



Dr. Juliette Pennyman, Superintendent of Schools

UNIVERSAL PRE-K LOTTERY

According to Education Law 3602-e(7)(i) and Commissioner Regulations 151-1.4(d) the district must have in place a lottery process to establish a method for selection of eligible children to receive prekindergarten program services on a random selection basis when there are more eligible children than can be served in a given school year, regardless of the lottery's necessity. In order to receive funding for Universal Pre-Kindergarten, the district must have a lottery process in place for the 2024-2025 school year.

PROCEDURES

In February, applications are sent as requested for eligible children. An eligible child is one who:

- Turns 4 years old on or before December 1st of the school year they are enrolling for.
- Cannot turn 5 years old before December 1st of the school year they are enrolling for.
- Resides at an address within the Hudson City School District limits.

Upon the return of the application, the packet is reviewed to determine all required documents are enclosed and completed:

- The enclosed application
- Evidence of physical within one (1) year
- Current immunization records
- Copy of parent/guardian photo identification
- Proof of residency
- Copy of your child's birth certificate (or passport)
- Income verification form

Incomplete applications are separated and parents will be notified of missing documents.

Applications that are complete and turn in by May 3rd, are assigned a number in numerical order of which they are returned. This allows the district to track how many applications have been submitted. The number does not suggest the student automatically has a spot. Due to changes in regulations, Pre-K can no longer be on a first-come, first-served basis.

The numbers are then entered into the blind drawing. The drawing is completed by the Registrar and the Director of Student Services. Numbers are drawn until all applications are accepted or waitlisted. In the event siblings are included in the lottery, if one sibling is drawn, the other(s) are automatically accepted pending availability. If there are fewer applications than spots available, the lottery will not be held and all applications will be accepted and offered a spot.

As applications are returned after the deadline, if there are slots available, they are awarded a spot. If spots are full, they are added to the waitlist.



2024 - 2025

PRE-KINDERGARTEN APPLICATION

Enclosed please find the registration and income verification forms for Pre-K programs. Both forms must be **completed and returned** along with all required documentation in order for student registration to be considered complete. Please note you must fill out the income verification form, regardless of whether or not you think you will qualify for an income based program - the registration will be considered incomplete without this income form completed. Applications will be accepted beginning March 5th and will be accepted on an ongoing basis. Each application will be assigned a number in the event we must use the lottery process. All completed applications received by May 3rd will be considered for UPK and/or TPK spots. If the number of applications is greater than the number of spots available, there will be a UPK/TPK Lottery held on May 6th. Parents will be notified by close of business on Friday May 10th whether they have received a UPK spot, TPK spot or have been waitlisted." District policy allows for non-resident children of employees to enroll their school-aged children in the school district. However, for Pre-Kindergarten programs, all district resident children must be placed before non-resident children can be considered, regardless of the date of the submitted packet.

The district presently has several Pre-Kindergarten classrooms on site as well as available spots at local community based organizations such as Head Start, The Starting Place, Bright Tykes and other organizations may be considered as well. You will be notified by phone and mail when your child is placed or waitlisted by close of business on May 10th. The district, while attempting to honor requests, does maintain final decision making in placements. After you are notified that your student has received a placement, you will have until May 31, 2024 to accept your UPK spot by emailing registration@hudsoncsd.org. Alternatively you may accept your spot immediately, when notified your child has one. You will also be notified by phone and mail if your child is waitlisted and what number they are on the waitlist.

As a final reminder, partial applications cannot be considered until complete. Please make sure you submit your fully completed application no later than May 3rd to be eligible for a spot.

If you have any questions, please contact the registration office at 518-828-4360 X 2100 or by email at registration@hudsoncsd.org

APPLICATIONS WILL BE ACCEPTED BEGINNING TUESDAY MARCH 5, 2024 AT 8AM.

Transportation is not provided to Pre-K programs.

HUDSON CITY SCHOOL DISTRICT

PRE-KINDERGARTEN

2024-2025

Student Name: _____ Birthdate: __/__/____ Age: ____ Male __ Female __

WE ARE REQUIRED TO SUBMIT THE ANSWERS TO THE ETHNICITY AND RACE QUESTIONS TO THE STATE OF NEW YORK AS PART OF REQUIRED SCHOOL DISTRICT DATA REPORTING. PLEASE ANSWER BOTH QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. PLEASE READ THEM BEFORE YOU RESPOND.

(For question (1) check (X) the answer that best describes your student) Check (X) only ONE box.
 (For question (2) check (X) all groups that apply to your student. Check (X) at least ONE box.

1. Is the student Hispanic, Latino, or of Spanish Origin? Hispanic Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. ____ Yes, Hispanic ____ not Hispanic.

2. Select one or more races from the following five racial groups

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Parent / Guardian: 1. _____ 2. _____

Address: _____

Home Telephone: _____ Cell: _____ Work/ Emergency: _____

Who does the student reside with? _____ Relationship to Student: _____

Please submit copies of all Custody Orders and legal restrictions documentation with this form.

Does the student have any siblings in the Hudson City School District? If so please list their names and school they attend below:

Student Name	School

Does the student currently receive any CPSE services from the Hudson City School District?

Yes ____ No ____ Describe: _____

Is the Student currently in a Pre-School / Daycare Program?

Yes ____ No ____ Name of Program: _____ AM ____ PM ____ Full Day ____

The following documentation will also be needed:

Physical – Physical must be within one (1) year of completion

Current Immunization Record

Parent / Guardian photo identification

Proof of Residency within the HCSD:

- Homeowner: Mortgage statement, Closing statement, or Deed.
- Non-Homeowners: Residential lease with physical address and parent/guardian listed as guarantor, A sworn or unsworn statement by a third-party landlord, owner or tenant from whom the parents lease or share property, or a statement from a third party establishing the parent/guardian's physical presence in the district.
 - In Addition to the above one of the following is needed:
 - Utility or other bills
 - Pay stub
 - Membership documents (e.g. library cards) based upon residency
 - Voter Registration documents
 - Official driver's license, learner's permit or non-driver identification
 - State or other government issued identification
 - Documents issued by federal, state, or local agencies (e.g. local social service agency, federal office of Refugee Resettlement)
 - Evidence of custody of the child, including, but not limited to, judicial orders or guardianship papers, with corresponding address.

Proof of Student's Age:

- Birth Certificate (foreign or domestic)
- Record of Baptism
- Passport (foreign or domestic)

Please return completed packets to the:

Hudson City School District – Registration Office, 215 Harry Howard Ave, Hudson NY 12534

Please note: a packet is considered to be "complete" when all forms are filled out, signed and have been returned to the registration office along with the requested documentation. All completed packets are date stamped when received. If they are incomplete you will be contacted by the district. It is your responsibility to take the steps necessary to rectify the errors and / or provide missing documents.

Sending in part of the information will not secure student placement

Placements are made by the order in which the completed qualifying packets have been received and stamped in. You will receive a call from the district when the placements are being made with your student information.

Please note: The HCSD does not provide transportation for the Pre-K Programs

Parent Name: _____

Signature: _____

Date: _____

Family Income Form

In order to determine if we will receive federal Title I funds for reading and / or mathematics or other services, certain information is needed. Please complete this form and submit it via fax or email. List only those students enrolling.

Student Information

Please print the name of all children enrolling.

Name	Birth Date	Sex	Grade	District of Residence	Indicate if Child is a Foster Child, Ward of Court, or Food Stamp Recipient

Calculating Household Income

In order to determine if we will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See lists below of the type of income to report.

Earnings from work: Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, and Net income from self-owned business or farm.

Public Assistance / Child Support / Alimony: Public assistance, Welfare payments, Alimony, and Child support payments.

Pensions / Retirements / Social Security: Pensions, Supplemental Security Income, Retirement Income, and Social Security.

Other Income: Disability benefits, Interest dividends, Cash withdrawn from savings, Estate or Trust investments, and Net royalties / annuities / net rental income.

Household Income

Total number of all household members, whether they receive income or not: _____

Total of all household members' income before taxes or anything else is taken out. Fill in the one that is easiest for you to calculate:

\$ _____ OR \$ _____ OR \$ _____
Annual Monthly Weekly

Certification and Signature

I certify that all of the above information is true and correct, and that all income is reported. I understand this information is being given for the receipt of federal funds, and that school officials may verify the information on the forms.

Parent / Guardian's Signature: _____ Date: _____

Student Name:	Student Home Phone:
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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.*

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
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	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify	<input type="checkbox"/> Guardian(s) _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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

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? _____	

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: _____ Mo. DAY YR.	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: _____ Mo. DAY YR.	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: _____ _____	



McKinney / Vento Form

You may be eligible to receive assistance (tutoring, advocacy, transportation, clothing, free lunch, etc.) from the McKinney-Vento Homeless Assistance Act if your child(ren) is:

- Sharing housing of others due to loss of housing, economic hardship or similar reason
- Living in motels, hotels, temporary trailer parks, or camping grounds due to the lack of alternative accommodations
- Living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings
- Abandoned in hospitals
- In emergency or transitional shelters
- In a residential program for runaways and homeless
- Awaiting foster care placement
- A child from a migrant family who qualifies as homeless because he or she is living in circumstances described above
- An unaccompanied youth for whom no parent or person in parental relation is available

Name of Student: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth: / / Grade: _____
MM DD YYYY Preschool - 12th

Name of Parent / Guardian / Responsible Party: _____

Current Address: _____ Phone: _____

PLEASE BE SURE TO FILL OUT THE FOLLOWING:

Last School Attended: _____
Name

_____ Address Phone Number

Last Address: _____
 _____ How long did you live there? _____

Where is the student currently living? (Please check ONE box)

IF YOU ARE IN PERMANENT HOUSING STOP HERE.

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- In a hotel / motel
- In a car, park, bus, train or campsite
- Other temporary living situation

(Please describe): _____

The answers you give 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, immunizations records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

ID# _____
 School district will complete

(October 2009)

_____ **Print Name** of Parent, Guardian, or Student (unaccompanied homeless youth)

_____ **Signature** of Parent, Guardian, or Student (unaccompanied homeless youth)

_____ **Date**