



Public Schools of the Tarrytowns

Private School Registration Information and Documentation Requests

All private school students residing within the TUFSD must register for funding compliance and to be accurately counted for state and federal aide to the district. These calculations help fund services for both TUFSD public and private school students. To register a student, please read and follow the guidelines below. For an appointment, contact the district registrar at 914-332-6272 or email malberto@tufsd.org. Registration office hours are Monday-Friday, 8AM to 4PM (*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 reference.

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:

- Birth Certificate
- Passport
- Baptismal Certificate

Transportation:

Please complete the "**Request for Bus Transportation**" form included in this packet. Forms may be emailed to transinfo@tufsd.org or dropped off at the Transportation Office, located in the Red Building adjacent to the High School football field.

Proof of Enrollment:

Proof of enrollment in the private school is required to complete the registration process.

Reimbursement:

For questions regarding reimbursement processes, please contact the Business Office at: ap@tufsd.org or visit the website: <https://www.tufsd.org/departments/business-office>



ACCEPTABLE PROOFS OF RESIDENCE

**Homeowners and tenants/renters are required to submit:
1 proof from Category A and 2 proofs 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.

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 from 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 (not 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 (not older than 60 days)
- Income tax forms
- Membership documents based upon residency
- Voter registration documents



Public Schools of the Tarrytowns

Entered by District

Student ID#: _____

School: _____

Grade: _____

Enrollment Date: _____

DISTRICT REGISTRATION OFFICE

Scott Dorn- Asst. Superintendent of PPS

Melanie Alberto- District Registrar

Phone: 914-332-6272

Email: malberto@tufsd.org

Fax: 914-332-6267

HTTPS://WWW.TUFSD.ORG

Registrar Initial: _____

Proof of Residency

- ☐ Deed
- ☐ Mortgage Statement
- ☐ Notarized Letter
- ☐ Original Lease
- ☐ Utility Bill
- ☐ _____
- ☐ _____
- ☐ Birthday Verif: _____

REGISTRATION APPLICATION

Student Information:

Students' Full Legal Name: _____

Nickname: _____ Grade: _____ Gender: _____ Date of Birth: _____

Resident Street Address: _____ Apt./Bldg.: _____

City: _____ State: _____ Zip Code: _____

Siblings: _____
Name Age Name Age Name Age

Birth City/Town and State: _____ Birth Country: _____

If Applicable: _____
DATE ARRIVED IN USA DATE ARRIVED IN NYS LAST GRADE COMPLETED OUTSIDE OF USA

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 students' permanent records 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 records information identifiable by student name.

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

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

- ☐ YES, Hispanic ☐ NO, Not Hispanic

Please select an option below: Select one or more races from the following five racial groups.

(Check all that apply to your child and select 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 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 America, or the Middle East.



Public Schools of the Tarrytowns

Previous School Information:

Has the student previously attended school at the Public Schools of the Tarrytowns? ☐ YES ☐ NO

If YES: School: _____ Grade: _____ School Year: _____

Previous School Attended Outside the Public School of the Tarrytowns:

School: _____ Grade: _____ School Year: _____ City: _____ State: _____

Number of years of school **outside the U.S.** (If Applicable): _____ Last Grade Completed: _____

Household Information: Complete the section below **ONLY** for parents residing in the **SAME** household as student.

Student Lives With: (Please select one)

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

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

Parent/Guardian Information:

Name: _____ Relationship to Student: _____

Residential Address: _____

Cell Phone: _____ Legal Guardian? ☐ YES ☐ NO

Email (Required): _____

Work Telephone: _____ Occupation: _____

Employer Name: _____ Employer Address: _____

Name: _____ Relationship to Student: _____

Residential Address: _____

Cell Phone: _____ Legal Guardian? ☐ YES ☐ NO

Email (Required): _____

Work Telephone: _____ Occupation: _____

Employer Name: _____ Employer Address: _____

Private School Information: (Attach Proof of Enrollment)

School Name: _____

School Address: _____

Parent/Guardian Signature: _____ **Date:** _____

Note: At least one email address is required for the school database as important information and/or school updates may be shared electronically.



Public Schools of the Tarrytowns

Bus Transportation Request Form for Private and Parochial Schools

Did you complete an application for Transportation last year? ☐ Yes ☐ No

In accordance with the laws of the State of New York, I hereby formally request transportation for:

Student Information:

Student Name: _____

Date of Birth: _____ Grade Entering in September: _____

Residential Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Cell Phone #: _____ Email Address: _____

Home Telephone #: _____ Work Telephone #: _____

School Information:

School to be Transported to: _____

School Street Address: _____

School Attended Last Year: _____

Bus Stop Last Year: _____

Please complete a separate request for each child requiring transportation. If this is a new application or your place of residence has changed since last year, you must attach a copy of **three (3) proofs of residence** (please refer to the *Acceptable Proofs of Residence* form). Requests must be delivered directly to the Public Schools of the Tarrytown's Transportation Department **no later than April 1st**. New residents must file within 30 days of residency if after April 1st but no later than August 1st. Failure to comply may result in no transportation for your child for the upcoming school year. You will receive a confirmation, including your child's bus stops and estimated times in August. For more information, please visit www.tufsd.org

Parent/Guardian Signature: _____ Date: _____

Office Use Only

AM Bus: _____ AM Stop: _____ AM Time: _____

PM Bus: _____ PM Stop: _____ PM Time: _____

Public Schools of the Tarrytown's Transportation Department

200 North Broadway, Sleepy Hollow NY 10591

Phone: (914) 631-3663 Fax: (914) 332-5161