HIGHLAND CENTRAL SCHOOL DISTRICT

Mission Statement
In a safe and caring learning environment, we inspire students to make connections, think critically and become productive global citizens who create legacies that make our community proud.

Welcome to the Highland Central School District. Contained in this registration packet are the following forms you will be required to complete in order for your student to begin school:

Form 1  Housing Questionnaire
         Migrant Education Program Parent Survey
         Bus Card
         Registration Form

Form 2  Confidential Student Data Sheet

Form 3  Residency Documentation Form

Form 4  Authorization to Release Records

Form 5  Home Language Questionnaire

Form 6  Every Student Succeeds Act

Form 7  Release to Video/Photograph

Form 8  Telecommunication User Agreement

Form 9  Annual Medical Update Questionnaire

Medical Packet  District Physical Form (Required for entry to grades K, 2, 4, 7 and 10)
               Medication Administration Authorization Form
               Dental Certificate

Other Documents Required for Registration:

Proof of Student Age:  □ Birth Certificate  □ Baptismal Certificate  □ Passport

Proof of Guardian Identity:  □ Valid, state issue driver or non-driver id card  □ State or military picture id

Proof of Guardianship:  □ Separation Agreement  □ Divorce Decree  □ Custodial Documents  □ Court Order/Guardianship  □ Order of Protection/Restraint  □ Form DSS-299 (Foster)  □ Affidavit of Parent and Custodial Individual

□ Most recent Physical and Immunization Record  Students are required by Article 19 of State Education Law to furnish a report of a physical examination within the past year for entrance to school. For the 2021/2022 school year it should occur between 9/8/20 and 9/8/21. If the student has had such an examination, please forward a copy of it to the school. If the student needs a physical examination, the form on the reverse side of this letter may be used by your medical provider.

Upon completion of the registration packet please return to:
Highland High School; Attn: Elizabeth Salanitri; 320 Pancake Hollow Rd.; Highland, NY 12528
(845) 691-1032 Fax (845) 691-1033 Esalanitri@highland-k12.org

Rev. 04/2021
HIGHLAND CENTRAL SCHOOL DISTRICT

HOUSING QUESTIONNAIRE

Name of LEA: _______________________________     Highland Central Schools

Name of School: _______________________________

Name of Student: _______________________________

Gender:  □ Male     □ Female

Date of Birth: _______ / _______ / _______  Grade: _______  ID#: _______

Address: ___________________________________  Phone: _______________________

Month Day Year (preschool-12) (optional)

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 campground
□ 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

Rev. 12/2019
HIGHLAND CENTRAL SCHOOL DISTRICT
NEW YORK STATE MIGRANT EDUCATION PROGRAM
PARENT SURVEY

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

Please take few minutes to complete this questionnaire.

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

☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)

☐ Work related to logging, harvesting, or initial processing of trees.

☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

☐ No

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

Parent/Guardian Name: ________________________________________________

Home address: _______________________________________________________________________________________

Telephone number: (____)________ Best time to be reached: ______ AM/PM

Previous Address: _______________________________________________________________________________________

Student name: _______________________ Age __________ Grade _____

Student name: _______________________ Age __________ Grade _____

Your information will be provided to the Mid-Hudson Migrant Education Program located at:
SUNY New Paltz Campus
van den Berg Learning Center Annex
Room 353
New Paltz, NY 12561
(845) 257-2950
Highland Central School District
Registration Form
(Please Press Firmly)

Student Name: _______________________________ Male: ____ Female: ____

Date of Birth: _______________ Birth Place: ______________________
Ethnicity: __________________ Language spoken at home: __________________

Parent One: ______________________________________________________
Home Address: __________________________________________________
Mailing Address: _________________________________________________

Parent Two: ______________________________________________________
Home Address: __________________________________________________
Mailing Address: _________________________________________________

Home Phone: ___________________ Cell Phone: _______________________
Business Phone: _______________ Email: ____________________________

With whom does the student reside?
Who has custody of the child? Joint ____ Mother ____ Father ____ Guardian ____
Address: ______________________ Phone: ____________________________

Court documents? Yes ____ No ____
If yes, current court documents pertaining to the student during the school year MUST be on file at school (i.e. Custody papers, order of protection papers, custodial papers, etc.)

Previous schools attended:
Previously attended Highland: Yes ____ No ____

Siblings: Last Name First Name DOB Grade School
______________________________________________________________
______________________________________________________________
______________________________________________________________

**Special Considerations: Health History (i.e. allergies, vision, etc.), ESL, Special Education, Speech/Language, Gifted, Migrant Services: ________________________________

Registrant ___________________ Relationship ___________________ Date ____________

(Space below for School District use only)

Student #: ___________________________ Enrollment Date: _____________
Family #: ___________________________ Teacher: ________________________
Bus #: To: ___________ From: ___________ Grade: ___________ Homeroom: _________
Evidence of Birth: __________________________________________________
Placement Location: _________________________________________________

White: (Student Folder) Yellow: (Registrar's Office)
HIGHLAND CENTRAL SCHOOL DISTRICT

CONFIDENTIAL STUDENT DATA SHEET

Student Information:

Last Name
First Name
Middle Name

Student DOB
Grade Level
Students Native Language

Custodial Information:

With whom does the child reside: Mother    Father    Guardian (Name/Relationship:__________________________)
Type of custody:    N/A    Sole    Joint
***(Please provide court documentation, which must be on file with the school to be enforceable)***

Contact Information: Please list the parent that should be contacted first and second for attendance/nurse calls

Primary Contact: ___________________________________________ Relationship to Student: ____________________________
Street Address: ____________________________________________
Mailing Address: ____________________________________________
E-Mail Address: ___________________________ Cell Number: ___________________________ Contact # ______
Work Number: ___________________________ Contact # ______
Home Number: ___________________________ Contact # ______

Secondary Contact: ___________________________________________ Relationship to Student: ____________________________
Street Address: ____________________________________________
Mailing Address: ____________________________________________
E-Mail Address: ___________________________ Cell Number: ___________________________ Contact # ______
Work Number: ___________________________ Contact # ______
Home Number: ___________________________ Contact # ______

Emergency Information:

Please give the name and phone number of two individuals other than yourself that have permission from you to be contacted and requested to pick up your child in case of an emergency:

1. Name: ___________________________ Work#: ___________________________ Home Phone#: ___________________________
   Cell Phone#: ___________________________ Relationship to student: ____________________________

2. Name: ___________________________ Work#: ___________________________ Home Phone#: ___________________________
   Cell Phone#: ___________________________ Relationship to student: ____________________________

______________________________            ______________________
Parent/Guardian Signature            Date
HIGHLAND CENTRAL SCHOOL DISTRICT

RESIDENCY DOCUMENTATION FORM

Student Name: ___________________________________________ Date: ____________________

TWO PROOFS OF RESIDENCY ARE REQUIRED AT THE TIME OF REGISTRATION. BOTH PROOFS MUST BE DATED LESS THAN 30 DAYS AND SHOW YOUR STREET ADDRESS

If you are renting or own your home, please submit two from the following list:

☐ Deed, lease, or rental agreement for home (some documents may require notarization)
☐ Paycheck stub with street address
☐ Automobile, homeowners, rental insurance policy identifying your name and address
☐ Vehicle registration card
☐ Furniture rental agreement with your name and street address for delivery
☐ Valid driver’s license, learners permit or non-driver identification
☐ Print out of change of address from DMV website, or sticker on license from the DMV
☐ Income tax form
☐ Voter registration card
☐ School or property tax bill
☐ Utility bill (electric, gas, propane, oil) identifying your name and service address
☐ Telephone bill identifying your name and street address
☐ Cable bill identifying your name and street address
☐ Real estate closing statement
☐ Moving company bill
☐ Post office form processed by the postal service with forwarding address OR print out of address change from USPS.com OR mail with new street address identified by the yellow forwarding address label on the envelope
☐ Installation receipt from phone/cable/internet company identifying your name and address

If you are staying with a friend or family member, please submit a notarized, dated letter from the homeowner/renter identifying you and your children as residing at that address.
Additionally, please submit one document from the following list:

☐ Current paycheck stub with street address
☐ Automobile insurance policy identifying your name and current address
☐ Furniture rental agreement with your name and street address for delivery
☐ Valid driver’s license, learners permit or non-driver identification
☐ Print out of change of address from DMV website, or sticker on license from the DMV
☐ Income tax form
☐ Voter registration card
☐ Utility bill (electric, gas, propane, oil) identifying your name and service address
☐ Cable/internet/phone bill identifying your name and street address
☐ Moving company bill
☐ Post office form processed by the postal service with forwarding address OR print out of address change from USPS.com OR mail with new street address identified by the yellow forwarding address label on the envelope

Parent/Guardian Signature ___________________________ Date ____________________

Rev. 07/27/2021
HIGHLAND CENTRAL SCHOOL DISTRICT

AUTHORIZATION REQUEST TO RELEASE STUDENT RECORDS

Date: ____________________

Student Name: ____________________________________________________________

Date of Birth: ____________________ Grade of Entry: ____________________

Former School Name: _____________________________________________________

School Mailing Address: ___________________________________________________

City, State, Zip: ___________________________________________________________

Phone Number: ____________________ Fax Number: ____________________

The above student has entered the Highland Central School District. Please kindly forward the following documentation to complete the student record:

➢ Academic Record
➢ Standardized Test Results (Including Regents Competency Tests)
➢ Health Records
➢ Psychological Reports
➢ IEP/Special Education
➢ Attendance
➢ Family Data
➢ All other pertinent information (please list): ________________________________

Please forward the requested documents to the school marked below:

Highland Elementary School
Attn: Principal’s Office
16 Lockhart Lane
Highland, N.Y. 12528
Phone: (845) 691-1072/1062
Fax: (845) 691-1073

Highland Middle School
Attn: Guidance Office
71 Main Street
Highland, N.Y. 12528
Phone: (845) 691-1090
Fax: (845) 691-1092

Highland High School
Attn: Guidance Office
320 Pancake Hollow Road
Highland, N.Y. 12528
Phone: (845) 691-1021
Fax: (845) 691-1043

☐ Student Services; Phone: (845) 691-1023 Fax: (845) 691-1024

I, __________________________________________ give permission to my child’s former school to release any and all requested records to the Highland Central School district.

_________________________________________ Date

Parent/Guardian Signature
HIGHLAND CENTRAL SCHOOL DISTRICT

Every Student Succeeds Act

STUDENT NAME:

Last Name ___________________________________________ First Name ___________________________ Middle Name _______________________

PLACE OF BIRTH:

City __________________________________ County _______________ State ______ Country ___________________________________________

Number of years in school outside of the United States: ______________

ETHNICITY:

Is the student Hispanic, Latino or of Spanish Origin? □ Yes □ No

RACE:

Choose one or more of the following regardless of ethnicity:

□ American Indian or Alaskan Native □ Asian □ Black or African American

□ Native Hawaiian/Other Pacific Islander □ Caucasian

Does this student have a parent on active military duty: □ Yes □ No

If Yes: Parent name and date parent first entered active duty: ________________________________

FIRST POLIO VACCINATION:

Immunization Date: ________________________ (Month/Day/Year)

_________________________________________ Date

Parent/Guardian Signature

Rev. 12/2016
HIGHLAND CENTRAL SCHOOL DISTRICT

RELEASE TO VIDEOTAPE AND PHOTOGRAPH

Student Name (print) ___________________________ Grade ________

I hereby give my permission to the Highland Central School district to record my child/ward’s image and/or voice for use in promotional, educational materials, district web page and/or to be interviewed and/or photographed/videotaped by the media. This coverage may be used for broadcasting or published in print. I understand that I will not receive monetary compensation for such use. By granting permission, I release the District from any liability for, and waive any and all claims against the District by reason of the publications, including but not limited to unlawful invasion of privacy.

I understand that the signing of this release does not obligate the District to use my child/ward’s picture.

Parent/Guardian Signature ___________________________ Date ________

__________ Yes, I do give permission.

__________ No, I do not give permission.
I have read and understand the Highland Central School District's Telecommunications Use Administrative Regulation, as found on the districts website at:


This policy is regarding student use of the data/voice/video network and the Internet. By signing this consent and waiver form, I give my permission for my child to be permitted access to the District's data/voice/video network system and the Internet. I understand that my child's in-school access to the Internet is designed solely for educational purposes. I also understand that a variety of inappropriate and offensive materials are available over the Internet and it may be possible for my child to access these materials inadvertently or if he/she chooses to behave irresponsibly. I further understand that it is possible for undesirable or ill-tended individuals to communicate with my child over the Internet, that there is no practical way for the Highland Central School District to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the Highland Central School District faculty/staff to monitor any communications to and from my child on the District's data/voice/video network and Internet, I recognize that it is not possible for the District to monitor all such communications. I have determined that the benefits of my child having in-school access to the Internet outweigh the potential risks, and I will not hold the Highland Central School District or the Internet Access Provider, the Mid-Hudson Regional Information Center, responsible for material acquired or contacts made on the Highland Central School District's data/voice/video network or the Internet. I and my son/daughter further understand that any violation of the provisions in the telecommunications Use Policy/Administrative Regulation by my child may result in suspension or revocation of his/her system access and related privileges, other disciplinary action, and possible legal action.

Name of Student (Print)   

Student Grade   

Parent/Guardian Signature   

Date

Rev. 04/2018
# HIGHLAND CENTRAL SCHOOL DISTRICT

## Annual Medical Update

2021-2022

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<th>DOB:</th>
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<td>Grade:</td>
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<td>Age:</td>
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<td>Gender:</td>
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<th>Parent/Guardian:</th>
<th>Home Phone:</th>
<th>Date:</th>
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<tr>
<td>(person completing this form)</td>
<td>Cell Phone:</td>
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**Has your child ever:**

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<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
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<td>☐ food ☐ environmental ☐ insect ☐ medication ☐ other</td>
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**Have any family members under the age of 50 ever:**

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<th>YES</th>
<th>NO</th>
<th>If Yes, please specify:</th>
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### 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

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<th>NO</th>
<th>Please list name, dose, time(s)</th>
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### ASSISTIVE EQUIPMENT

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<th>Please check all that apply</th>
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<td>☐ crutches ☐ walker ☐ wheelchair ☐ other:</td>
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### TREATMENTS

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<th>YES</th>
<th>NO</th>
<th>During or outside of school</th>
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<td>☐ insulin/blood glucose monitoring ☐ inhaler/nebulizer/peak flow monitoring ☐ special diet</td>
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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) _______________________.

I give permission to release medical information to the appropriate staff members of Highland Central School District so that they can be informed of my student’s condition.

Parent/Guardian Signature: _______________________.

Date: _______________________.

Rev 03/2020