



2026-2027 PRE-KINDERGARTEN APPLICATION

Enclosed please find the registration forms for the Pre-K programs. All forms must be **completed and returned** along with all the required documentation in order for student registration to be considered complete. Applications will be accepted beginning March 3rd 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 1st will be considered for UPK spots. If the number of applications is greater than the number of spots available, there will be a Lottery held on May 4th. Parents will be notified by the close of business on Friday May 8th whether they have received a UPK 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 8th. The district, while attempting to honor requests, does maintain final decision making placements. After you are notified that your student has received a placement, you will have until May 29, 2026 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 application cannot be considered until complete. Please make sure you submit your fully completed application no later than May 1st to be eligible for a spot.

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

APPLICATIONS WILL BE ACCEPTED BEGINNING TUESDAY, MARCH 3, 2026 @ 8AM

Transportation is not provided to Pre-K programs.

HUDSON CITY SCHOOL DISTRICT PRE-KINDERGARTEN 2026-2027

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

WE ARE REQUIRED TO SUBMIT 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 Spanish Origin? Hispanic Latino or of Spanish Origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or either 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 people 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 AMERICAN 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/ Guardian1 Name: _____ Email Address: _____

Home Phone: _____ Cell: _____ Work/ Emergency: _____

Parent/ Guardian2 Name: _____ Email Address: _____

Home Phone: _____ Cell: _____ Work/ Emergency: _____

Address: _____

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's Name	School

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

Yes _____ No _____ Describe: _____

Is the Student currently in 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

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)

Parent/ Guardian Photo identification

Please return completed packets to the:

Hudson City School District - Registration Office, 215 Harry Howard Avenue 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 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: _____



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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"/> Parent 1	_____	<input type="checkbox"/> Parent 2 _____
		<i>specify</i>	<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

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
 *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No 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: Parent 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:	

HCSD McKinney/ Vento Form - (if applicable)

You may be eligible to receive assistance (tutoring, advocacy, transportation, clothing, free lunch, etc.) from the McKinney-Vento Homelessness 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 comparing 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 runaway 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