what? ____________________________ At age: _______ How long in hospital? _________

- Surgeries (operations)? ____________________________

Check off the following health categories/concerns that pertain to your child:

- Eyes: wears glasses ☑; wears contacts ☑; for reading ☑; for distance ☑; all the time ☑; single vision? ☐

- Ears: Frequent infections ☑; ear tubes present ☑; since _________

- Wears hearing aid: right ear ☑ left ear ☑ hearing difficulty: explain: ____________________________

- Other: ☐ nosebleeds ☐ requires diapering ☐ sleeping difficulties ☐ eating too little

- ☐ bowel ☐ requires catheterization ☐ dental concerns ☐ phobias

- ☐ bladder ☐ bed wetting ☐ eating too much ☐ menstruation

Does this child have any medical, physical, social, or emotional problems that the school should know about? (disabilities; parents recently separated; etc.) __________________________________________________________

Does any relative or anyone in the home have tuberculosis, diabetes, or other illness? 

Describe: __________________________________________________________

(Signature of legal parent/guardian) ____________________________ (Date) 12/16