



## Registration Application for:

- Non-SCSD Resident Students
  - Attending a Non-Public School within the Saugerites School District Boundary
  - Requesting a Special Education Evaluation
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The following documentation is required in order to register your child:

- A Completed Application** (enclosed)
- Proof of Date of Birth:** The child's birth certificate or passport
- Photo I.D. of the Parent/Guardian:** Government issued Driver's License or Non-Driver I.D. with name and photo

Completed registrations and supporting documentation can be submitted via email  
to [hstock@saugerties.k12.ny.us](mailto:hstock@saugerties.k12.ny.us)

- OR -

in-person at

310 Washington Avenue Ext, Saugerties, NY 12477

Hildebrandt Building

Hours of registration are by appointment Monday through Friday

Please call for an appointment.

(845) 247-6550 x9211

F: (845) 681-4241



<b>Office Use Only</b>			
Student Name: _____			
School: _____	Grade: _____	Effective Date: _____	Student #: _____
Out of District: _____	Non-Resident: _____	IEP/504: _____	ENL: _____ MV: _____

Non-Public School Name: \_\_\_\_\_

Student Information			
<b>Legal Name:</b> (Last, First, MI)			
<b>Gender:</b> Male / Female / Non-binary	<b>Grade:</b>	<b>Nickname:</b>	
<b>Date of Birth:</b>	<b>Place of Birth:</b> (Country, State, City)		
Is the student a US Citizen? Yes / No	<b>If no, what was the student's last country of residence?</b>		
Is the student and Immigrant? Yes / No	Date the student entered the US:		
Is the student and Migrant? Yes / No			
<b>Is the student Hispanic/Latinx or of Spanish Origin?</b> Yes / No			
<b>STUDENT'S RACE (check at least one, you may check all that apply)</b>			
___ <b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa			
___ <b>Black or African American</b> – A person having origins in any of the Black racial groups of Africa			
___ <b>American Indian or Alaska Native</b> – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment			
___ <b>Asian</b> – 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, the Philippine Islands, Thailand, and Vietnam			
___ <b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands			
<b>Parent/Guardian Signature:</b>			<b>Date:</b>



**Household Information**

Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA): An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes the rights.  
**PLEASE INFORM YOUR SCHOOL OF CHANGES IN CUSTODIAL ARRANGEMENTS**

**Main/Household Phone Number:**

**Parent/Guardian A (Student's PRIMARY Address)**  
 Contact Priority #1

Full Name	Parent/Guardian A's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____  Custody of student (if not living with both parents): <input type="checkbox"/> Court appointed sole custody with Parent/Guardian A <input type="checkbox"/> Joint/legal Custody w/ primary physical w/ Parent/Guardian A <input type="checkbox"/> Joint/legal and joint physical with primary residence at P/G A <input type="checkbox"/> Informal, no court orders in effect	
Physical Address		
City State/Zip		
On current/active Military Duty?    Yes /    No		
Mailing Address (if different)		
City State/Zip		
Cell Phone:	Work Phone:	Email:

**Step-Parent at this address (if applicable)**

Full Name	Cell Phone:
	Work Phone:

**Parent/Guardian B**  
 Contact Priority #2

Full Name	Parent/Guardian B's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____  Same residence as Parent/Guardian A?    Yes /    No  If no, Student resides with this parent/guardian?    Part time /    No	
Physical Address		
City State/Zip		
On current/active Military Duty?    Yes /    No		
Mailing Address (if different)		
City State/Zip		
Cell Phone:	Work Phone:	Email:

**Step-Parent at this address (if applicable)**

Full Name	Cell Phone:
	Work Phone:

**All Siblings/Other Children Living at Primary Address**

Full Name	Gender	Date of Birth	Grade	Present School	Relationship to Student

School District of Residence: \_\_\_\_\_ My child is registered in such district: Yes / No

**I certify that I am a not resident of the Saugerties Central School District.**

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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