

Allison Myers
Principal
Diane Malanga
Assistant Principal

The North Hills School
2023 & 2013 National Blue Ribbon School
57-40 Marathon Parkway Little Neck, NY 11362
Tel: 718-225-7029 Fax: 718-225-7030
www.ps221q.org

2025-2026 WOLF PACK IMPORTANT DOCUMENTS

Dear Parent(s)/Guardian(s),

Welcome Back Wolf Pack!

We look forward to another great year at North Hills!

Attached please find a packet of **important documents** for you to complete. Kindly return all forms to your child's teacher by Monday, September 8, 2025.

Thank you in advance for your time and cooperation.

Allison Myers, Principal



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ALLERGY & HEALTH FORM

September 2025

Dear Parent(s)/Guardian(s),

Please complete and return to your child's teacher.

Child's Name

Class

Please list any food allergies your child might have. If none, please write NONE.

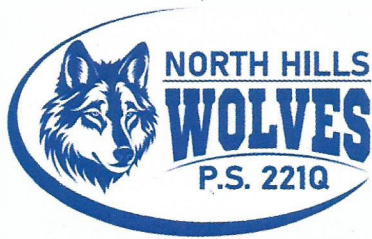
Please list any food restrictions your child may have (i.e. beef, pork etc.) If none, please write NONE.

Please advise of any medical conditions that we might need to be aware of:

Thank you in advance for your cooperation.

Sincerely,

Allison Myers, Principal



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BUS

**PLEASE FILL OUT ONLY IF YOUR CHILD
WILL BE RIDING THE SCHOOL BUS!**

September 2025

Dear Parent(s)/Guardian(s),

Your child is designated as receiving bus transportation to school every day. If you are planning to pick up your child at school; instead of having him/her ride the bus on any given day, you must send in a note with your child that morning. Thank you for your cooperation in ensuring your child's safety.

Sincerely,

Allison Myers, Principal

Child's Name: _____

Child's Class: _____

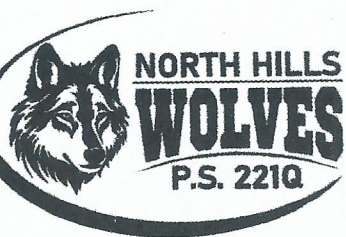
Dear Ms. Myers,

() My 4th and/or 5th grader may WALK HOME ALONE **Must send written consent**

Will be picked up by: _____ (Names must be on BLUE CARDS)

Parent Name: _____

Parent Signature: _____ Date: _____



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WALKERS

September 2025

Dear North Hills Parent(s)/Guardian(s),

The safety of your children is always our greatest concern. Students in Grades 3K, Pre-K, Kindergarten through third grade must be picked up by a parent/guardian or designee that is on the Blue Emergency Card. Only children in grades 4 & 5 with **written permission** are permitted to walk home alone at dismissal.

Please list anyone who has authorization to pick up your child on the blue Emergency Blue Card. Please be aware if someone other than the individuals listed on the emergency card, there must be a written note with the person's first and last name and they must present photo ID to security.

For the safety of our children, students will **NOT BE RELEASED to individuals without photo ID**. If an older sibling will be responsible for picking up a younger student, their Middle School ID is sufficient along with a written note including the name of the older sibling, the date(s) they will pick up, their cell phone number, and your daytime contact number. These procedures are non-negotiable and are put in place to safeguard our students. Thank you in advance for your cooperation.

Sincerely,

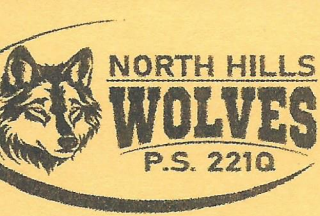
Allison Myers, Principal

Child's Name: _____ Child's Class: _____
() My 4th and/or 5th grader may WALK HOME ALONE **Must send written consent**

Will be picked up by: _____ (Names must be on BLUE CARDS)

Parent Name: _____

Parent Signature: _____ Date: _____



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September 2025



CALLING ALL NORTH HILLS VOLUNTEERS

Dear Parent(s)/Guardian(s),

The North Hills School strives to have active participation from all our parents. We look forward to continuing utilizing our parent(s)/guardian(s) as resources in our classrooms and school. Therefore, we are asking that you share your career skills and any other area of expertise! By having this valuable information, we may call upon you to participate in certain school events!

We always need more translation resources. If you are available and willing to interpret for other families, kindly response with what languages other than English you speak.

I thank you in advance for your willingness to assist our school.

Sincerely,

Allison Myers, **Principal**

-----RETURN TO YOUR CHILD'S TEACHER-----

Child's Name: _____ Class: _____

Name of Parent/Guardian: _____ Phone #: _____

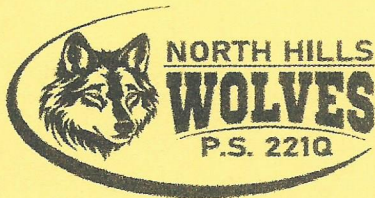
☐ I am available to volunteer during the school day for interpretation/translation.

☐ I am available in the evening hours to volunteer at school functions

Career/Area of Expertise: _____

☐ I am available to volunteer during the school day for special events

☐ I am available in the evening hours to volunteer at school functions



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September 2025

**CONSENT for STUDENT NAME RELEASE for VARIOUS SCHOOL ENDEAVORS
DURING 2025-2026 SCHOOL YEAR**

STUDENT NAME: _____

CLASS: _____

Dear Parent(s)/Guardian(s),

We are writing to ask your consent/permission for your child's name and class to be released to approved vetted organizations and vendors our school is working with for a variety of school-wide and PTA activities.

This is a general year-round permission notification. If any other additional partnership/event arises, we will send home a specific request for that consent. Thank you always for your support and partnership.

I hereby consent to allowing my child's name and class to be released to Community and Educational Organizations/Government Offices. This may include but is not limited to the following:

- ◆ IRVIN SIMON Photography (School Picture Day Providers)
- ◆ Make Your Move Chess
- ◆ Square 1 Art Fundraising
- ◆ Scholastic Inc.
- ◆ 5th Grade Graduation Awards
- ◆ Offices of Councilmember Linda Lee, Queens District Attorney Melinda Katz, State Senator Charles Schumer, Toby Ann Stavisky, Local Officials (for Awards)

-----RETURN TO YOUR CHILD'S TEACHER-----

Child's Name: _____

Class: _____

Name of Parent/Guardian: _____ Phone #: _____

() YES! I give consent for my child's name and class to be released.

() No, I do NOT give consent.

Media Consent for NYC Department of Education Use

Student Name: _____

School: PS221 Q

I consent to the use and disclosure of the image, quotes, name, the participation in interviews, and the taking of photographs, recordings, and videos of the Student named above by the New York City Department of Education (**NYC DOE**) and NYC DOE-invited members of the press for NYC DOE-sponsored events. I grant the NYC DOE and invited members of the press the right to disclose, edit, use, and reuse the Student's image, quotes, name, and interviews, and photographs, recordings, and videos of the Student for the NYC DOE's nonprofit and public press purposes. This includes use in print, on broadcasts, in online spaces (such as the NYC DOE website and social media accounts and those of the press), and all other forms of media. I understand that when the school hosts a public event, individuals at the event may take their own photographs, videos and audio of the event, that such recordings may capture me or my child, and that they may also be made public.

I also release the NYC DOE, its agents, and employees from all claims, demands, and liabilities in connection with the rights granted above.

If Student is Under Age 18:

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

If Student is Age 18 or Over:

Name of Student: _____

Signature of Student: _____

Date: _____

For students age 18 and over, the form must be signed by the student, and not the parent or guardian.