

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 7:00AM to 3:15PM, 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  Female  
Legal Last Name First MI

 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

**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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Grade: \_\_\_\_\_

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

**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: \_\_\_\_\_

**FAMILY STATUS**
 Mother  Step-Mother  Legal Guardian  Foster Parent

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

 Living in Household:  Yes  No

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

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

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

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

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

**OTHERS LIVING IN HOUSEHOLD**

Name	Relationship to Student	Sex	Age	School	Grade

**CUSTODY INFORMATION**

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

**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*

**LANGUAGE INFORMATION**

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: \_\_\_\_\_

**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: \_\_\_\_\_



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

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

#### Language Background (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 _____	<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____	<input type="checkbox"/> Father _____	<i>specify</i>
	<input type="checkbox"/> Guardian(s) _____		<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does not write <i>specify</i>

#### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <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? _____	

\_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Signature of Parent or of Person in Parental Relation Date

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>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>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.

**\* MUST PROVIDE PROOF OF ADDRESS ANY TIME YOU CHANGE YOUR ADDRESS**

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

Jeremy Palotti, Superintendent  
Phone 607.324.1302  
FAX 607.324.1345

**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

Jeremy Palotti, Superintendent

Phone 607.324.1302

FAX 607.324.1345

**Schools**

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





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 mandated by New York State for the following: **All New Entrants, Pre-K/K, 1st, 3rd, 5th, 7th, 9th and 11th grade students.** If your child has had a physical within a year of the first day of entering please be sure to provide a copy to your school nurse. Physicals are to be done by a physician licensed to practice in New York State 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: HIB-Pre-K 1-4 doses, PCV- Pre-K 1-4 doses, DTP-Pre-K 4 doses, grades K-5- 5 doses or 4 if the 4<sup>th</sup> dose given at 4 years of age or older grades 6-12- 3 doses , Polio- Pre-K- 3 doses, grades K-11- 4 doses or 3 if the 3<sup>rd</sup> dose was given at 4 years or older, 12<sup>th</sup> grade 3 doses, MMR- Pre-K 1 dose, K-12- 2 doses , Hepatitis B Series- 3 doses, Varicella(chicken pox)- Pre-K and 12<sup>th</sup>- 1 dose, 2 doses for all others, TDAP- 1 dose for all students entering grades 6 - 12. **ALL STUDENTS ENTERING: 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 12<sup>TH</sup> grades- MUST have the MENINGOCOCCAL VACCINE – THEY CAN NOT START SCHOOL WITHOUT IT.** Again if you have already provided proof of this to the school nurse thank you, nothing further needs to be done.

3. **Hearing, Vision and Scoliosis:** The school nurse will do vision screening for all new students as well as students in grades Pre-K/ K,1,3,5,7 ,11 and upon request. Scoliosis screenings will be done for girls in grades 5 & 7 and boys in grade 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 including over the counter medications, must be brought to the nurses 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 nurses office and administered at the proper time.



**HORNELL**

25 Pearl Street • Hornell • New York • 14843

**CITY SCHOOL DISTRICT**

**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:

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



**HORNELL**

**CITY SCHOOL DISTRICT**

25 Pearl Street • Hornell • New York • 14843

Jeremy Palotti, Superintendent

Phone 607.324.1302

FAX 607.324.1345

**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

**HORNELL CITY SCHOOL DISTRICT  
2019-20 CALENDAR**

SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER																																													
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F																																									
2 Labor Day	3 Conf. Day	4 Conf. Day	5	6		1	2	3	4					1	2	3	4	5	6																																									
9	10	11	12	13	7	8	9	10	11 **	4	5	6	7	8	9	10	11	12	13																																									
16	17	18	19	20	14 Col. Day	15	16	17	18	11 Vet. Day	12	13	14	15	16	17	18	19	20 ED PTC																																									
23	24	25	26	27	21	22	23	24	25	18	19	20	21	22	23	24 Winter Recess	25 Recess	26	27																																									
30					28	29	30	31		25	26	27	28	29 Thanksgiving Recess	30	31																																												
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 New Year's Day	2	3						2	3	4	5	6			1	2	3 ED PTC																																									
6	7	8	9	10	3	4	5	6	7	9	10	11	12	13	6	7	8	9	10 Spring Recess																																									
13	14	15	16	17	10	11	12	13	14	16	17	18	19	20 Conf. Day	13	14	15	16	17																																									
20 MLK Day	21 Regents	22	23 Exams	24	17 Pres. Day	18	19	20	21 Mid - Winter Recess	23	24	25	26	27	20	21	22	23	24																																									
27 Conf. Day	28	29	30	31	24	25	26	27	28	30	31				27	28	29	30																																										
MAY					JUNE					<p><b>SHADED AREA INDICATES NO SCHOOL FOR STUDENTS.</b></p> <table border="1"> <thead> <tr> <th></th> <th>Staff</th> <th>Students</th> </tr> </thead> <tbody> <tr> <td>September</td> <td>20</td> <td>18</td> </tr> <tr> <td>October</td> <td>22</td> <td>22</td> </tr> <tr> <td>November</td> <td>17</td> <td>17</td> </tr> <tr> <td>December</td> <td>15</td> <td>15</td> </tr> <tr> <td>January</td> <td>19</td> <td>18</td> </tr> <tr> <td>February</td> <td>15</td> <td>15</td> </tr> <tr> <td>March</td> <td>22</td> <td>21</td> </tr> <tr> <td>April</td> <td>17</td> <td>17</td> </tr> <tr> <td>May</td> <td>20</td> <td>20</td> </tr> <tr> <td>June</td> <td>19</td> <td>19</td> </tr> <tr> <td></td> <td>186</td> <td>182</td> </tr> </tbody> </table> <p>ED* = Early dismissal for teaching staff and students. PTC = Parent Teacher Conference ** = Will be emergency early release day. Students Dismissed 15 minutes early.</p>																Staff	Students	September	20	18	October	22	22	November	17	17	December	15	15	January	19	18	February	15	15	March	22	21	April	17	17	May	20	20	June	19	19		186	182
	Staff	Students																																																										
September	20	18																																																										
October	22	22																																																										
November	17	17																																																										
December	15	15																																																										
January	19	18																																																										
February	15	15																																																										
March	22	21																																																										
April	17	17																																																										
May	20	20																																																										
June	19	19																																																										
	186	182																																																										
M	T	W	Th	F	M	T	W	Th	F																																																			
				1	1	2 Reg. Exams	3	4	5																																																			
4	5	6	7	8	8	9	10	11	12																																																			
11	12	13	14	15	15	16	17	18	19 Regents Exams																																																			
18	19	20	21	22	22	23 Regents	24	25 Exams	26 No School																																																			
	Conf. 7-12								Conf. PK-6																																																			
25 Mem. Day	26	27	28	29	29	30																																																						



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



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

This application is used for student school bus transportation arrangements for the 2019-20 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.
- **Failure to turn in an application will mean your child will not be scheduled for transportation.**

Due to the overwhelming amount of requests being processed, we require that all completed forms be returned to the District Office at 25 Pearl Street, Hornell, NY 14843. It will be forwarded to the bus garage as permanent instructions for the transportation of your child to and from school for the 2018-2019 school year. If your child will not need transportation, please indicate on the form and return to school or bus driver.

**Students in grades PK-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 3:00 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.**

---

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



Directions: **PLEASE PRINT**

1. Complete an application for **EACH** child.
2. **A new application must be completed each year**
3. **Students may only have 1 pickup and 1 drop off point**
4. Daycare / Alternate site address must be located within the Hornell City School District.
5. If arrangements change, a new application must be completed.
6. Incomplete forms will not be processed.

**My child does NOT require transportation by the district:**

**My child DOES require transportation by the district IF eligible:**

**Student Information:**

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

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

**Primary/Home Location Information:**

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

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

AM home to school				
M	T	W	TH	F

PM school to home				
M	T	W	TH	F

**Daycare or Alternate Information:**

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

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

Please circle the appropriate days below that student **will be transported to/from Daycare or Alternate Site**

AM from daycare or alternate site to school				
M	T	W	TH	F

PM to daycare or alternate site				
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.