



# Public Schools of the Tarrytowns

## Pupil Personnel Services- District Registration Office K-12

Arlene Lloréns-Sosa- District Registrar

Scott Dorn- Assistant Superintendent for Pupil Services

### Registration Information and Documentation Requests

To register a student at the Public Schools of the Tarrytowns, please read and follow the guidelines below. All registrations require an in person appointment to finalize\*, it is not necessary for the student to be present. All forms in the packet must be returned even if not applicable. Please contact the district registrar at 914-332-6272 or email at: [allorencsosa@tufsd.org](mailto:allorencsosa@tufsd.org) for an appointment. Registration Office hours are Monday-Friday, 8:00am to 4:00pm (Summer Hours May Vary). **\*There are 2 dates scheduled for Kindergarten Mass Registration, typically in January/March for the following year's class. If you missed the dates for mass registration, an in-person appointment with the district registrar will be required beginning in April. If you are registering for the Kindergarten class of the current school year, an appointment with the district registrar is required. Visit the John Paulding TUFSD website for more information on dates or call the office at 914-631-5526. Please note: for mass registrations ALL documents including physicals/imm. are required.**

**Please note: PreK registrations are processed at John Paulding Elementary School contact 914-332-6232.**

#### Proof of Residence:

Three (3) current proofs of residence documents must be provided to register (not older than 60 days). Please refer to the **"Acceptable Proofs of Residence"** form as a guide.\* **Additional notarized documents may be required.**

#### Proof of Birth:

All students enrolling for the first time (or previous students reentering the district) must present one of the following (Must be the original, copies will not be accepted): birth certificate, passport or baptismal certificate.

#### Proof of Immunizations:

<b>PreK</b>	DTaP-4, Polio-3 MMR-1, HepB-3, Varicella-1, Hib- (1-4), PCV ( 1-4)
<b>K-5</b>	DTaP (up to 5), Polio-(3-4), MMR-2, HepB-3, Varicella-2
<b>6-11</b>	DTaP-3, Tdap-1, Polio(3-4), MMR-2, HepB- 3, Varicella 2, MenACWY (meningococcal) 1
<b>12</b>	DTaP- Tdap-1, Polio-3, MMR-2, HepB-3, Varicella-1, MenACWY (1-2)

#### Health Documentation:

Certificate of a physical examination performed within the year prior to the first day of the current school year is required for all new students, PreK-12th grade. Documentation of a physical examination must be provided within 14 days of entering the Public Schools of the Tarrytowns. Once the 14-day grace period is over, students will not be permitted to participate in physical education or playground activities until a medical/physical form is received. **Mass registrations for Kindergarten, must present a current physical/ immunization record at time of registering.**

#### Documentation of Previous Education Program/School:

School records, transcripts, and/or other reports of school experience must be included.

#### CSE/CPSE Evaluations:

Follows the same guidelines as a new student registration.



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**Pupil Personnel Services, District Registration Office K-12**

Arlene Lloréns-Sosa- District Registrar

Scott Dorn- Assistant Superintendent of Pupil Services

## Acceptable Proofs of Residence

**Homeowners** are requested to submit **one form from Category A** and two forms of proof from Category B:

### **Category A proof**

- a) Mortgage statement containing matching names and addresses within the last 60 days **or**,
- b) Deed

**If in the process of purchasing a home a signed contract is NOT acceptable, however, closing documents are.**

**Non-Homeowners** are requested to submit **one form from Category A** and two forms of proof from Category B:

### **Category A proof**

- a) Current residential lease signed by both tenant and landlord **or**,
- b) If no lease- **Landlord Affidavit Form**: Completed and Notarized attached with a copy of deed, property tax bill or water bill with name of Landlord **or**,
- c) A **"Third Party Verification Form"** or a notarized statement by a third-party or completed from owner or tenant from whom the parent(s) or person in parental relation leases or with whom they share property within the district. **The owner or tenant of record must provide a lease, LL affidavit, mortgage, or deed with the completed Third Party Verification form.**

**Category B Proof -Must submit 2 proofs from the list with current address listed not older than 2 months (60 days).**

### **Category B proof (choose 2)**

- Utility, or other bill (no older than 60 days) **A cellphone bill is not accepted**
- Homeowner's/Renter's insurance policy
- Auto Insurance Card/policy
- Vehicle registration
- Bank or credit card statement
- TANF or Public Benefits Statement from DSS
- Driver's license, learner permit or government issued ID
- Pay stub (no older than 60 days)
- Income tax forms
- Membership documents based upon residency
- Voter registration documents



## Required Documents Checklist



\_\_\_ Completed Registration Application- one for each student.

\_\_\_ Proof of residence (One from category A that applies to your living arrangement and 2 from Category B, please refer to the 2nd page of the registration packet labeled "Acceptable Proofs of Residence").

\_\_\_ Birth Certificate/Passport/Baptismal Certificate (one only).

\_\_\_ Current Physical and Immunizations.



### IF APPLICABLE

\_\_\_ IEP/504 Plan

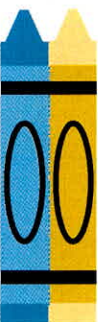
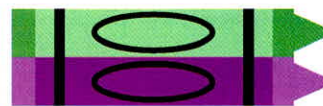


\_\_\_ Records from Previous school

\_\_\_ Private School Letter acknowledging enrollment



**Arlene Llorens-Sosa- District Registrar**  
**P. 914.332.6272**  
**E. [allorencsosa@tufsd.org](mailto:allorencsosa@tufsd.org)**





Entered by District

Student ID#: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

## PUBLIC SCHOOLS OF THE TARRYTOWNS

200 N BROADWAY, SLEEPY HOLLOW, NY 10591

Arlene Llorens-Sosa- District Registrar

Scott Dorn- Asst. Superintendent. of PS

### DISTRICT REGISTRATION OFFICE

TELEPHONE: 914-332-6272

EMAIL: [allorencsosa@tufsd.org](mailto:allorencsosa@tufsd.org)

FAX: 914-332-6267

[HTTP://WWW.TUFSD.ORG](http://WWW.TUFSD.ORG)

Registrar Initial: \_\_\_\_\_

Proof of Residency

- ☐ Deed
- ☐ Mortgage Statement
- ☐ Notarized Letter
- ☐ Original Lease
- ☐ STAC-202
- ☐ Utility Bill
- ☐ Other \_\_\_\_\_

☐ Birthday Verif: \_\_\_\_\_

☐ Free/Red. Lunch \_\_\_\_\_

☐ Medical Alerts \_\_\_\_\_

## REGISTRATION APPLICATION

### Student Information – (Please Print)

Student's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_ Apt./Bldg.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name D.O.B. Grade Name D.O.B. Grade Name D.O.B. Grade

\_\_\_\_\_ Name D.O.B. Grade Name D.O.B. Grade Name D.O.B. Grade

Birth City/Town and State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Students Dominant Language: \_\_\_\_\_ Primary Home Language: \_\_\_\_\_

**Ethnicity (Optional - However, if this section is not completed by a parent/guardian the school may make a determination for State compliance.)**

**To School Staff:** This form will be filed in the student's permanent record as confidential information. **To the Parent/Guardian:** the information which you have provided on this form is confidential. It is protected by Confidentiality Regulations. The Family Educational Rights and Privacy Act (1974) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by student name.

**Is the child Hispanic, Latino, or of Spanish origin?**

(Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin-regardless of race.)

☐ Yes, Hispanic ☐ No, not Hispanic

**Select one or more races from the following five racial groups. (Check all groups that apply to your child; check at least one box.)**

☐ **American Indian or Alaskan Native** *A person having origins in any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.*

☐ **Asian** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.*

☐ **Black or African American** *A person having origins in any of the Black racial groups of Africa.*

☐ **Native Hawaiian/Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ **White** *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

### Previous School Information

Has the student previously attended school at the Public Schools of the Tarrytowns? Yes ☐ No ☐  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Last School Attended Outside the Public Schools of the Tarrytowns:  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Number of years of school **outside the US.** \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

### Special Services Information \*Please attach records, if yes\*

Has your child received special education services and/or are they eligible for services? Yes ☐ No ☐  
Does your child have an **Individualized Education Plan (IEP) or a 504 Accommodation Plan?** Yes ☐ No ☐

### Student Lives with: (Please circle one) Please complete the following sections for parents residing in the household

Both Parents ☐ Mother Only ☐ Father Only ☐ Mother/Stepfather ☐ Father/Stepmother ☐  
Foster Parents ☐

If in foster placement, foster origin: \_\_\_\_\_ Other \_\_\_\_\_ ☐

**Note: When a student does not reside with both parents, additional information must be on file so that school staff are aware of who is responsible for the students. If there are applicable legal documents, such as custody papers, a copy should be provided to the school. Where the arrangement is less formal, neither natural parent is presumed to have a right to custody or decision making over the other parent, unless there is a court order.**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian Yes ☐ No ☐  
Residential Address: \_\_\_\_\_  
Household Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Email (REQUIRED): \_\_\_\_\_ **\*\*Note: At least one email address is required for the school database as important information and/or school updates may be shared electronically \*\***

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian Yes ☐ No ☐  
Household Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Parent(s) not living with the Student (Required, if applicable)**

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Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian Yes ☐ No ☐ Receive Mail Yes ☐ No ☐  
Residential Address: \_\_\_\_\_  
Household Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**In case of illness or injury, the school personnel are legally responsible for first aid only. It is the school policy to notify parents when home care or immediate medical care is indicated. Frequently, parents cannot be reached. Please assist us in giving your child proper care by supplying the information requested below.**

**Emergency Contact Information – If child needs immediate medical care and parent/guardian cannot be reached, call**

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Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

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Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Non-Household Emergency Contact Information – If child is ill or injured and parent/guardian cannot be reached, call**

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Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Household Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Household Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**After School Care (if applicable)**

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Person in charge of Student Care after school: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Alerts**

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Medical Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Health Issues/Medical Alerts: \_\_\_\_\_

**Other**

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Free/ Reduced Lunch \_\_\_\_\_ Yes or No

**\*\*If you believe your child(ren) may be eligible for free or reduced lunch, please contact Amada Reimundez at (914) 366-5803 or email at: [amolinareimundez@tufsd.org](mailto:amolinareimundez@tufsd.org) to determine eligibility\*\***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Public Schools of the Tarrytowns



**Pupil Personnel Services**, District Registration Office K-12

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Scott Dorn- Assistant Superintendent of Pupil Services

## **STUDENT RESIDENCY QUESTIONNAIRE**

**LEA: TUFSD**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Were you displaced because of a natural disaster?** (Circle one) Yes No

\_\_\_\_\_  
**Print name** of Parent/Guardian (Date)

\_\_\_\_\_  
**Signature** of Parent or Guardian





# **Public Schools of the Tarrytowns**

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Scott Dorn- Assistant Superintendent of Pupil Services

## **AUTHORIZATION OF RELEASE**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of parent/guardian Student's name and date of birth

consent to, \_\_\_\_\_  
School, agency, or clinic releasing information

\_\_\_\_\_, \_\_\_\_\_  
Phone number Fax number

To release any records and information requested or required by the staff of the Public Schools of  
the Tarrytowns.

### **Requested Records:**

\_\_\_ **Medical**

\_\_\_ **Educational**

\_\_\_ **Psychological/Psychiatric**

\_\_\_ **Special Education**

\_\_\_ **Grades/Qualifications**

\_\_\_ **Other relevant school/agency records**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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## MILITARY QUESTIONNAIRE

Is either parent on ACTIVE DUTY in the military or in any branch of the Armed Forces?

\_\_\_\_ Yes      Name of parent: \_\_\_\_\_

\_\_\_\_ No

If yes, please check off the branch of the Armed Forces below:

\_\_\_\_ Army

\_\_\_\_ Navy

\_\_\_\_ Air Force

\_\_\_\_ Marine Corps

\_\_\_\_ Coast Guard

\_\_\_\_ National Guard

Entry Date: \_\_\_\_\_

Exit Date: \_\_\_\_\_

**\*\* Please Note:** Active duty means full-time duty in the active military service of the United States. Such term includes full time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concern.



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School

Address



## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?    ☐ Minor    ☐ Somewhat severe    ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?    ☐ No    ☐ Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?    ☐ No    ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

Month:    Day:    Year:  
\_\_\_\_\_  
Date

Relationship to student:    ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW: \_\_\_\_\_

MO.    DAY    YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

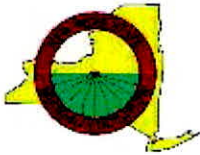
DATE OF NYSITELL  
ADMINISTRATION: \_\_\_\_\_

MO.    DAY    YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



# NEW YORK STATE MIGRANT EDUCATION PROGRAM

## IDENTIFICATION & RECRUITMENT OFFICE

### PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take few minutes to complete this questionnaire.*

**Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?**

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answer YES, please provide your contact information below:*

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-  
Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**







## Public Schools of the Tarrytowns

PUPIL PERSONNEL SERVICES, 200 North Broadway, Sleepy Hollow, NY 10591  
Scott Dorn, Director of Pupil Personnel Services

Tel: 914-332-6253  
Fax: 914-332-6267

In an amendment to NYS Education Law, pursuant to Chapter 434 of the Laws of 2014; Section 4402 of the Education Law has been amended to require public schools to notify every parent of their rights regarding referral and evaluation of their child for the purposes of special education services or programs upon their child's enrollment in public school.

This notice shall serve as The Public Schools of the Tarrytowns notice of this amendment and your rights. To further understand your rights under this amendment, please navigate to the following web page link: <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> or to the districts home page at <http://www.tufsd.org> and navigate to the special education department and click on *A parent's Guide to Special Education*.

En una enmienda a la ley de Educación del estado de Nueva York, en conformidad con el Capítulo 434 de las legislaciones del 2014; La sección 4402 de la ley de Educación se ha modificado para requerir a las escuelas públicas informar a todos los padres de sus derechos con respecto a la referencia y la evaluación de su niño/a para los propósitos de servicios de educación especial o programas sobre la inscripción de su hijo en la escuela pública.

Esta notificación deberá servir como aviso de que Las Escuelas Públicas de los Tarrytowns anuncio esta enmienda y sus derechos. Para entender aún más sus derechos bajo esta enmienda, por favor vaya al siguiente enlace de la página web:

[<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>] <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> o a la pagina del distrito [<http://www.tufsd.org>] <http://www.tufsd.org> y desplácese hasta el departamento de educación especial y haga clic en Guía de los padres de educación especial.



**Sleepy Hollow High School  
Registration Form  
Athletic Participation**

*Complete this form if you plan on participating in athletics during the school year.*

Date: \_\_\_\_\_ Student # \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

New Address: \_\_\_\_\_  
(Residence in School District)

With whom are you living in this district? \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*\*\*PREVIOUS SCHOOL INFORMATION\*\*\*\*\***

Previous School: \_\_\_\_\_

Sports Played in Previous School:

Fall Sport	_____	Level	_____	Modified	_____	JV	_____	Varsity
Winter Sport	_____	Level	_____	Modified	_____	JV	_____	Varsity
Spring Sport	_____	Level	_____	Modified	_____	JV	_____	Varsity

Previous Address: \_\_\_\_\_

With whom did you live? \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

**\*\*\*\*\*ACADEMIC INFORMATION\*\*\*\*\***

Year Entered 9<sup>th</sup> Grade: \_\_\_\_\_ Verification: \_\_\_\_\_  
(Counselor's Initials)

Have you repeated a grade in High School? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which grade \_\_\_\_\_?

Forward this form to the Director of Athletics when students have been accepted for registration.

Please note: All students that intend to participate in athletics must register each season through Family Id