



# PELHAM PUBLIC SCHOOLS REGISTRATION CHECKLIST

Especial Ed. \_\_\_\_\_  
Req. for Serv. \_\_\_\_\_  
Business. O. \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
PARENT (1) \_\_\_\_\_ TEL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PARENT (2) \_\_\_\_\_ TEL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

APPLICATION	_____ <b>NOTARIZED</b> APPLICATION
IDENTIFICATION	<input type="checkbox"/> PARENT'S PHOTO ID <input type="checkbox"/> CHILD'S PHOTO ID (If Applicable) <input type="checkbox"/> STUDENT PROOF OF AGE (ie. Birth Certificate, Passport, Baptismal or Briss Certificate, Hospital Record, Government Issued ID Card) <input type="checkbox"/> FOSTER PARENT ASSIGNMENT/HEALTH CARE PROXY <input type="checkbox"/> AGENCY APPROVAL OF PELHAM RESIDENT (If Available) <input type="checkbox"/> CUSTODIAL DOCUMENTS
TWO DIFFERENT FORMS REQUIRED FOR PROOF OF RESIDENCY:	<input type="checkbox"/> CON ED, CABLE, WATER, BANK STATEMENT OR VOTER REGISTRATION CARD
HOMEOWNER REQUIREMENT:	<input type="checkbox"/> PROPERTY TAX BILL WITH NAME & ADDRESS <input type="checkbox"/> <b>NOTARIZED</b> RESIDENT AFFIDAVIT
NEW HOMEOWNER REQUIREMENT:	<input type="checkbox"/> CLOSING STATEMENT OR DEED <input type="checkbox"/> <b>NOTARIZED</b> RESIDENT AFFIDAVIT
NON-HOMEOWNER REQUIREMENT:	<input type="checkbox"/> COPY OF THE LEASE - SIGNED AND DATED <input type="checkbox"/> <b>NOTARIZED</b> LANDLORD AFFIDAVIT <input type="checkbox"/> <b>NOTARIZED</b> RESIDENT AFFIDAVIT <input type="checkbox"/> PROOF OF RENT PAYMENT (Cancelled Check or Receipt)
HEALTH RECORDS:	<input type="checkbox"/> HEALTH PHYSICAL FROM FAMILY PHYSICIAN <input type="checkbox"/> IMMUNIZATION RECORDS <input type="checkbox"/> HEALTH & INFORMATION SURVEY (Completed by Parent) <input type="checkbox"/> DENTAL FORM (Optional) <input type="checkbox"/> HEALTH DISCLOSURE AUTHORIZATION (Optional)
SCHOOL FORMS:	<input type="checkbox"/> EMERGENCY CONTACT FORM <input type="checkbox"/> HOME LANGUAGE QUESTIONNAIRE <input type="checkbox"/> TRANSCRIPTS FROM PRIOR SCHOOL <input type="checkbox"/> PUPIL RECORD RELEASE FORM <input type="checkbox"/> IEP / 504 Plan (If Applicable)