

**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 #: _____

<div style="border: 1px solid black; display: inline-block; padding: 2px; font-size: small;">FOR OFFICE USE ONLY</div> 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 Private or Parochial School Attending: _____
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DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE REGISTRATION:	REGISTRATION STAFF INITIALS ↓
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 Residency 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.	
Proof of Birth: <ul style="list-style-type: none"> • Original Birth Certificate OR Passport 	
Photo ID of <u>parent/guardian</u> registering the student, which may include: <ul style="list-style-type: none"> • Driver's license • Passport (must be current) • NYS Identification Card 	
Foreign Exchange Documentation – if applicable	
ATTACHED FORMS TO BE COMPLETED:	
Registration form	
Enrollment Form/Residency Questionnaire	
Emergency Contact Information Form	
Transportation Form	

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PRIVATE & PAROCHIAL STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First MI </div>			<p style="text-align: center; margin: 0;">THIS BOX TO BE FILLED OUT BY DISTRICT STAFF</p> Pupil ID# : _____ Home School: _____ Attending School: _____ Registration Date: ____/____/____ Start Date: ____/____/____ Cohort Year (for HS only) : _____
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"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____			
CHILD'S LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <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		Is there an 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 for Guardian #1: _____ Circle one: HOME CELL WORK	
PHONE CONTACT #2 for Guardian #1: _____ Circle one: HOME CELL WORK	
PHONE CONTACT #3 for Guardian #1: _____ 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: _____ Email: _____	
Residential address: _____ Mailing address: _____	
PHONE CONTACT #1 for Guardian #2: _____ Circle one: HOME CELL WORK	
PHONE CONTACT #2 for Guardian #2: _____ Circle one: HOME CELL WORK	
PHONE CONTACT #3 for Guardian #2: _____ 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

If your child received Special Education services prior to enrolling in this district, complete the following:

Name of School District Attended: _____ Phone #: _____

Services were provided by: _____

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 PROGRAM | | <input type="checkbox"/> COUNSELING |

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(ren) be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address.

I am the legal guardian of the above listed child(ren). This/these child(ren) 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 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, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document.

I understand that the district reserves the right to investigate any student's residency by any legal means available, including but not limited to, public records, site visits and any other lawful methods of investigation.

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

Hyde Park Central School District
P.O. Box 2033
Hyde Park, NY 12538
Phone: 845-229-4000

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: **HYDE PARK CENTRAL SCHOOL DISTRICT**

Student Last Name: _____ First Name: _____ M.I.: _____

Gender: Male Female Date of Birth: ____/____/____ Current Grade: _____
Month Day Year (preschool-12)

Address: _____ Phone: _____

City: _____ Zip Code: _____

The answer you give below 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, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
(sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): _____
- In permanent housing

Print name of Parent/ Guardian
Or Student if Unaccompanied homeless youth

Signature of Parent/ Guardian
Or student if Unaccompanied homeless youth

Date

FOR OFFICE USE ONLY:

Circle One: *New to District* *Re-Entry* *New Address* *Change of Guardian* _

School (Check One): FDR HMS NES NPE RRS VAS CPSE UPK
 Homeschooled Private School: _____

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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: _____

EMERGENCY CONTACT INFORMATION - Page 2

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.

ALTERNATE LOCATION INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Print Parent/Guardian Name: _____

Signature of Parent or Legal Guardian

Date

C: Main Office / Transportation / School Nurse

HYDE PARK CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE
30 SMITH COURT
HYDE PARK, NY 12538
Phone (845)229-4070 Fax (845)229-4066

REQUEST FOR TRANSPORTATION TO PRIVATE & PAROCHIAL SCHOOLS

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

ONE CHILD'S NAME PER SHEET

FOR SCHOOL YEAR: _____

I am requesting transportation for my child:

CHILD'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ GRADE YOUR CHILD WILL BE ENTERING: _____

HOME PHONE NO.: _____ WORK NO.: _____

EMERGENCY NO.: _____ CONTACT PERSON: _____

PARENT'S NAME: _____

DIRECTIONS TO YOUR HOME (Nearest Street or Landmark): _____

APPROXIMATE MILEAGE FROM HOME TO SCHOOL: _____

TO: NAME OF SCHOOL: _____

ADDRESS: _____

PHONE NO. OF SCHOOL: _____

SCHOOL ATTENDED LAST YEAR: _____

PARENT'S SIGNATURE: _____

ALL REQUESTS MUST BE IN THE TRANSPORTATION OFFICE BY APRIL 1st OF THE PREVIOUS YEAR IF YOUR CHILD REQUIRES TRANSPORTATION TO AND FROM A DAYCARE LOCATION, PLEASE FILL OUT A DAYCARE REQUEST FORM. FORMS ARE AVAILABLE IN THE TRANSPORTATION OFFICE (845)229-4070 AND ON-LINE AT www.hydeparkschools.org