



COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT

District Office

24 Sunset Boulevard
Coxsackie, NY 12051

Randall W. Squier

Superintendent of Schools

Phone: (518) 731-1710

Fax: (518) 731-1729

Kimberly Nugent

Business Official

Phone: (518) 731-1715

Fax: (518) 731-1729

Special Education Office

Phone: (518) 731-1725

Fax: (518) 731-1820

Athletic Department

Phone: (518) 731-1722

Fax: (518) 731-1774

High School

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1800
Fax: (518) 731-1809

Middle School

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1850
Fax: (518) 731-1859

Edward J. Arthur

Elementary School

51 Third Street
Athens, NY 12015
Phone: (518) 731-1750
Fax: (518) 731-1765

Coxsackie

Elementary School

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1770
Fax: (518) 731-1785

www.cacsd.org

The Coxsackie-Athens CSD is now accepting applications for its 2026-27 Pre-K Program for eligible 4-year-old students. The program, which is free for families, will take place at the Edward J. Arthur Elementary School in September.

All applicants will be entered into a lottery, which will be held Thursday, March 19, 2026 at 6:30 p.m. in the Edward J. Arthur Cafeteria. The Superintendent and Board President will conduct the lottery and each applicant will be assigned a number prior to the lottery draw.

Please note: Students entered into the lottery will be placed in one of three Pre-K classrooms, two of which will be run directly by Coxsackie-Athens CSD staff and the other by our Community Partner, Circle of Friends. **Parents may not request specific placement in any of the classes. Classes will be balanced by staff based on a variety of factors.**

Additional Information Regarding 2026-27 Pre-K Program:

- Enrollment is limited to 54 students
- Students must be 4 years old as of December 1, 2026 and must be district residents
- At least three sections of Pre-K will be offered:
- Two sections are run by C-A and one section is run by Circle of Friends
- Transportation is provided to all students who are 4 years old on the first day of school
- Students who are 3 when the program begins will need to be transported by their parents/guardians until they turn 4. Once they turn 4, they will be eligible to ride the bus.
- The Pre-K Program will follow the Coxsackie-Athens CSD School calendar
- No cost to families

Directions for Pre-K Registration Forms:

All registration packets must have forms filled out and signed, dated **plus** returned with a **birth certificate, ID or driver's license, proof of residency (examples listed below), most recent physical and immunization records and copies of any court/custody paperwork (if applicable)** to Registrar at the District Office (24 Sunset Boulevard Coxsackie, NY) by February 20, 2026. The District Office is open 8:00am-4:00pm Monday through Friday to accept registrations. Additionally, there will be registration appointments available at Edward J Arthur Elementary School on February 4th and 5th. As long as your



COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT

District Office

24 Sunset Boulevard
Coxsackie, NY 12051

Randall W. Squier

Superintendent of Schools

Phone: (518) 731-1710

Fax: (518) 731-1729

Kimberly Nugent

Business Official

Phone: (518) 731-1715

Fax: (518) 731-1729

Special Education Office

Phone: (518) 731-1725

Fax: (518) 731-1820

Athletic Department

Phone: (518) 731-1722

Fax: (518) 731-1774

High School

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1800
Fax: (518) 731-1809

Middle School

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1850
Fax: (518) 731-1859

Edward J. Arthur**Elementary School**

51 Third Street
Athens, NY 12015
Phone: (518) 731-1750
Fax: (518) 731-1765

Coxsackie**Elementary School**

24 Sunset Boulevard
Coxsackie, NY 12051
Phone: (518) 731-1770
Fax: (518) 731-1785

completed registration packet is received by February 20th you will be in the lottery- there is no preference given to packets submitted early. So please make sure your registration packet has the necessary components (see above) prior to submitting your registration. Registration packets without the bolded information above will not be accepted at that time and you will be asked to return when the information is complete.

PROOF OF RESIDENCY: All proof of residency documents must have a current physical address (not a P.O. Box address).

The following will be accepted as proof of residency:

- a. Any utility bill (telephone, electric, cable, etc.)
- b. A current rental or lease agreement with a statement from the landlord
- c. A property tax receipt
- d. Paycheck stub

If you have any questions, please call Rita Piccolo at the Main Office of Edward J. Arthur Elementary School at 518-731-1750, Sheryl Mathes at the Main Office of Coxsackie Elementary School at 518-731-1770, or Andrea Slater at the District Office at 518-731-1702.



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Office of the Registrar

24 Sunset Boulevard, Coxsackie, New York 12051-1199

518-731-1702 Fax 518-731-1729

Email: slatera@cacsd.org

Andrea Slater, Central Registrar

Welcome to the Coxsackie-Athens Central School District

Registration for all new students will take place at the District's Registrar's Office located at:

24 Sunset Boulevard, Coxsackie, New York 12051

Hours of Registration are by appointment

Please call for appointment.

518-731-1702

The following documentation is required in order to enroll your child for school in the Coxsackie-Athens Central School District:

- ➡ **Proof of Residency:** Three (3) proofs of residency within the school district that include the name and address of a parent or guardian and are dated within the previous 30 days.
Documents accepted: executed lease agreement, executed purchase offer agreement, tax bill, rental agreement, mortgage statements, utility bill-{gas, oil, electric, telephone, cable, etc}, income tax return,)
- ➡ **Proof of Date of Birth:** Your child's original birth certificate or passport
- ➡ **Immunization Record / Physician Health Form / Dental Form:**
***Please see link under Health Documents Forms may be found at www.cacsd.org → district services → health services
- ➡ **Picture I.D. of the Parent/Guardian:** (drivers license, non driver I.D.)
- ➡ **Custody Papers:** if applicable are required

Academic records, including transcripts, recent report cards and any **Special Education Plan** should be presented at registration. If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign consent for the release of special education records so that special education services can begin as soon as possible.

Permission to Publish Student Pictures

At times throughout the school year we may publish student pictures in newspaper articles, school newsletters or on our website. If you **DO NOT** want your child's picture published, please notify the school district at 731-1710 or e-mail applegatej@cacsd.org

Registrar Fax: 518-731-1729/ Email: slatera@cacsd.org



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Date _____ Grade Entering _____

Student Name _____ Gender _____

Date of Birth _____ Place of Birth _____ Country (if not US) _____

Home Address _____ City _____ State _____ Zip _____

Transportation Info: Brief description of residence including color and type of house.

Mailing Address (if different) _____

Race (choose all that apply) ___Asian ___Black ___Native American/Native Alaskan ___White ___Pacific Islander

Ethnicity: Is the child of Hispanic origin? ___Yes ___No

Dominant Home Language _____ ENL ___Yes ___No

Does the Student have Special Education/Individualized Education Plan (IEP) or (Section 504) services ___Yes ___No

Family Status ___Married ___Separated ___Divorced ___Single Parent
If parents are separated who has residential custody of the child _____

Name of last school attended _____

Address of last school attended _____

If in High School: date entered 9th grade _____

Has student ever attended Coxsackie-Athens? ___yes ___no last grade completed here _____

These questions address the McKinney-Vento Act 42 U.S.C 11435.

1. Is your current address a temporary living arrangement? ___Yes ___No If No, stop here. If Yes, please continue:

2. Is your temporary living arrangement due to loss of housing or economic hardship? ___Yes ___No

Where is the student presently living? ___In Permanent Housing ___Rent ___Lease ___Own residence

___In a Motel/Hotel ___In a shelter ___Car ___Campground ___With relatives/others by choice
___Temporarily housed in shelter awaiting OFCS permanent foster care placement

Parent/Guardian Information

Parent/Guardian Name _____ Contact Priority _____

Relationship to student _____ Email Address _____

Telephones and Call Order

Home _____ 1 2 3 Cell _____ 1 2 3 Work _____ 1 2 3

Address (if different than student) _____

Parent/Guardian Name _____ Contact Priority _____

Relationship to student _____ Email Address _____

Telephones and Call Order

Home _____ 1 2 3 Cell _____ 1 2 3 Work _____ 1 2 3

Address (if different than student) _____

Emergency Contact Information-Other Than Parent/Guardian:

1. Name _____ Relationship to child _____ Gender _____

Resides in Same Household ____ Yes ____ No

If different household:

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

2. Name _____ Relationship to child _____ Gender _____

Resides in Same Household ____ Yes ____ No

If different household:

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Other Children Who Reside in Household

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

I declare under penalty of perjury under the laws of the State of New York that I have read and understand the information contained in this registration application and that my response and any accompanying attachments are true and correct.

Parent/Guardian Signature _____ Date _____

Please return all forms to Registrar in District Office at 24 Sunset Blvd Coxsackie NY 12051

Information collected by (name of Registrar) _____ Date _____



Coxsackie-Athens Central School District

Inspiring Extraordinary Success

Health Office Emergency Information

Student: _____ **Date of Birth:** _____ **Grade:** _____
(LAST) (FIRST)

1. Parent/Guardian: _____ **Phone 1:** _____ **Phone 2:** _____

2. Parent/Guardian: _____ **Phone 1:** _____ **Phone 2:** _____

Emergency Contacts – Other than parent/guardian to call if pupil becomes ill or injured while at school and parent/guardian cannot be reached. Authorization is given to release student to the individuals listed below.

1. _____
Name Relationship Phones

2. _____
Name Relationship Phones

It is understood that in a final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian as indicated above will be respected as far as possible.

Health Conditions

Health Condition	Check if Yes	Health Condition	Check if Yes
ADD/ADHD		Diabetes – Type 1	
Anxiety Disorders		Diabetes – Type 2	
Asthma		Epilepsy/Seizures	
Autism Spectrum Disorder		Gastrointestinal Problems	
Cardiac/Heart Condition		Hearing Loss	
Contacts/Glasses		Mental Health Condition	
Depression		Migraines	

If Yes, please explain (use additional sheets if necessary) Please note any health condition not listed above:

Allergies ☐ food ☐ environmental ☐ insect ☐ medication ☐ other

Allergy	Reaction	Treatment

I give permission for this information to be shared with appropriate school personnel involved with my child to insure their health and safety.
Physician: _____ Phone Number: _____

Medications - Taken Both At Home and at School

Any medication (including over the counter) taken in school require a note from the physician and the parent.

Name	Dose	Time Administered

I give permission for the school nurse to discuss necessary information regarding my child's medical care with the health care provider.

Parent/Guardian Signature: _____ Date: _____

Forms may be found at www.cacsd.org → district services → health services

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
ENROLLMENT

PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
CHILD'S FULL NAME:			DATE OF BIRTH: / /		GENDER:
PREFERRED NAME/NICKNAME:					
CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			☐ ok to text		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		☐ Yes ☐ No	() - ☐ ok to text	() - ☐ ok to text
			☐ Yes ☐ No	() - ☐ ok to text	() - ☐ ok to text
			☐ Yes ☐ No	() - ☐ ok to text	() - ☐ ok to text
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /				FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /	

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services: ☐ None ☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy ☐ Allergies (Please list) _____ ☐ Other _____			
Please provide information here AND discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/			
AGREEMENTS			
☐ I consent to emergency medical treatment for my child.....			☐ Yes ☐ No
☐ I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			☐ Yes ☐ No
☐ I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			☐ Yes ☐ No
☐ I provided information on my child's special needs to the program to assist in caring for my child.....			☐ Yes ☐ No
☐ I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			☐ Yes ☐ No
☐ I agree to review and update this information whenever a change occurs and at least once every year.....			☐ Yes ☐ No
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /



Early Childhood Learning Center, Inc. CIRCLE OF FRIENDS

2 Bethlehem Court
Delmar, NY 12054
Phone: (518) 478-0722
Fax: (518) 478-0827

EJA Elementary
51 3rd Street
Athens, NY 12015
Phone: (518) 731-1764

14379 Route 9W
Ravena, NY 12143
Phone: (518) 756-3124
Fax: (518) 756-9476

www.circleoffriendsprek.com

RELEASE FROM SCHOOL

Child's Name: _____

The following people have my permission to pick my child up from school:

_____ Name	_____ Relation to Child
_____ Name	_____ Relation to Child
_____ Name	_____ Relation to Child

People who are not on this list may not pick up my child without specific written permission from me.

Parent/Guardian Signature

Date

Child Code: _____
(Please indicate a "code" that will be asked of any individual picking up your child, other than the parent/guardian)



Coxsackie-Athens Central School District
Inspiring Extraordinary Success



Early Childhood Learning Center, Inc.
CIRCLE OF FRIENDS

2 Bethlehem Court
Delmar, NY 12054
Phone: (518) 478-0722
Fax: (518) 478-0827

EJA Elementary
51 3rd Street
Athens, NY 12015
Phone: (518) 731-1764

14379 Route 9W
Ravena, NY 12143
Phone: (518) 756-3124
Fax: (518) 756-9476

www.circleoffriendsprek.com

Rest Period Parental Acknowledgement and Agreement

All students will participate in a rest time. They will be provided a mat. During this time they can rest or nap. If the student is napping excessively they may need to be checked by the nurse for possible illness.

ALL PARENTS, please sign below to acknowledge and agree to the nap and rest period discussed above.

Parent/Guardian 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
		☐ Male ☐ 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?	☐ English	☐ Other	_____ specify
2. What was the first language your child learned?	☐ English	☐ Other	_____ specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	_____ specify
	☐ Guardian(s)		_____ specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____ specify
5. What language(s) does your child speak?	☐ English	☐ Other	_____ specify ☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other	_____ specify ☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other	_____ specify ☐ 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

☐ ☐ ☐ *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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ 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:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: