



Public Schools of the Tarrytowns

Pupil Personnel Services, District Registration Office K-12

Arlene Lloréns-Sosa- District Registrar

Scott Dorn-Assistant Superintendent of Pupil Services

Private School Registration Information and Documentation Requests

All private school students residing within the TUFSD, must register due to funding compliance and to be accurately counted for state and federal aid to the district. These calculations help fund services for TUFSD public and private school students. To register a student, please read and follow the guidelines below. Please scan completed private school applications with requested documents to the district registrar at: allorencsosa@tufsd.org. Registration office hours are Monday-Friday, 8:15a to 4:15p. ****Summer Hours May Vary****

Proof of Residency:

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, if applicable***

Proof of Birth:

All students enrolling for the first time (or previous students re-entering the district) must present one of the following (**Must be originals, copies are not accepted**):

- birth certificates
- passport
- baptismal certificate

Transportation: Please contact the transportation department if applicable, to complete necessary forms at: Diana Cox- 914-332-6259 or email: dcoc@tufsd.org

Reimbursement: For questions and reimbursement processes, please contact the Business Office at: ap@tufsd.org. Reimbursement forms can be found at: <https://www.tufsd.org/Page/5085>



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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

- 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

Entered by District

Student ID#: _____

School: _____

Grade: _____

Enrollment Date: _____

PUBLIC SCHOOLS OF THE TARRYTOWNS

200 N BROADWAY, SLEEPY HOLLOW, NY10591
Arlene Llorens-Sosa- District Registrar **Scott Dorn**- Asst. Superintendent of PS
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

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

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.*

Student Lives with: (Please circle one)

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

If in foster placement, foster origin: _____ Other _____

Name: _____ Relationship to Student: _____

Residential Address: _____

Household Telephone: _____ Cell phone: _____ Legal Guardian
Yes No

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: _____

Household Telephone: _____ Cell Telephone: _____

Work Telephone: _____ Occupation: _____

Employer Name: _____ Employer Address: _____ Legal Guardian
Yes No

Email: _____

Private School

School Name and Address: _____

School Phone: _____
(Attach Proof of Enrollment)

Parent Signature: _____ Date: _____

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.