

November 2018

Dear Parents/Guardians,

Children who turn five by December 1, 2019 are eligible to begin kindergarten at PQ in September 2019. Kindergarten registration runs between December 3rd and 6th from 3:30 – 6:30 pm. The purpose of registering at this time of year is to help us identify all the children in our district who may attend kindergarten in the fall. This supports our budget recommendation for the number of kindergarten classes. It also begins the process of introducing you to Pequenakonck Elementary. Registering your child does not obligate your child to attend.

To register your child:

Registration will take place at PQ during the week of December 3, 2018. Registration is Monday, December 3 through Thursday, December 6 between the hours of 3:30 pm and 6:30 pm. It is not necessary to bring your child to school for registration.

Parents who are unable to come to school on the dates that are scheduled should contact Jean Jerussi at 914-669-5317 ext. 3056, so we may add your child to our plans and schedule a date and time to register your child.

Registration is a 10 minute paperwork process and will be held in our PQ Main Office. Parents must bring all of the following in order to register; **we cannot register** your child if any of these are incomplete:

- a. **original** birth certificate or other proof of birth (passport, baptismal certificate;
- b. record of immunizations, signed by your child's doctor;
- c. **photo** identification of parent registering the student (driver's license with district address, etc.);
- d. proof of residence of parent (deed or mortgage statement with address of property; if renting, lease/rental agreement with proof of ownership of the landlord of the property); if you are already a registered family in the district you will just need proof of identity;
- e. proof of guardianship, if applicable;
- f. registration papers can be found on the Kindergarten Registration page of the school website, www.northsalemschools.org.

Children entering kindergarten are required to provide proof of receiving the following immunizations prior to the start of school:

- 4-5 doses of Diphtheria and Tetanus Toxoid-Containing Vaccine and Pertussis Vaccine (one dose must be given after age 4)
- 3-5 doses of polio vaccine; (1 dose must be given after the age of 4)
- 2 doses of Measles/Mumps/Rubella-MMR;
- 3 Hepatitis B vaccine;
- 2 Varicella vaccine (chicken pox);

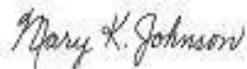
Our school nurse will check the required immunization and health services paperwork. If immunization of your child is not complete by registration time, we will still register your child, but do require that the immunization records be up-to-date before the start of school in September. **If your child is not immunized or appropriate documentation is not provided to the nurse, your child may not be able to start school.** A physical examination is also required and must be dated after September 5, 2018 and should be completed by October 10, 2019.

If you are unsure:

Sometimes at this point in the year a parent will be concerned as to whether or not their child is “ready” to come to school. If your child attends nursery school or daycare, please confer with the person who knows your child. If you feel hesitant about your child’s readiness and would like to talk with us at school in advance of the kindergarten screening, please contact me at 914-669-5317 ext. 3041. **Please plan to register your child, but tell us you are unsure.** We also advise you to register your child for nursery school so that your child will have a place should he or she not attend kindergarten.

We look forward to meeting you at PequenaKonck! Once you have registered, I will write to you about our plans for the spring. These include parent orientation, kindergarten student screening and our pre- kindergarten student visitation in June – bus ride and all! Most of our communication is through email so please do not forget to send Jean Jerussi your email address. You may email her at jjerussi@northsalemschools.org. Please do not hesitate to call if you have any questions now or along the way.

Sincerely,



Mary K. Johnson
Principal

MKJ/jmj

PEQUENAKONCK ELEMENTARY SCHOOL

173 June Road • North Salem • New York • 10560-1202
914•669•5317 • Fax 914•669•4326 • www.northsalemschools.org

NORTH SALEM CENTRAL SCHOOL DISTRICT
ALTERNATE ACCEPTABLE DOCUMENTS
FOR ENROLLMENT

Documentation of age - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing one of the following:

- a. An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; or
- b. passport (including foreign passport) giving the date of birth

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are the following:

- official driver's license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification card
- hospital or health records
- military dependent identification card
- documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
- court orders or other court-issued documents
- Native American tribal document
- records from non-profit international aid agencies and voluntary agencies
- Note: The School District may need to verify these documents/record

Proof of Residency is required. According to NY State Law, In order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.

Section A

- 1) Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage
- 2) a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district
- 3) such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District
- 4) other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District. For instance: current property tax bill, current homeowner's/renter's insurance policy statement, see also list from Section B

Note: The North Salem School District reserves the right to contact any individual who provides a statement attesting to the physical presence in the School District of the parent(s) or person(s) in parental relation to the student requesting enrollment.

Section B

- 1) pay stub
- 2) income tax form(s)
- 3) utility bill or other bills (e.g., power company, cable, etc.).
- 4) membership documents that are based upon residency (e.g., library cards)
- 5) voter registration document(s)
- 6) official driver's license, learner's permit or non-driver identification
- 7) documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
- 8) evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers
- 9) Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.



NORTH SALEM

CENTRAL SCHOOL DISTRICT

230 June Road North Salem, New York 10560**(914) 669-5414 Fax (914) 669-8753****Kenneth R. Freeston, Ph.D.**
Superintendent of Schools**Adam VanDerStuyf**
Director for Pupil Personnel Services

Dear Parents/Guardians:

Welcome to the North Salem Central School District. In accordance with the Individuals with Disabilities Education Act and New York State Education Law, I am writing to make you aware that the parent or person in parental relation of any student may refer such student to the District's Committee on Special Education for an evaluation to determine the student's eligibility for special education programs and services. Please know that the Pupil Personnel Services Department is here to support you and your child if he or she has, or is suspected of having, an educational disability.

Below is a link to the New York State Education Department's "*A Parent's Guide to Special Education*" in both English and Spanish. The parent guide provides an overview of a parent's rights regarding referral and evaluation of their child for the purposes of special education programs or services upon a student's enrollment in public school.

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>.

<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

In addition, you may contact the office of the Director for Pupil Personnel Services, Adam VanDerStuyf, at (914) 669-5414 ext. 1016 to make a referral to the Committee on Special Education, to obtain a copy of the Parent's Guide or to obtain further information concerning the referral process.

Sincerely

Adam VanDerStuyf

Adam VanDerStuyf
Director for Pupil Personnel Services

NORTH SALEM CENTRAL SCHOOL DISTRICT STUDENT INFORMATION AND REGISTRATION FORM

Today's Date _____

Student's Last Name:		First Name:		Middle:	
Date of Birth:		Place of Birth:		Gender:	
Present Grade Level:		Currently attending (please indicate name of school):			
If student will be starting school in September, which grade did student just complete?					
If student is transferring from another school, has the "Release of Records" been completed and signed by the parent/guardian? <input type="checkbox"/> yes <input type="checkbox"/> no		Street Address:			
		City:		State/Zip	
		Telephone #		Fax #	
Has the student received any additional education services? If yes, please indicate:					
<input type="checkbox"/> reading room		<input type="checkbox"/> speech therapy		<input type="checkbox"/> physical therapy	
<input type="checkbox"/> math remediation		<input type="checkbox"/> occupational therapy		<input type="checkbox"/> language support	
<input type="checkbox"/> special education program					
<input type="checkbox"/> social service agencies who support family or child:					
<input type="checkbox"/> other:					
Sibling Information – please include first and last names					
Name:		M/F	Date of Birth	Current School and Grade:	
Has this family been previously registered in the North Salem Central School District? <input type="checkbox"/> yes <input type="checkbox"/> no					

Student's Last Name:			First Name:		Middle:
Student's Residence Address: Street:			Student's mailing address, if different:		
City	State	Zip	City	State	Zip
Student's home telephone number: (please include area code)					
With whom is the student living? (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other			If the parents are divorced, who has custody?		
			In addition to student's residence, to whom should mail be sent?		
Mother's Name:			US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Residence Address Street:			Mother's Mailing Address, if different		
City	State	Zip	City	State	Zip
Home Telephone	Cellular	E-mail address			
Highest Level of Education:			Occupation:		
Employer Name/Address			Employer Telephone		
Father's Name:			US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father's Residence Address Street:			Father's Mailing Address, if different		
City	State	Zip	City	State	Zip
Home Telephone	Cellular	E-mail address			
Highest Level of Education:			Occupation:		
Employer Name/Address			Employer Telephone:		
Stepparent/Guardian Information Name Address City Telephone			Stepparent/Guardian Information Name Address City Telephone		

Parent/Guardian
Signature _____ Date: _____

For Office Use Only: Intake by: _____ Proof of Birth: _____ Proof of Residency _____ Health registration complete? _____ Immunization record: _____ Request for Release of Records: _____ Medical Alert? _____ Legal Alert? _____ Student Residency Questionnaire _____
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**NORTH SALEM CENTRAL SCHOOL DISTRICT
STUDENT HEALTH HISTORY AND REGISTRATION FORM**

(To be completed by parent of a student who did not attend North Salem Central School District last year)

Student's Last Name:	First Name:	Middle:
Date of Birth:	Gender:	Grade:

Please record approximate year child had any of the following:

Chicken Pox _____	Ulcers _____	Rheumatic Fever _____
Measles _____	Contact with Tuberculosis _____	Epilepsy _____
Mumps _____	Diabetes _____	Poliomyelitis _____
Whooping Cough _____	Major Fractures _____	High Blood Pressure _____
Heart Disease _____	Extended Illness _____	Ear Problems (tubes?) _____
Lyme Disease _____	Other: _____	

Please provide information about the entries selected above:

Has the child had any surgery, injuries or illnesses requiring hospitalization? No
 Yes: please explain _____

Is there any allergy to drugs, foods or stinging insects? No
 Yes: please explain _____

Does this child have asthma or hay fever? No
 Yes: please explain and include medication information _____

Does this child experience convulsive episodes or fainting spells? No
 Yes: please explain _____

Does this child wear glasses? No Yes
 If **yes**, are glasses to be worn at all times? No Yes For reading only? No Yes For distance? No Yes

Is this student under treatment or taking medication for any condition at the present time? No
 Yes: (please indicate the diagnosis and the name of the medication/dosage/frequency)

Is this student on medication that should be taken during school hours? No
 Yes: please explain _____

Is there any other condition for which the Health Office should be made aware? No
 Yes: please explain _____

Name of physician: _____ Telephone _____

Signature _____ Date : _____

Please use reverse for additional notes, and check here

KINDERGARTEN STUDENT INFORMATION SHEET

In order to gain a greater understanding of your child, we appreciate your completion of this sheet. If you have any concerns about a question or would like to talk to us in person, please let us know. Thank you.

CHILD'S FULL NAME: _____ BIRTHDATE: _____

FAMILY HISTORY: Name of Siblings Sex Age Grade Academic Adjustment

Other people living in your home: _____

BIRTH AND EARLY CHILDHOOD HISTORY:

Full Term: _____ Birth Weight: _____ Mother's Health at time of birth: _____

Delivery: Induced _____ Special circumstances (loss of oxygen, jaundice, prematurely, incubation, respiratory distress, early eating problems, cesarean section, additional comments: _____

Approximate age of sitting alone: _____ Walking: _____ Talking: _____

Speech development (underline): Stuttering, baby talk, lisping, can't think of words, faulty enunciation, loses thought, delayed, normal: other: _____

Any unusual occurrence in child's early life (underline and explain): Accident, fire, hospitalization, moving, separation from parent, death or illness of close family member, lived in a foreign country, other: _____

What language, other than English does your child speak or understand? _____

Does your child have any specific fears? Unusual eating habits or patterns, or problems with control, trouble separating from parents (baby-sitters, etc.), sleep problems; please explain: _____

MEDICAL HISTORY

Any major or chronic illnesses: (history of ear infections, allergies, convulsions, pneumonia?) _____

Accidents: (stitches, etc.) _____

Hospitalization: (include age of child, length of stay, reason for stay) _____

When your child is upset, in what way(s) might he/she respond or behave? _____

General Health: _____ Wears glasses? _____ Hearing loss? _____

over please....

Did your child attend nursery school: _____ Where: _____
How long? _____

How did your child adjust to Nursery School? _____

Does your child enjoy being alone: _____ Does your child play with others: _____
How frequently? _____
Does he/she prefer same age _____, older, _____ or younger children _____.
Does he/she share: _____ How does he/she settle differences of opinion with playmates? _____

How many hours daily does your child watch TV? _____

How does your child react in new situations? _____

Is your child shy with adults? _____

Do you feel your child is advanced, at age level, or needs growth in these areas?

Language Development: _____

Creative and Imaginative Play: _____

Athletic Skills: _____

Social Interaction: _____

Academic Skills, Reading Readiness: _____

Math: _____

Printing: _____

Artistic - Musical Ability: _____

Does your child read? Please explain (books/words): _____

Has your child had any special testing or received any special help or intervention? Please explain:

Does your child have any special interest or take special lessons or attend special classes?
(Gymnastics, music, etc.) _____

Is there anything further you'd like us to know about your child?

Thank you for helping us get to know your child. We look forward to getting to know you both!

Mary K. Johnson and Donald Merriman
Principal School Psychologist

Person completing this form

Date

Dear Parent/Guardian:

Beginning with the 2010-2011 school year, school districts and states are required to follow new standards in collecting and recording individual-level race and ethnicity data in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments
- Plan educational programs and make sure that they are readily available to all students
- Do statistical analysis

We need your help in order to accomplish this task. Please complete and return the enclosed forms using a separate form for each of your children who will be enrolled in the North Salem Central School District in the 2010-2011 school year. Please review the Racial/Ethnic definitions on the Student Racial and Ethnic Identification form, and return completed form(s) by September 27, 2010.

There are TWO areas that are needed to be checked off on the form:

- √ First, check YES or NO regarding whether or not the child is of Hispanic, Latino or Spanish origin.
- √ Second, check ONE OR MORE of the following choices that are true about the child's ethnicity/race. For example, you would check Asian *and* White for a child that was Asian and White.

North Salem Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If we are unable to get this information from you then, according to State and Federal regulations, we are required to use our own judgment to identify the race and ethnicity of the child. The form may not be blank.

Thank you for your cooperation. If you have any questions, please call your school's principal.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To the Parent/Guardian:

The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 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 to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.

Name of School:	
Student Identification Number:	Date of Birth (Month/Day/Year):
Student Name: Last, First, Middle:	Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM CAREFULLY BEFORE YOU RESPOND.

<p>1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race [Check (√) <u>one</u> that best describes your child].</p> <p style="text-align: center;"> <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic </p>
<p>2. Check (√) one or more races from the following five racial groups [Check (√) all groups that apply to your child; check (√) <u>at least ONE</u> box.]:</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. E.g. Cherokee, Mohawk, Inuit.</p> <p><input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.</p> <p><input type="checkbox"/> BLACK: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>

Signature of Parent/Guardian/Other

Date

Relationship to Student:

- Mother
 Father
 Guardian
 Other (Specify) _____

See reverse letter for important message to Parent/Guardians and Confidentiality Procedures and Regulations.