



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 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:

PreK	DTaP-4, Polio-3 MMR-1, HepB-3, Varicella-1, Hib- (1-4), PCV (1-4)
K-5	DTaP (up to 5), Polio-(3-4), MMR-2, HepB-3, Varicella-2
6-11	DTaP-3, Tdap-1, Polio(3-4), MMR-2, HepB- 3, Varicella 2, MenACWY (meningococcal) 1
12	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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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 as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ Other temporary living situation (Please describe): _

Were you displaced as a result of a natural disaster? (Circle one) Yes No

Print name of Parent/Guardian (Date)

Signature of Parent or Guardian



Public Schools of the Tarrytowns

PUPIL PERSONNEL SERVICES, 200 North Broadway, Sleepy Hollow, NY 10591
Scott Dorn, Assistant Superintendent for Pupil 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 school to notify every parent of their rights regarding referral and evaluation of their child for the purposes of special education services to programs upon their child's enrollment in public school.

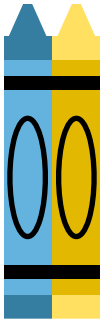
This notice shall serve as The Public Schools of the Tarrytowns notice of this amendment and your rights. To further understand your right under this amendment, please navigate to the following web page link:

<http://www.p12.nysed.gov/speicaled/publications/policy/parentguide.htm> or to the district's 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/speicaled/publications/policy/parentguide.htm> o a la página del distrito <http://www.tufsd.org> y desplácese hasta el departamento de educación especial y haga clic en Guía de los padres de educación especial.



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).

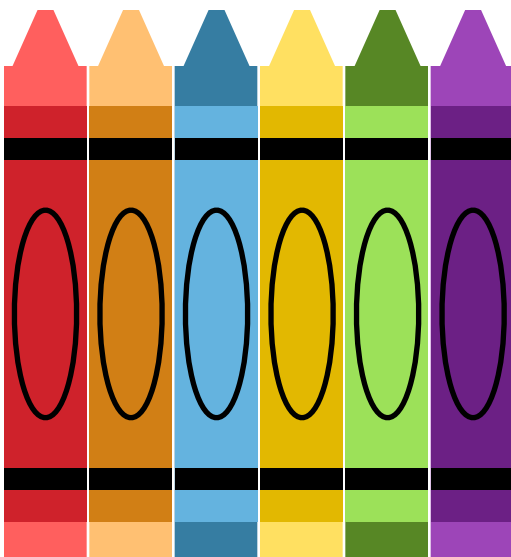
___ Current Physical and Immunizations.

IF APPLICABLE

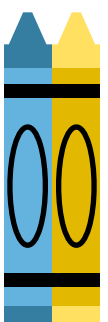
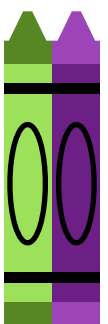
___ **IEP/504 Plan**

___ **Records from Previous school**

___ **Private School Letter acknowledging enrollment**



Arlene Llorens-Sosa- District Registrar
P. 914.332.6272
E. allorencsosa@tufsd.org





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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 Homeowner

- 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 Tenant/Renter

- 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 by the 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

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 for PPS

DISTRICT REGISTRATION OFFICE

TELEPHONE 914-332-6272

EMAIL 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: Coned/Cable
- ☐ Other _____
- ☐ Birthday Verif: _____
- ☐ Free/Red. Lunch _____
- ☐ Medical Alerts _____
- ☐ Landlord: _____

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
_____	_____	_____	_____	_____	_____	_____	_____	_____

Date arrived in U.S.A (If applicable)

Date arrived in NYS (If applicable)

Date arrived in NYS (If applicable)

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

****PLEASE ALSO SELECT AN OPTION BELOW:**

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 foreexample, 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.

BothParents ☐ MotherOnly ☐ FatherOnly ☐ Mother/Stepfather ☐ Father/Stepmother ☐
Foster Parents ☐

If in foster placement, foster origin: _____ Other _____ ☐

Please complete each section below for parents residing in the **SAME** household as student.
Use the next page to enter parent's information who do NOT reside in the household (if applicable)

Name: _____ Relationship to Student: _____ Legal Guardian
Yes ☐ No ☐

Resident Address: _____

Household Telephone: _____ Cell Telephone: _____

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: _____

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.

Parent(s) NOT living with the Student (Required, if applicable) Only complete for parent NOT residing in the same household as student

Name: _____ Relationship to Student: _____ Legal Guardian Yes ☐ No ☐ Receive Mail Yes ☐ No ☐

ResidentAddress: _____

HouseholdTelephone: _____ CellTelephone: _____

WorkTelephone: _____ Occupation: _____

EmployerName: _____ EmployerAddress: _____

Email: _____

In case of illness or injury, the school personnel is 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

Doctor'sName: _____ Telephone: _____

AdditionalInformation: _____

Dentist'sName: _____ Telephone: _____

AdditionalInformation: _____

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

Name: _____ Relationship toStudent: _____

HouseholdTelephone: _____ WorkTelephone: _____ CellTelephone: _____

AdditionalInformation: _____

Name: _____ Relationship toStudent: _____

HouseholdTelephone: _____ WorkTelephone: _____ CellTelephone: _____

AdditionalInformation: _____

After School Care (if applicable)

Person in charge of Student Care after school: _____

Relationship: _____

Address: _____

Phone: _____

Medical Alerts

Medical Allergies: _____

Medications: _____

Chronic Health Issues/Medical Alerts: _____

Other

Free/ Reduced Lunch _____ **Yes or No**

****If you believe your child(ren) may be eligible for free or reduced lunch, please contact the Lunch Program Accounting Clerk at (914) 366-5811 to determine eligibility and to receive an application.****

Parent Signature: _____ **Date:** _____



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AUTHORIZATION OF RELEASE

I, _____ of _____
Name of parent/guardian *Student's name and date of birth*

consent to, _____
School, agency, or clinic releasing information to the Public Schools of the Tarrytowns

Phone/Fax number

Email of person releasing records

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

☐ Male
☐ 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 _____ specify	<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 _____ specify
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
		<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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	*If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MO. DAY YR. </div>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: <div style="display: flex; justify-content: space-between; width: 100%;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MO. DAY YR. </div>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING </div>
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.



**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 9th 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