REGISTRATION CHECK LIST

Items needed to complete the Registration Process for Each Student Entering Hastings-on-Hudson UFSD

- Student Registration Form
  Proper documentation must be provided for each child entering the school district. (This includes an original Birth Certificate, Health Forms, and all other necessary documents) Please make sure that the Registration Form is filled out completely.

- Proof of Residency (Needed per family entering Hastings-on-Hudson UFSD)
  - Utility Bills (3 needed)
    - Telephone (NOT cell phone)
    - Cable Bill
    - Utility Bill (Con Ed, Gas/Electric)
    - Water Bill
    - Homeowners or Renters Insurance
  - And (At least 1 needed)
    - Deed to House
    - Tax Bill
    - Lease
    - Notarized letter from owner of house and copy of tax bill or deed

- Original Birth Certificate
- School Physical form. Physical must be completed and the form must be signed and stamped by physician.
- Immunization Records, form must be signed and stamped by physician.
- School Records/Release of Records Form
  - Report Cards (Final report card from past 2 grades.)
  - Transcript (If available)
  - Standardized Test Scores
  - Medical Records
  - I.E.P.

- Proof of Guardianship
  This applies to parents who are separated or divorced and for those children not living with biological/adoptive parents.
  - Court Order Agreement re: Guardianship/Custody
  - Other document(s) establishing Guardianship/Custody

ALL ITEMS MUST BE SUBMITTED PRIOR TO ADMITTANCE INTO SCHOOL.

If your child has previously received Special Education Services or has a Section 504 Accommodation Plan, please call our Director of Special Education, Laura Sullivan, at 914-478-6281.
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.

**Home Language Questionnaire (HLQ)**

<table>
<thead>
<tr>
<th>Student Name:</th>
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<tbody>
<tr>
<td>First</td>
<td>Middle</td>
<td>Last</td>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
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<th>Gender:</th>
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<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Year</td>
<td>Female</td>
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<table>
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<tr>
<th>Parent/Person in Parental Relation Info:</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Relation to Student</td>
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</tbody>
</table>

**Home Language Code**

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

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

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

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

5. What language(s) does your child speak?  
- English  
- Other  

6. What language(s) does your child read?  
- English  
- Other  

7. What language(s) does your child write?  
- English  
- Other  

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

<table>
<thead>
<tr>
<th>School District Information:</th>
<th>Student ID Number in NYS Student Information System:</th>
</tr>
</thead>
</table>
Home Language Questionnaire (HLQ)—Page Two

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: ____________________________________________________________

10a. How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

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

10c. If referred for an evaluation, has your child ever received any special education services in the past?
   ☐ No ☐ Yes – Type of services received:
   ____________________________________________________________

10d. 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)

10e. 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?

______________________________________________________________________________

Signature of Parent or of Person In Parental Relation ________________________________

Month: ___ Day: ___ Year: ___

Relationship to student: ☐ Mother ☐ Father ☐ Other: ________________________________

______________________________________________________________________________

Name: ____________________________ Position: ____________________________

If an interpreter is provided, list name, position and credentials:

______________________________________________________________________________

Name: ____________________________ Position: ____________________________

Oral interview necessary: ☐ No ☐ Yes

______________________________________________________________________________

*Date of individual interview: ___/___/___

Outcome of individual interview:
   ☐ Administer NYSITELL
   ☐ English proficient
   ☐ Refer to language proficiency test

______________________________________________________________________________

Name: ____________________________ Position: ____________________________

Date of NYSITELL administration: ___/___/___

Proficiency level achieved on NYSITELL:
   ☐ Entering ☐ Emerging ☐ Transitioning ☐ Expanding ☐ Consolidating

______________________________________________________________________________

For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE recommendation: ENGLISH
HILLSIDE ELEMENTARY SCHOOL
PARENT QUESTIONNAIRE

Child's Name ___________________________ Birth Date ____________________________

Parent(s) ___________________________ Parent(s) ____________________________

Home Phone ______________ Parent Cell ______________ Parent Cell ______________

Has your child attended any schools before?  Yes _____ No _____ How long? ______

What school? ___________________________ Address ____________________________

Please list all brothers and sisters

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
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</tbody>
</table>

Please describe the siblings’ feeling about school ____________________________

Does your child have playmates of his/her own age? Yes/No

Does your child enjoy playing with other children? Yes/No

Does your child enjoy having time to spend alone? Yes/No

Does your child prefer to play with others or alone? Others/Alone

Is there any other child your child should not be placed with? ____________________________

What are your child's special interests? ____________________________

Please list some experiences that have enriched your child's knowledge.

__________________________

__________________________
What does your child most enjoy doing?

What kinds of things have you tried to teach your child at home?

How does your child respond to efforts to teach?

What responsibilities does your child have at home?

What kinds of things does your child find difficult to do?

How does your child react when he/she fails at something?

Does your child respond to encouragement and/or help?

When your child misbehaves, what methods do you find work best to correct the behavior?

Do you expect any difficulty for your child adjusting to kindergarten?

Has your child had any frightening or upsetting experiences?

Is your child able to sit and listen to a story?

Is your child able to separate from you when he/she goes to a birthday?

Other comments:
HASTINGS PUBLIC SCHOOLS
HASTINGS-ON-HUDSON, N.Y. 10706

RELEASE FORM FOR STUDENT INFORMATION

(In compliance with Federal General Education Provision Act, Part C, the Protection of the Rights and Privacy of Parents and Students, Public Law 93-380.)

To: __________________________________________ (School, Organization, Agency)
Address: __________________________________________
__________________________________________
__________________________________________

We are in need of information for __________________________________________ (birthdate) __________________________________________ who is enrolled in our school/program. We have received student/parent signature as indicated below for you to release or impart this information to us. All information will be treated as confidential.

Please provide information to: Types of information needed:

Registrar's Office
27 Ferragut Avenue
Hastings-on-Hudson, N.Y. 10706

Transfer/Grade Reports
Health/Medical Records/Information
Test Scores/Appraisal Reports
Withdrawal Grades
Other __________________________________________

Thank you for your prompt consideration of this request.

__________________________________________  (Signature)  (Title)  (Date)

__________________________________________

I understand the need for information being transferred and hereby grant my permission for you to release or impart any information you may have concerning the above named student to the person or organization requesting as above.

__________________________________________  (Student signature– if 18 or older)  (Parent Signature)
(designation)  (date)

STUDENT NAME: __________________________________________

4
Hastings-on-Hudson UFSD

Hillside Nurse: 478.6280
Middle/High School Nurse: 478.6225

Dear Parents/Guardians:

Welcome to the Hastings on Hudson School District. As school nurses we understand how important good health is to academic performance. We look forward to partnering with you to keep your child as healthy as possible. With that common goal in mind, the requirements for school outlined below are in place to support your child’s health and well-being.

New York State Education Law requires a health certificate (physical examination) to be on file for all students new to the Hastings on Hudson School District. All physical exams must be performed within 12 months prior to the date of entry. The physical exam and documentation of required Immunizations must be completed, signed and stamped by your physician, physician assistant or nurse practitioner authorized to practice in New York State. A dental certificate is requested for students new to the district.

The physical examination form must be handed in within 30 days of the date of entry into school. Please note that a student cannot participate in physical education or a sport until there is a current copy of their New York State physical exam on file.

New York Public Health Law 2164 requires all students to be fully Immunized against Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella (MMR), Hepatitis B, Meningococcal and Varicella (Chicken Pox). Acceptable proof of immunity may include a physician’s documented record of disease or a positive titer (blood test). These Immunizations are required for school entrance and attendance. Exclusion from school will result if immunization requirements are not met.

We appreciate your compliance with these regulations. If you have any concerns or questions regarding your child’s health, please contact the health office.

Sincerely,

Hastings on Hudson School Nurses

---

**PARENT/GUARDIAN HEALTH OFFICE FORM CHECKLIST**

- Health Certificate (Physical exam) form — signed by healthcare provider
- Health History — completed and signed by parent/guardian
- Current Immunization Record — signed by healthcare provider
- Dental Certificate — signed by dentist (optional)
- Medication Authorization (if applicable) — signed by healthcare provider and parent/guardian
- Emergency Information form — signed by parent/guardian
# Hastings-On-Hudson Union Free School District

## STUDENT HEALTH HISTORY

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>Gender:</th>
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<td>☐ M ☐ F</td>
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<thead>
<tr>
<th>Parent/Guardian:</th>
<th>Grade:</th>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(person completing this form)</td>
<td></td>
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</tr>
</tbody>
</table>

### Has your child ever:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
</tr>
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<tbody>
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<td>☐</td>
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</tbody>
</table>

- Had an ongoing medical condition
- Seen a medical specialist
- Had allergies: ☐ food ☐ environmental ☐ insect ☐ medication ☐ other ☐ epipen
- Had an hospitalization
- Had an operation
- Had an injury requiring an Emergency Room visit
- Missed 5 days of school in a row due to illness/injury
- Had a bone/muscle injury
- Passed out, had a concussion or serious head injury
- Had a convulsion/seizure
- Had a vision problem or condition ☐ ○ glasses ○ contacts
- Had a hearing problem or condition ☐ ○ hearing aid ○ cochlear implant
- Worn dental bridge, braces or mouthpiece

### Have any family members under the age of 50 ever:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If Yes, please specify:</th>
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- Had a heart attack
- Had other serious health problems

### CHECK ALL THAT APPLY TO YOUR CHILD:

- ADHD
- Asthma/trouble breathing
- Autism/Asperger
- Dental Injuries
- Diabetes
- Ear Infections
- GI Conditions (ulcer, reflux, IBS)
- Headaches/migraines
- Heart Conditions
- High Blood Pressure
- Mental Health Condition
- Depression, eating disorder, anxiety, OCD, ODD, etc.
- Scoliosis
- Single Organ (kidney, testicle)
- Skin Condition
- Speech Condition
- Urinary Condition

### CURRENT MEDICATIONS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list name, dose, time(s)</th>
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<tbody>
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</table>

- Given at school
- Taken at home

### ASSISTIVE EQUIPMENT

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please check all that apply</th>
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</table>

- During or outside of school ☐ crutches ☐ walker ☐ wheelchair ☐ other:

### TREATMENTS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list any additional concerns: (use back of sheet if necessary)</th>
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</tbody>
</table>

- During or outside of school ☐ insulin/blood glucose monitoring ☐ inhaler/nebulizer/peak flow monitoring ☐ special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: ____________________________

Please list any additional concerns: (use back of sheet if necessary) ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________
Hastings-On-Hudson Public Schools
Health Offices

Parent and Prescriber’s Authorization for Administration of Medication in School

A. To be completed by parent/guardian:
I request that my child __________________________ grade ___ receive the medication(s) as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in a properly labeled original container from the pharmacy. (In the event of an emergency the district’s stock Albuterol may be used when the student’s prescription is empty)
Parent/Guardian Signature:________________________(Tel in)_____________________

B. To be completed by the licensed health care prescriber:
I request that my patient, as listed below, receive the following medication(s):
Student Name:_________________________DOB:________________
Diagnosis:_______________________________________________________

**MEDICATIONS MUST BE ORDERED IN PROPER DOSAGE NOTATION (i.e. mg, concentration) TO BE ACCEPTED**

Medication:_________________________Dosage:_________________________Frequency:______________Route:______________
Medication:_________________________Dosage:_________________________Frequency:______________Route:______________
Medication:_________________________Dosage:_________________________Frequency:______________Route:______________
Medication:_________________________Dosage:_________________________Frequency:______________Route:______________
Medication:_________________________Dosage:_________________________Frequency:______________Route:______________
Possible Side Effects:

Health Care Provider Permission for Independent Use and Carry (not applicable for grades K-4)
I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

☐ Allergy and requires Epinephrine Auto-injector
☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
☐ ___________________________which requires rapid administration of ___________________________

Signature:_________________________Date:_________________________

Parent/Guardian Permission for Independent Use and Carry
I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature:_________________________Date:_________________________

Licensed Prescriber:_________________________Date:_________________________Stamp:
Name and Title (print):_________________________
Signature:_________________________
Address:_________________________
HASTINGS-ON-HUDSON
UNION FREE SCHOOL DISTRICT
27 Farragut Avenue
Hastings-on-Hudson, New York 10706
Phone (914) 478-2900
www.hohschools.org

HOH STUDENT Network Access

Please read the included policy packet with your parents. Your network and Gmail learn account access will be activated once this form has been returned.

*Please print legibly:*

Name: _______________________________ Student ID: ____________ *(Required)*

Grade Level: _______________ Anticipated Graduation Year: _______________

**Acceptable Use Policy**

I have read and understand the District Technology Acceptable Use Policy for students, and have had the opportunity to have any and all of my questions about the use of educational technology answered.

By signing this form, I agree to abide by the rules, policies, and regulations set forth in this agreement.

Student Signature: __________________________ Date: ____________

Parent Signature: __________________________ Date: ____________

*Please Sign & Complete Above*

*A completed copy of this form must be forwarded to the Technology office*

**TECHNOLOGY OFFICE USE ONLY**

☐ Network Access ☐ Google Mail

Engineer Sign off: __________________________ Date: ____________

Email to Counselor or main office has been sent confirming account availability.
SUBJECT: ACCEPTABLE USE (Cont'd)

Demonstrated intent to violate policy will be considered the same as an actual policy violation. Demonstrated intent means evidence such as actions that if successful or if carried out as intended, would result in a policy violation. Failure to abide by the above policy will result in suspension of technology access privileges, financial liability for damages, other disciplinary action, and in some circumstances, may result in criminal liability.

District Responsibility

1. The Hastings-on-Hudson Union Free Public Schools will allocate resources in an effort to provide a safe Internet experience for all users. This Acceptable Use Policy is adopted and enforced in furtherance of that goal. However, it is important to note that, even though the District may use technical or manual means to regulate access and information including Internet filters to help prevent users from accessing inappropriate information on the Internet in accordance with the Children's Internet Protection Act [Pub. L. 106-554 and 47 USC 254(a)], these methods do not provide a foolproof means of enforcing the provisions of this policy and its goals.

2. The District will use technology protection measures (e.g., Internet filters) to help prevent users from accessing inappropriate information on the Internet in accordance with the Children's Internet Protection Act [Pub. L. 106-554 and 47 USC 254(b)].

Adopted: 05/20/03
Revised: 06/04/07
Dear Parents/Guardians,

The Hastings on Hudson Union Free School District (the District) will offer an insurance plan option for the Chromebooks. This plan will cover all accidental damages, losses and theft. A loaner will be provided while repairs are made. The cost of the plan is $30.00 per student. There will be no deductible. To report accidental damage to a Chromebook, please bring the device to the main office of your school and complete a Chromebook Repair Form. In addition, you must notify the main office and complete a police report in the event of loss or theft.

Please note that should you choose not to participate in the Chromebook insurance plan you will remain responsible for any damages to or loss or theft of your child's Chromebook. The typical charges have ranged from $50.00 to replace a cracked screen up to $300.00 to replace an irreparable, lost or stolen Chromebook.

To enroll in the plan:

Complete the form below and return the completed form and payment to Hastings High School on Chromebook distribution day. Please make checks payable to the Hastings on Hudson UFSD.

Should you have any questions please contact your school's main office. Thank you.

Sincerely,

Maureen Caraballo

☐ I choose to participate in the Chromebook insurance.

☐ I choose to self-insure the Chromebook and am fully aware that I am financially responsible for any repairs or loss.

Student's Name: ___________________________ Grade: _____

Parent's Name: ___________________________ Date: _____

Parent's Signature: _________________________
Hastings-on-Hudson Public Schools

School Chromebook Handbook

Procedures and Information for Students and Parents

Ownership of the Chromebook

Hastings on Hudson Union Free School District retains sole right of possession of the Chromebook. H OHSD lends the Chromebook to the students for educational purposes only for the academic year. Additionally, Hastings on Hudson Union Free School District administrative staff and faculty retain the right to collect and/or inspect Chromebooks at any time, including via electronic remote access and to alter, add or delete installed software or hardware.

Receiving Your Chromebook

Parents and students must sign the Hastings on Hudson UFSD Device Acceptable Use Policy (AUP) prior to being issued a Chromebook.

Returning Your Chromebook

At graduation or at the time of transfer/withdrawal, students will turn in their Chromebooks and all peripherals and accessories. Failure to turn in a Chromebook will result in the student being charged the full $300.00 replacement cost. Additionally, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.

Transferring/Withdrawing Students

Students that transfer out of or withdraw from Hastings School District must turn in their Chromebooks and accessories. Failure to turn in the Chromebook will result in the student being charged the full $300.00 replacement cost and result in a hold placed on the release of student records to the receiving district. Unpaid fines and fees of students leaving Hastings on Hudson Union Free School District may be turned over to a collection agency.

Additionally, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.

Rights and Responsibilities for Electronic Data

Students are solely responsible for any apps or extensions on their Chromebooks that are not installed by a member of the Hastings technology staff. Students are responsible for backing up their data to protect from loss. Users of school technology have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the Chromebook, school network, or any school-issued applications and are given no guarantees that data will be retained or destroyed.
Estimated Replacement/Repair Costs (subject to change)

The following are estimated costs of Chromebook parts and replacements:

- Replacement - $300.00

- Repair cost - If damage to the Chromebook results from misuse, abuse or accident the student is responsible for all repair costs.

- The cost for Chromebook insurance is $30.00.

No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to any usage of a Chromebook. The school may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student Chromebooks at any time for any reason related to the operation of the school. By using a school-issued Chromebook, students agree to such access, monitoring, and recording of their use.

Monitoring Software

Teachers, school administrators, and the technology department staff may use monitoring software that allows them to view the screens and activity on student Chromebooks.

Educational Use

School-issued Chromebooks should be used for educational purposes only. Students are to adhere to the Hastings on Hudson Acceptable Use Policy and all of its corresponding administrative procedures at all times.

Using Your Chromebook At School

It is the student’s responsibility to charge their Chromebook at home each night. They are expected to bring their fully-charged Chromebook to school every day to all classes, unless specifically advised not to do so by their teacher.

Printing

- Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.

- Students may set up their home printers with the Google Cloud Print solution to print from their Chromebooks at home. Information about Google Cloud Print can be obtained here: http://www.google.com/cloudprint/learn/.

Logging into a Chromebook

- Students will log into their Chromebooks using their school-issued email addresses.

- Students should never share their account passwords with others.

- No external email accounts may be used on the school-issued device.

- No sharing or guest access is permitted.
The Chromebook screen can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are particularly sensitive to damage from excessive pressure, heat, and light.

- Make sure there is nothing on the keyboard before closing the lid (e.g. pens, pencils, or disks).
- Only clean the screen with a soft, dry microfiber or anti-static cloth.

**Asset Tags**

- All Chromebooks will be labeled with school asset tags, serial number and student name.
- Tags may not be modified or tampered with in any way.

**Chromebooks left unattended**

Under no circumstances should Chromebooks be left in unsupervised areas such as the school grounds, the lunchroom, vehicles, bathrooms, computer labs, library, unlocked classrooms, and hallways. Any Chromebook left in these areas is in danger of being stolen. If a Chromebook is found in an unsupervised area, it should be taken immediately to the office. Multiple offenses will result in disciplinary action. Please note: Students should place their Chromebook in their hallway locker prior to attending PE. Under no circumstances should Chromebooks be stored in gym lockers.

---

**RETURN TO HASTINGS HIGH SCHOOL ALONG WITH INSURANCE FORM AND $30.00 CHECK:**

I have read and agree to the above Chromebook guidelines:

---

**Student Name:** (print) ____________________________  **Grade:** ____________

---

**Sign/Date**

---

**Parent Name:** (print) ____________________________

---

**Sign/Date**