

**HYDE PARK CENTRAL SCHOOL DISTRICT
CENTRAL REGISTRATION**

4327 ALBANY POST ROAD, HYDE PARK, NY 12538
Telephone: 845-229-4000, Extension 1600 or 1601

REGISTRATION CHECKLIST for Students Attending Parochial & Private School

Student Name: _____

Registration Date: ____/____/____

Name of Person Registering Student: _____

Relationship to Student: _____ Phone #: _____

<p>FOR OFFICE USE ONLY</p> <p>Home School: <input type="checkbox"/> FDR <input type="checkbox"/> HMS <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS</p> <p>Private or Parochial School Attending: _____</p>

DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE REGISTRATION:	(FOR OFFICE USE ONLY) STAFF INITIALS ↓
<p>PROOF OF RESIDENCY: Homeowners: The most recent school or property tax bill, AND 1 current, recurring bill with your name and address for services you receive at this address, such as your electric, cable or telephone bill. Renting in an apartment complex: Your current signed lease AND 1 current, recurring bill for services you receive at this address, with your name and address, such as your electric, cable or telephone bill. Renting from a private owner: Your current lease AND the owners school or property tax bill, AND 1 current bill with your name and address for services you receive at this address, such as your electric, cable or telephone bill. If you do not have a formal lease, your landlord will need to complete the attached Owners' Affidavit. This affidavit must be notarized. If utilities are included in your lease, you will need to provide an additional form of proof of residency.</p>	
<p>Proof of Birth:</p> <ul style="list-style-type: none"> • Original Birth Certificate OR Passport 	
<p>Photo ID of <u>parent/guardian</u> registering the student, which may include:</p> <ul style="list-style-type: none"> • Driver's license • Passport (must be current) • NYS Identification Card 	
ATTACHED FORMS TO BE COMPLETED:	
Registration form	
Enrollment Form/Residency Questionnaire	
Emergency Contact Information Form	
Transportation Form	

HYDE PARK CENTRAL SCHOOL DISTRICT

REGISTRATION FORM FOR STUDENTS IN PAROCHIAL/PRIVATE SCHOOL

PLEASE PRINT ALL INFORMATION

Child's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </div> Child's Street Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone #: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M Grade: _____ Date of Birth: ____/____/____ City of Birth: _____ State of Birth: _____ How many years has child attended school in the USA?: _____ ETHNIC ORIGIN: <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic RACE (SELECT ONE OR MORE): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____ CHILD LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____ Is there a custody order for this child?: <input type="checkbox"/> YES <input type="checkbox"/> NO Order of Protection: <input type="checkbox"/> YES <input type="checkbox"/> NO	<p style="text-align: center;">THIS BOX TO BE FILLED OUT BY DISTRICT STAFF</p> <p>REGISTRATION TYPE: <input checked="" type="checkbox"/> Parochial /Private School</p> Home School: _____ Attending School: _____ COHORT YEAR FOR HS ONLY: _____ Pupil ID# : _____ Registration Date: _____ Birth Certificate / Passport: <input type="checkbox"/> YES <input type="checkbox"/> NO DS2999: <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Entry: _____ Staff Initials : _____
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Parent/Guardian #1	This will be the FIRST parent/guardian contacted
Name: _____	Relationship to student: _____
Residential address: _____	Mailing address: _____
PHONE CONTACT #1: _____	Circle one: HOME CELL WORK
PHONE CONTACT #2: _____	Circle one: HOME CELL WORK
PHONE CONTACT #3: _____	Circle one: HOME CELL WORK
Does parent/guardian need accommodations for hearing impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	
Is this parent/guardian in Active Military Service: <input type="checkbox"/> YES <input type="checkbox"/> NO Entry Date: ____/____/____ Exit Date: ____/____/____	

Parent/Guardian #2	This will be the SECOND parent/guardian contacted
Name: _____	Relationship to student: _____
Residential address: _____	Mailing address: _____
PHONE CONTACT #1: _____	Circle one: HOME CELL WORK
PHONE CONTACT #2: _____	Circle one: HOME CELL WORK
PHONE CONTACT #3: _____	Circle one: HOME CELL WORK
Does parent/guardian need accommodations for hearing impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	
Is this parent/guardian in Active Military Service: <input type="checkbox"/> YES <input type="checkbox"/> NO Entry Date: ____/____/____ Exit Date: ____/____/____	

HYDE PARK CENTRAL SCHOOL DISTRICT

HAS CHILD EVER ATTENDED HYDE PARK SCHOOLS?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SCHOOL ATTENDED	YEAR(S) ATTENDED

CHECK ALL SUPPORT SERVICES THAT YOUR CHILD CURRENTLY RECEIVES:

- | | | |
|---|---|--|
| <input type="checkbox"/> READING | <input type="checkbox"/> MATH | <input type="checkbox"/> SPEECH |
| <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> PHYSICAL THERAPY | <input type="checkbox"/> ENGLISH AS A NEW LANGUAGE |
| <input type="checkbox"/> SPECIAL EDUCATION | | |

CENSUS INFORMATION

**THE FOLLOWING INFORMATION IS NECESSARY TO KEEP THE SCHOOL CENSUS UP TO DATE.
PLEASE INCLUDE ALL CHILDREN FROM BIRTH TO 18 YEARS OLD, INCLUDING REGISTRANT.**

NAME OF CHILD	PLACE OF BIRTH	DATE OF BIRTH	GRADE	SCHOOL
		/ /		
		/ /		
		/ /		
		/ /		

I understand the requirements for enrollment and request that my child be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address. I commenced residency at this location on ____/____/____.

I am the legal guardian of the children listed above and they reside with me at this address. I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park CSD will rely upon them in determining whether the above children will be admitted to its schools. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for each child and/or seek criminal action against me for filing a false document.

The tuition rates for the 2016-2017 school year, as determined by the New York State Department of Education, are as follows:

General Education, grades K through 6 - \$9,201; grades 7-12 - \$11,791

Special Education, grades K through 6 - \$37,947; grades 7-12 - \$40,537

I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the state of New York and may be referred to the office of the district attorney.

Parent/Guardian Signature

____/____/____

Date

EMERGENCY CONTACT INFORMATION 2018-2019

STUDENT'S NAME: _____ D.O.B.: ___/___/___

ADDRESS: _____

School: _____ Teacher: _____ Grade: _____

Bus Route: _____ (to be determined by Transportation Dept.)

PARENT/GUARDIAN INFORMATION:

Student Resides With (Check all that apply): ___Mother ___Father ___Other

(Explain, if other): _____

Parent/Guardian #1 (FIRST PARENT/GUARDIAN TO BE CONTACTED)

Name: _____ Relationship to student: _____

Address: _____

Phone # to be called 1st : _____ Phone type: _____

Phone # to be called 2nd : _____ Phone type: _____

Phone # to be called 3rd : _____ Phone type: _____

E-Mail: _____ Home ___ Work ___

Parent/Guardian #2: (SECOND PARENT/GUARDIAN TO BE CONTACTED)

Name: _____ Relationship to student: _____

Address: _____

Phone # to be called 1st : _____ Phone type: _____

Phone # to be called 2nd : _____ Phone type: _____

Phone # to be called 3rd : _____ Phone type: _____

E-Mail: _____ Home ___ Work ___

PERSONS TO CALL IF PARENT(S)/GUARDIAN NOT AVAILABLE:

1. NAME: _____

Relationship to student: _____

HOME PHONE: _____

CELL PHONE: _____

2. NAME: _____

Relationship to student: _____

HOME PHONE: _____

CELL PHONE: _____

(OVER)

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Hospital Preference: _____

ANY SPECIAL HEALTH ISSUES (i.e., allergies, etc.)? Yes No

If yes, please explain: _____

List current medications:

1. _____
2. _____
3. _____
4. _____

EMERGENCY DISMISSAL

In the event of an emergency dismissal during the school day, where should your child be transported? _____ HOME _____ ALTERNATE LOCATION

NOTE: The alternate location *must* be within your school's attendance zone.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Print Parent Name: _____

Signature of Parent or Legal Guardian

Date

RETURN THIS FORM TO YOUR SCHOOL BY TUESDAY, SEPTEMBER 11, 2018

C: Main Office / Transportation / School Nurse

HYDE PARK CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT



Student ID # _____

REQUEST FOR TRANSPORTATION TO DAYCARE / ALTERNATE STOP

The Transportation Department **MUST** receive all requests no later than April 1 of the proceeding school year and must be in your child's school attendance zone. **Please allow three (3) days for processing.** Return completed form to your child's school or the Transportation Office, 30 Smith Ct. Hyde Park, NY 12538 or fax to: (845)229-4066. If you have any questions, please call (845)229-4070

Date: _____

Students Name: _____
(Last) (First) (Middle)

City, State & Zip: _____
(House # & Street - No P.O. Boxes)

Telephone Number: _____
(Home) (Work)

School: _____ Grade: _____

School Year: _____

Parent/Guardian Signature: _____

Please fill out the information below. Updated forms are needed if any changes are made.

EFFECTIVE DATE: _____

PICK UP: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

DROP OFF: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE # _____

TELEPHONE # _____

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

AS NEEDED

AS NEEDED

Assigned Route will be determined by Transportation Office

Pick Up Route _____

Drop Off Route _____