

**HYDE PARK CENTRAL SCHOOL DISTRICT
CENTRAL REGISTRATION**

Telephone: 845-229-4000, extension 1601

CHANGE OF ADDRESS PACKET

Student Name: _____ Registration Date: ____/____/____

Name of Person Registering Student: _____ Phone # _____

Relationship to Student: _____

Current School: _____

Change in School: _____ Yes _____ No _____ If yes, school name: _____

DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE CHANGE OF ADDRESS PACKET:		(FOR OFFICE USE ONLY)
		STAFF INITIALS ↓
Proof of Residency –		
HOMEOWNER - Residing in the home, submit: 1- A copy of your school or property tax bill. Or your closing statement if you have recently purchased a new home. 2- A current, recurring bill such as electric, cable, phone, etc.	RENTERS-Submit: 1- Your current lease. If you do not have a lease, have your landlord complete the attached OWNERS AFFIDAVIT and submit with a copy of their current school or property tax bill. 2- A current, recurring bill such as electric, cable, phone, etc.	
Photo ID of parent/guardian completing packet, which may include: <ul style="list-style-type: none"> • Driver's license • Passport (must be current) • NYS Identification Card 		
Court Documents such as Custody Papers, Order of Protection, etc., if there has been a change		
STAC 202 , if applicable		
ATTACHED FORMS TO BE COMPLETED:		
Registration form		
Enrollment Form/Residency Questionnaire		
Emergency Contact Form		
<i>Owner's Affidavit – only to be completed if you are a renter and do not have a formal lease</i>		

Office Use Only: Change in home school: _____	Home School: _____	Attending School: _____
CSE _____	Entered in eSchool: _____	Scanned: _____ Sent to school: _____

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HYDE PARK CENTRAL SCHOOL DISTRICT

PUPIL REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> 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'S 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	<p style="text-align: center; font-weight: bold; font-size: small;">THIS BOX TO BE FILLED OUT BY DISTRICT STAFF</p> <p>REGISTRATION TYPE:</p> <input type="checkbox"/> New Enrollee <input type="checkbox"/> Re-Enrollee <input type="checkbox"/> Universal Pre-School <input type="checkbox"/> CPSE Referral <input type="checkbox"/> Guardian & Address Change <input type="checkbox"/> Parochial /Private School Home School: _____ Attending School: _____ COHORT YEAR FOR HS ONLY: _____ Pupil ID# : _____ Registration Date: ____/____/____ Start Date: ____/____/____ Birth Certificate / Passport: <input type="checkbox"/> YES <input type="checkbox"/> NO
Order of Protection: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Parent/Guardian #1	This will be the FIRST parent/guardian contacted
Name: _____ Relationship to student: _____ Email: _____	
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 accomodations 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: _____ Email: _____	
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 accomodations 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

Prior School Information:

District Child is Transferring from: _____

Name of school child is transferring from: _____

School Address : _____

Phone #: _____ Fax #: _____

CHECK ALL SUPORT 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 <u>ALL</u> 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 2017-2018 school year, as determined by the New York State Department of Education, are as follows:
Grades K through 6 - \$9,201; Grades 7-12 - \$11,791*

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

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EMERGENCY CONTACT INFORMATION

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

Administration Offices: P.O. Box 2033, Hyde Park, New York 12538-8033
Telephone: (845) 229-4000
www.hpcsd.org

Greer Rychcik, Ed.D.
Superintendent of Schools

Aviva Kafka
Deputy Superintendent
Phone: 845-229-4008

Linda Steinberg
School Business Manager
Phone: 845-229-4009

RESIDENCY AFFIDAVIT

Note: This affidavit is to be completed by the owner or leaseholder when a person is renting an apartment or rooms within a privately owned home or apartment, including their own home, or is sharing a house or apartment with another family where there is no formal lease.

Please **PRINT** all information:

My name is _____, and I am the legal owner or leaseholder of: _____.

Please attach a copy of your school or property tax bill, deed, or mortgage statement or lease.

What part of your home do these tenants occupy? (Example: basement apt., 1st floor, apartment #, number of rooms in the home, etc.): _____

The terms and conditions of tenancy are as follows:

Lease start date: ____/____/____ Lease End date: ____/____/____
Month to month start date: ____/____/____

I understand the requirements for enrollment and request that the following child (ren) be admitted to the schools of the Hyde Park Central School District as a district resident:

To the best of my knowledge the above mentioned property is the current and only legal residence of _____ (Name of Parent/Guardian) and the child(ren)/ward(s) named above.

The following is a list of the names of **ALL** persons residing 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 Central School District will rely upon them in determining whether the above named child(ren) 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 such child (ren) 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-6, \$ 9,201

Special Education, grades K-6, \$37,947

General Education, grades 7-12, \$11,791

Special Education, grades 7-12, \$40,537

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of this form, and must be met for application to be accepted.

As the property owner/landlord, I certify that I will notify the Hyde Park Central School District Central Registration Office, 4327 Albany Post Road, Hyde Park, NY 12538 within 30 days of termination of this living arrangement.

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.

Signature of Property Owner/Landlord/Leaseholder

____/____/____
Date

Print Owner/Landlord/Leaseholder Name

Owner/Landlord/Leaseholder Phone

Owner/Landlord/Leaseholder Address: _____

Sworn to before me this

____ Day of _____, 20____

Notary Public