

In accordance with New York State Regulations, you **MUST** provide the following items to register your child:

\_\_\_\_\_ COPY OF CHILD'S BIRTH CERTIFICATE

\_\_\_\_\_ PROOF OF RESIDENCY (EXAMPLES: PAY STUB, INCOME TAX FORM, DEED OR LEASE AGREEMENT TO HOUSE OR APARTMENT, UTILITY OR OTHER BILLS SENT TO YOUR NEW HOME ADDRESS, OFFICIAL NYS DRIVERS LICENSE, STATE OR GOVERNMENT ISSUED I.D.)

\_\_\_\_\_ PROVIDER PROOF OF IMMUNIZATION RECORDS, THIS MEANS PROOF FROM YOUR DOCTORS OFFICE OR CLINIC, NOT JUST SCHOOL RECORDS. IF A STUDENT IS COMING FROM OUT OF NYS THEN THEY WILL ALSO NEED A NYS PHYSICAL.

\_\_\_\_\_ COPY OF CUSTODY PAPERS, COURT ORDERS, ORDERS OF PROTECTION (If applicable)

\_\_\_\_\_ FORM **DS 2999** FOR FOSTER CHILDREN (If applicable)

The District must have each of these items or your child **WILL NOT** be permitted to complete the registration process.

**HORNELL CITY SCHOOL DISTRICT REGISTRAR (GRADES K-12):** MRS. LIZ NORTON PUPIL PERSONNEL OFFICE, 134 SENECA ST., HORNELL, NY 14843. PHONE: 607-324-1303 EXT 1109, FAX: 607-324-1346, EMAIL: [Elizabeth.norton@hornellcsd.org](mailto:Elizabeth.norton@hornellcsd.org)

Summer office hours are 7:30AM to 3:30PM, Monday through Thursday (Closed for lunch 1:00-2:00)

Enter Date: \_\_\_\_\_ School Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

## STUDENT REGISTRATION FORM

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Gender:  Male  
Legal Last Name First MI  Female

Street Address: \_\_\_\_\_  
Street Name Apt. # City State Zip

Mailing Address: \_\_\_\_\_  
Street Name Apt. # City State Zip

Home Phone: \_\_\_\_\_ Unlisted:  (check if yes)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month/Day/Year City & State (or Country)

Last School Attended: \_\_\_\_\_  
Name, Mailing Address and Telephone Number

**Race - Select one or more**

- White (W)
- Asian (A)
- Black (B)
- Indian/Alaskan Native American (I)
- Native Hawaiian/Other Pacific Islander (P)

Attended Hornell Previously? School: \_\_\_\_\_

Is the Student a Citizen of the United States?  Yes  No

Hispanic/Latino Origin:  Yes  No

Primary Language Spoken at Home: \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_

If language is other than English, does the student read/write/speak English?  Yes  No

(Circle all that apply)

**IMMIGRANT INFORMATION**

Date of Entry into U.S. \_\_\_\_\_ No. of Years in US Schools: \_\_\_\_\_  
 Country of Origin: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Student Lives with:  Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  
 (Circle One)  Foster Parents  Guardian  Relative: \_\_\_\_\_  Other: \_\_\_\_\_

**FAMILY STATUS**

Father  Step-Father  Legal Guardian  Foster Parent

Name: \_\_\_\_\_

Living in Household:  Yes  No

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

**FAMILY STATUS**

Mother  Step-Mother  Legal Guardian  Foster Parent

Name: \_\_\_\_\_

Living in Household:  Yes  No

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

## OTHERS LIVING IN HOUSEHOLD

Name	Relationship to Student	Sex	Age	School	Grade

## CUSTODY INFORMATION

- Two Parents in Home     Custody/Placement Transfer     Single Parent  
 Joint Custody     Separated     Emancipated  
 Sole Custody     Foster Placement (DSS-2999/3424 must be provided)

## RESTRICTIONS OF CONTACT & INFORMATION (Paperwork MUST be provided)

- Custody Papers Specify Restriction     No Restrictions for Parents/Guardians     Copy of Papers Provided

Restriction: \_\_\_\_\_

- Order of Protection    Against: \_\_\_\_\_    Expires: \_\_\_\_\_

Other Restriction: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

1st Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name                      Apt. #                      City                      State                      Zip*

2nd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name                      Apt. #                      City                      State                      Zip*

3rd Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name                      Apt. #                      City                      State                      Zip*

## STUDENT EDUCATIONAL SERVICES

- Does your child currently have an IEP?                      \_\_\_\_\_ Yes    \_\_\_\_\_ No  
Does your child currently have a 504 Plan?                      \_\_\_\_\_ Yes    \_\_\_\_\_ No  
Has your child ever repeated a grade in school?                      Grade: \_\_\_\_\_                      \_\_\_\_\_ Yes    \_\_\_\_\_ No

Check any services listed below that your child has received in the past school year:

- \_\_\_\_\_ Remedial Math                      \_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Remedial Reading                      \_\_\_\_\_ Physical Therapy  
\_\_\_\_\_ Speech                      \_\_\_\_\_ School Counseling  
\_\_\_\_\_ ESOL (English as a Second Language)                      \_\_\_\_\_ Counseling from an Outside Agency

## HOUSEHOLD/RESIDENCY STATUS

What is the current housing arrangement for the above named student(s)?    Students who are in temporary housing may be protected by the McKinney-Vento Act.  
Students who are protected under this act may be entitled to other services. The answers you give will help the district determine what services you or your child may be eligible to receive.

- Permanent (Check one below)  
Residence Type:     Lease     Own     Rent     Trailer park/Condo Unit    Move in Date: \_\_\_\_\_
- Temporary (Check one below)  
 with another family/doubled up (due to economic hardship and not as a matter of convenience)  
 In a shelter                       In a hotel/motel                       In an abandoned building  
 In a car, park, bus, train, or campsite  
 Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_



Lissette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

### Home Language Questionnaire (HLQ)

**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.**

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

--

<b>Language Background</b> (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small style="margin-left: 300px;">specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small style="margin-left: 300px;">specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Father _____ <small style="margin-left: 100px;">specify</small> <small style="margin-left: 150px;">specify</small> <input type="checkbox"/> Guardian(s) _____ <small style="margin-left: 300px;">specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small style="margin-left: 300px;">specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <small style="margin-left: 300px;">specify</small>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <small style="margin-left: 300px;">specify</small>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <small style="margin-left: 300px;">specify</small>

<b>THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:</b>	
<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
<small>District Name (Number) &amp; School</small>	<small>Address</small>

## 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*   *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: _____ Date
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small style="display: flex; justify-content: space-around; width: 100%;">MO   DAY   YR</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small style="display: flex; justify-content: space-around; width: 100%;">MO   DAY   YR</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

## Student Residency Questionnaire\* Hornell City School District

\* This questionnaire should be completed for each newly registering student as well as each time a student changes his or her address. Multiple students may go on one form as long as they are all in the same school building in Hornell and all students are residing in the same place.

Check All That Apply:     New Registrant             Transferring From Another District             Change Of Address

Name Of Student (Last, First, Middle)	Name Of Hornell School	Grade	Gender	Date Of Birth	If Transferring, Last District Attended

Current Address: \_\_\_\_\_

Former Address (required for change of address and transferring students): \_\_\_\_\_

Current Telephone Number(s): \_\_\_\_\_

**What is the current housing arrangement for the above named student(s)?**

- Permanent** (You do not need to complete the rest of this form)
- Temporary while we work out other arrangements** (please complete the remainder of this form)

Students who are in temporary housing may be protected by the McKinney-Vento Act. Students protected by the 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 certificates. Students who are protected under this act may also be entitled to other services. The answers you give below will help the district determine what services you or your child may be able to receive.

- In a shelter                                       In a hotel/motel                                       In a car, park, bus, train, or campsite
- Temporarily** sharing housing of other persons due to loss of housing or economic hardship
- In other **temporary** housing situation (please describe) \_\_\_\_\_

**Name of Parent, Guardian, or Student (if unaccompanied, homeless youth):**

\_\_\_\_\_

Printed Name	Signature	Date
--------------	-----------	------

**Guidance Office:**

*If the student lives in anything other than permanent housing, please send a copy of this form to the district's McKinney-Vento Liaison. If the student is living in temporary housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's liaison is required to assist the student in obtaining the necessary documents after the student has been enrolled.*

- Is this family having difficulty obtaining documents?  Yes  No
- Does this family wish to be contacted by the McKinney-Vento Liaison about possible services?  Yes  No

I certify the above named student(s) qualified for the Child Nutrition Program under the provisions of the McKinney-Vento Act. A STAC-02 form will be filed by my office.



**HORNELL**  
**CITY SCHOOL DISTRICT**

25 Pearl Street • Hornell • New York • 14843

Douglas H. Wyant, Jr., Superintendent  
Phone 607.324.1302  
FAX 607.324.4060

**Schools**

Senior High	324-1303
Intermediate	324-1304
Bryant	324-2171
N. Hornell	324-0014

**CONSENT TO RELEASE AND ACQUIRE INFORMATION**

To any treatment agency, I hereby authorize the release and discussion of records by the Hornell City School District.

I also authorize the Hornell City School District to acquire and discuss records including, but not limited to, psychological, psychiatric, medical, attendance, probation, discipline, court related, report cards, speech, counseling, occupational therapy and physical therapy, which pertain to the programming and placement of:

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number(s)



# HORNELL CITY SCHOOL DISTRICT

25 Pearl Street • Hornell • New York • 14843

Douglas H. Wyant, Jr., Superintendent  
Phone 607.324.1302  
FAX 607.324.4060

<b>Schools</b>	
Senior High	324-1303
Intermediate	324-1304
Bryant	324-2171
N. Hornell	324-0014

STUDENT NAME: \_\_\_\_\_

## **MEDIA, WEB PHOTO AND INTERNET RELEASE:**

### **MEDIA RELEASE**

Local newspapers and occasionally TV stations attend school events or interview students about important issues. This may include artwork by your student, photographs, interviews and/or recording that may be published in newspaper, television informational material and/or the district website and BOCES publications. Please check the appropriate space granting or denying your permission.

\_\_\_\_\_ YES, PERMISSION GRANTED      \_\_\_\_\_ NO, PERMISSION DENIED

### **WEB PAGE RELEASE**

The school district website includes photographs of students. These children are not identified by name. Please check the appropriate space granting or denying your permission.

\_\_\_\_\_ YES, PERMISSION GRANTED      \_\_\_\_\_ NO, PERMISSION DENIED

### **INTERNET ACCESS**

The Hornell City School District uses a BOCES operated internet filtering service that prevents the display of content inappropriate for students. The content that students will be denied access to includes sexually explicit material, graphically violent material, material relating to hate groups and their message, profanity, chat sites, and sites that gather personal information. Material advocating illegal activity such as drug use, bomb making, underage drinking and gambling, information on committing murder or suicide and sites that promote plagiarism or cheating are also inaccessible to anyone using the district's network. While we are very satisfied with our filtering software, you should know that no solution is perfect. All filtering software may block innocent sites and allow some inappropriate sites to slip through. Using the internet is a privilege, not a right. The district expects your child to show respect for technology and use it appropriately or they will forfeit this opportunity.

As the parent or legal guardian of the minor named on this document, I am granting permission for my child to access the internet under adult supervision. I also understand that individuals and families may be held liable for violations and I am accepting responsibility for conveying standards for my child to follow when selecting, sharing or exploring information on the internet.

\_\_\_\_\_  
PARENT /GUARDIAN SIGNATURE

\_\_\_\_\_  
Date





**AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION (HIPPA)**

Student Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Healthcare Provider (doctor) \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

Healthcare Provider (doctor) \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

Healthcare Provider (doctor) \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize my/my child's physician(s) listed above to exchange the following information with the Hornell City School District, including:

- School Nurse
- Medical Officer
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Audiologist
- Vision Department
- Special Education
- Other \_\_\_\_\_
- Immunizations to comply with NYS regulations
- Physical exams to comply with NYS regulations and sports requirements
- Authorization for medications during the school day or on school bus
- Medical clearances as needed following an injury or change in condition
- Medical orders required for therapy needs, evaluations
- Physician referral for services (OT, PT)
- Medical condition/treatment plans that may have an impact in the school environment
- Other \_\_\_\_\_

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon signing this release however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment.

This release expires on the last day of the enrollment of the above student in the Hornell City School District, and may be revoked at any time by sending a written and signed request to cancel this permission to the address above. Such revocation will not affect any disclosure made prior to its receipt by the District. Protected health information will not be disclosed without consent pursuant to the Family Educational Rights and Privacy Act (20 U.S.C § 1232g) and implementing regulations (34 C.R.F. §99). A copy of this release has been provided to me. I understand that it will be sent to the appropriate provider when requests are made, and I consent to the release of the information to the Hornell City School District by the healthcare providers listed above.

\_\_\_\_\_  
(Signature of student over 18 or Parent/Guardian)\*\*

\_\_\_\_\_  
(Date)

\*\* If student is under 18 years of age, parent or legal guardian must sign consent form. If other representative is signing, state authority to act on student's behalf: \_\_\_\_\_. \*\* If student is over 18 years of age and is a student with a disability as defined by the Individuals with Disabilities Education Act and the information requested pertains thereto, then the parent/guardian must also sign consent form.

Return completed form to the NURSE at the school this child attends.



**MEDICAL INFORMATION & EMERGENCY FORM**

**Student/Minor Information:**

Name (first, middle, last) \_\_\_\_\_

Address: \_\_\_\_\_

**Student/Minor's Primary Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the student/minor (ex. asthma, diabetes, epilepsy, etc.) \_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor: \_\_\_\_\_

List any medications the student/minor is currently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

**EMERGENCY CONTACTS:**

*Parent or Guardian*

Name (first, middle, last) \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student/minor: \_\_\_\_\_

*Other contact*

Name (first, middle, last) \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student/minor: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

This information will be kept in the possession of the school. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ (parent/guardian) understand that in the case of illness or injury to my child \_\_\_\_\_ (child's name), the school will try to notify me or the person I have listed on the other side of this form as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school to (1) arrange for transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and (2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**2016-17 Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form**

Hornell City School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call 607.324.3759 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- SNAP/TANF/Foster
- Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_
- Free Eligibility     Reduced Eligibility     Denied Eligibility
- Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

---

**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. SKIP PART 3 - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

---

**PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.

---

**PRIVACY ACT STATEMENT**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and Institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



North Hornell – 324-0014  
Bryant – 324-2171  
Intermediate School -324-1304  
Junior/Senior High – 324-1303

## Health Services Guidelines

1. **School Physicals**: A physical is necessary for all students entering into public school as a new student. New York State also mandates physicals for RK/K, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade students. Physicals are to be done by a physician licensed to practice in New York State (or equivalent) and shall include BMI (body mass index) and WSC (weight status category) information which will be reported to NYS without the use of names. Parents may opt out of having their child's WSC reported to NYS by signing an "opt out" request and returning it to the respective school health office.

**Physicals are offered at school for newly enrolled students, students in the mandated years, playing sports (required annually) and for working papers.**

2. **Immunization record**: An official immunization record from a physician's/public health office is required for entry in NYS schools. This record must be produced within 14 calendar days of admission to school, 30 days if coming from out of state.

New York State Department of Health requires that each student comply with the following immunization requirements: 4 or more DTP, 4 or more Polio with the 4th dose being given no more than 4 days before the 4th birthday but before the 7th birthday, 2 MMRs to enter kindergarten, Hepatitis Series (3 doses), 2 doses of Varicella (chicken pox) for all entering kindergarten and 6th grade beginning in the 2014-2015 school year, and 1 dose Tdap for all students born on or after 1/1/94 and entering grades 6 - 12. **ALL STUDENTS ENTERING 7<sup>TH</sup> AND 12<sup>TH</sup> grade MUST have the MENINGOCOCCAL VACCINE – THEY CAN NOT START SCHOOL WITHOUT IT.**

3. **Hearing, Vision and Scoliosis**: The school nurse will do vision screening for all new students as well as students in grades K-3, 5, 7, 10 and upon request. Hearing screenings are also done for new students and those in grades K, 1, 3, 5, 7, 10 and upon request. Scoliosis screenings will be done for grades 5-9. Any abnormal finding will be reported to the students' parent/guardian.

4. **Physical Education Restrictions**: NYS requires that all students participate in physical education. If your child has an illness or injury which prevents them from performing normal activities, please ask their physician to document what they can do safely and bring the note to the nurse's office. When your child can return to normal activities a written release from the doctor is also required to be brought in.

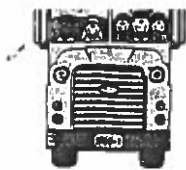
5. **Medication**: Any medication that must be taken during school hours must be brought to the nurse's office in its original container with the label intact. A parent should bring the medication to school with a permission form signed by the physician and the parent. The medication will be kept in the nurse's office and administered at the proper time. Even over the counter medications such as: Tylenol, Advil, cold formulas, topical, eye medication, etc. must be ordered by a physician and signed by a parent in order to be given in the school setting.

**HORNELL CITY SCHOOL DISTRICT  
2015-16 CALENDAR**

*Approved 4/8/15*

SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER																																													
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F																																									
	1	2 <i>Conf. Day</i>	3 <i>Conf. Day</i>	4				1	2	2	3	4	5	6		1	2	3	4																																									
7 <i>Labor Day</i>	8	9	10	11	5	6	7	8	9 <i>Conf. Day</i>	9	10	11 <i>Vet. Day</i>	12	13	7	8	9	10	11																																									
14	15	16	17	18	12 <i>Col. Day</i>	13	14	15	16	16	17	18	19	20	14	15	16	17	18																																									
21	22	23	24	25	19	20	21	22	23	23	24	25	26	27	21	22	23	24	25																																									
28	29	30			26	27	28	29	30	30					28	29	30 <i>ED*</i>	31 <i>Winter Recess</i>																																										
JANUARY					FEBRUARY					MARCH					APRIL																																													
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F																																									
				1 <i>New Year</i>	1 <i>Conf. Day</i>	2	3	4	5		1	2	3	4					1																																									
4	5	6	7	8	8	9	10	11	12	7	8	9	10	11 <i>Conf. Day</i>	4	5	6	7	8																																									
11	12	13	14	15	15 <i>Pres. Day</i>	16 <i>February</i>	17	18	19 <i>Recess</i>	14	15	16	17	18	11	12	13	14	15																																									
18 <i>MLK</i>	19	20	21	22	22	23	24	25	26	21	22	23	24	25 <i>Good Fri.</i>	18	19	20	21	22																																									
25	26	27	28	29	29					28	29	30	31		25	26 <i>Spring</i>	27 <i>Recess</i>	28	29 <i>ED*</i>																																									
	<i>Regents</i>		<i>Exams</i>																																																									
MAY					JUNE					<p align="center"><b>SHADED AREA INDICATES NO SCHOOL FOR STUDENTS.</b></p> <table border="0"> <thead> <tr> <th></th> <th><u>Staff</u></th> <th><u>Students</u></th> </tr> </thead> <tbody> <tr> <td>September</td> <td align="right">19</td> <td align="right">17</td> </tr> <tr> <td>October</td> <td align="right">21</td> <td align="right">20</td> </tr> <tr> <td>November</td> <td align="right">17</td> <td align="right">17</td> </tr> <tr> <td>December</td> <td align="right">17</td> <td align="right">17</td> </tr> <tr> <td>January</td> <td align="right">19</td> <td align="right">19</td> </tr> <tr> <td>February</td> <td align="right">16</td> <td align="right">15</td> </tr> <tr> <td>March</td> <td align="right">22</td> <td align="right">21</td> </tr> <tr> <td>April</td> <td align="right">16</td> <td align="right">16</td> </tr> <tr> <td>May</td> <td align="right">21</td> <td align="right">21</td> </tr> <tr> <td>June</td> <td align="right">18</td> <td align="right">18</td> </tr> <tr> <td></td> <td align="right"><b>186</b></td> <td align="right"><b>181</b></td> </tr> </tbody> </table> <p><i>ED* = Early dismissal for staff and students.</i></p>																<u>Staff</u>	<u>Students</u>	September	19	17	October	21	20	November	17	17	December	17	17	January	19	19	February	16	15	March	22	21	April	16	16	May	21	21	June	18	18		<b>186</b>	<b>181</b>
	<u>Staff</u>	<u>Students</u>																																																										
September	19	17																																																										
October	21	20																																																										
November	17	17																																																										
December	17	17																																																										
January	19	19																																																										
February	16	15																																																										
March	22	21																																																										
April	16	16																																																										
May	21	21																																																										
June	18	18																																																										
	<b>186</b>	<b>181</b>																																																										
M	T	W	Th	F	M	T	W	Th	F																																																			
2	3	4	5	6			1	2	3																																																			
9	10	11	12	13	6	7	8	9	10																																																			
16	17 <i>Conf. Day.</i>	18	19	20	13	14	15	16	17																																																			
23	24	25	26	27	20	21	22	23	24																																																			
30 <i>Mem. Day</i>	31				27	28	29	30																																																				

Hornell City School District  
Transportation Department  
25 Pearl Street, Hornell, NY 14843  
(607) 324-2633



2016-17 Information

North Hornell

7:15 Parent and Bus Drop Off  
7:50 Instruction Start Time  
2:05 Dismissal/Bus Pick Up

Bryant School

7:20 Bus Drop Off  
7:30 Parent Drop Off  
7:45 Instructional Start Time  
2:15 Dismissal/Bus and Parent Pick Up

Intermediate School

8:15 Parent and Bus Drop Off  
8:30 Instructional Start Time  
3:15 Dismissal/Bus Pick Up

Junior/Senior

8:20 Parent and Bus Drop Off  
8:30 Instructional Start Time  
3:07 Dismissal  
3:20 Bus Pick Up

\*\*\*\*\*APPLICATION INSTRUCTIONS\*\*\*\*\*

This application is used for student school bus transportation arrangements for the 2016-17 school year. With our continued focus on students' safety, we will not be able to take permanent transportation information over the phone. For your child's protection, we require detailed information regarding pick-up and drop-off arrangements with a parent or guardian's signature.

- A separate application is required for EACH student.
- A new application is required for ANY change that is made during the school year.
- A new application is required EVERY school year.

Due to the overwhelming amount of requests being processed, we require that all completed forms be returned to your child's school or bus garage by July 18, 2016. It will be an indication to the bus garage as permanent instructions for the transportation of your child to and from school for the 2016-2017 school year. If your child will not need transportation, please indicate on the form and return to school or bus garage. If we do not receive a form for your child, they will be not be routed for the upcoming 2016-17 school year.

Students in grades K-6 are eligible for transportation if they live 7/10ths of a mile or more from their school of attendance. Students 7-12 are eligible for transportation if they live 1.5 miles or more from their school of attendance.

We can accommodate one change per semester, if necessary. If a change needs to be made, please contact our office as soon as possible to complete a new form. We can be reached between 7:00 a.m. and 4:00 p.m. at 324-2633. A minimum of three (3) school days is required to make a schedule change. We are not allowed to transport students to any other address than is noted on this form. WE CANNOT MAKE BUS CHANGES TO A DIFFERENT ADDRESS FOR PLAY DATES/SOCIAL DATES. Once a schedule is established, it must remain consistent. Emergency situations may arise, please contact the bus garage at 324-2633 and we will attempt to assist with an emergency change. If your address changes, you must make the change through the "Parent Portal" or by calling the district office 607-324-1302 x 1109 and then notify the bus garage.

Students are required to arrive at their bus stop at least 5 minutes before the bus arrival time. Please remember that the first few weeks of school are hectic and buses may not be on "schedule". Therefore, your child may arrive home later than usual. Times may fluctuate according to traffic and weather conditions. School delays and cancellations are announced through our mass notification system as well as on all Hornell radio stations, local area television stations and the Hornell City School website ([www.hornellcityschools.com](http://www.hornellcityschools.com)).

PLEASE NOTE: YOU MUST STILL COMPLETE A FORM FOR YOUR CHILD(REN) EVEN IF YOU ARE NOT REQUESTING TRANSPORTATION SERVICES FROM THE DISTRICT. THERE IS A PLACE FOR YOU TO INDICATE THEY DO NOT REQUIRE TRANSPORTATION.

Transportation Department  
25 Pearl Street, Hornell, NY 14843  
(607) 324-2633



Directions: PLEASE PRINT

1. Daycare / Alternate site address must be located within the Hornell City School District.
2. Complete an application for EACH child.
3. Once a weekly transportation schedule is established, it must remain consistent.
4. If arrangements change, a new application must be completed.
5. A new application must be completed each year and returned to your child's school, bus garage by July 18th.
6. Incomplete forms will not be processed.

Student Information:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Location Information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Please circle the appropriate days below that student will be transported to/from primary (home) location.

From daycare / alternate location to school

M T W TH F

From school to daycare / alternate location

M T W TH F

My child does not require transportation by the district:

Daycare or Alternate Information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please circle the appropriate days below. All other times, student will be transported to/from home address.

From daycare / alternate location to school

M T W TH F

From school to daycare / alternate location

M T W TH F

Parent / Guardian Information:

Name of Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, you are indicating that you have verified that your child's address and contact information is accurate and current with the district by confirming through the parent portal or other district correspondence.

FOR OFFICE USE ONLY:

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ COMPUTER: \_\_\_\_\_