



Public Schools of the Tarrytowns

Registration Information and Documentation Requests

To register a student at the Public Schools of the Tarrytowns, please read and follow the guidelines below:

- Registrations require an in-person appointment to finalize. It is not necessary for the student to be present.
- All forms in the registration packet must be completed and returned, even if they are not applicable.
- Please contact the District Registrar at 914-332-6272 or email malberto@tufsd.org to schedule an appointment.

Registration Office Hours:

Monday–Friday, 8:00 AM to 4:00 PM (*Summer hours may vary*).

Kindergarten Registration:

There are several dates scheduled for Kindergarten Mass Registration for the following year's class. If you miss these dates, an appointment will be required starting in April. During Kindergarten Mass Registration, a current physical and immunization record must be provided at time of registering. Visit the John Paulding TUFSD website for more information on dates, or call the office at 914-631-5526.

Pre-K Registration:

Pre-K registrations are processed at John Paulding Elementary School. For assistance, 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: 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:

A physical examination dated within a year prior to the first day of school is required for all new students (PreK–12). Proof must be submitted within 14 days of enrollment. After this period, students cannot participate in physical education or playground activities until the form is received.

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.



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



REQUIRED DOCUMENTS CHECKLIST

- ___ Completed Registration Application (one per student)
- ___ Proof of Residence. **One from Category A and Two from Category B**
(Please refer to the second page of the registration packet labeled “Acceptable Proofs of Residence”)
- ___ Proof of Birth (Birth Certificate, Passport, or Baptismal Certificate)
- ___ Current Medical Records (Physical and Immunization Records)

IF APPLICABLE:

- ___ IEP/ 504 Plan
- ___ Records from Previous School (Report cards, Progress Reports, etc.)
- ___ Private School Letter- Acknowledging Enrollment

Melanie Alberto- District Registrar

Phone: 914-332-6272

Email: malberto@tufsd.org



Public Schools of the Tarrytowns

STUDENT RESIDENCY QUESTIONNAIRE

LEA: TUFSD

Name of School: _____

Name of Student: _____

Gender: Male _____ Female _____ Date of Birth: _____ Grade: _____

Household 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

Signature of Parent/Guardian

Date



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: **(Required)**

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: _____

Parent/Guardian Information (Non-Household): Complete the section below **ONLY** for parents **NOT** residing in the same household as student. **(Required, if applicable)**

Name: _____ Relationship to Student: _____

Residential Address: _____

Cell Phone: _____ Legal Guardian? ☐ YES ☐ NO Receive Mail? ☐ YES ☐ NO

Email **(Required)**: _____

Work Telephone: _____ Occupation: _____

Employer Name: _____ Employer Address: _____

Note: When a student does not reside with both parents, additional information must be on file to ensure school staff are aware of who is responsible for the student. If applicable legal documents exist, such as custody papers, a copy should be provided to the school. In cases where the arrangement is less formal, neither natural parent is presumed to have a greater right to custody or decision-making authority over the other unless a court order specifies otherwise.

Note: At least one email address is required for the school database as important information and/or school updates may be shared electronically. 6



Public Schools of the Tarrytowns

Emergency Contact Information:

In case of illness or injury, school personnel are legally responsible for providing first aid only. It is school policy to notify parents when home care or immediate medical attention is indicated. However, parents are not always reachable. Please assist us in ensuring your child receives proper care by providing the requested information below.

Doctor's Name: _____ Telephone: _____ Additional Information: _____

Dentist's Name: _____ Telephone: _____ Additional Information: _____

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

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Telephone: _____ Household Telephone: _____

Additional Information: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Telephone: _____ Household Telephone: _____

Additional Information: _____

After School Care (If Applicable):

Person in charge of student care after school: _____

Relationship: _____ Phone: _____

Address: _____

Medical Alerts:

Medical Allergies: _____

Medications: _____

Chronic Health Issues/ Medical Alerts: _____

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

Parent/Guardian Signature: _____ Date: _____



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<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
			specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			specify

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? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: ☐ Parent ☐ 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:



Public Schools of the Tarrytowns

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



Public Schools of the Tarrytowns

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 active military service— at a school designated as a service school by law or by the Secretary of the concerned military department.

IDENTIFICATION & RECRUITMENT 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 a 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 answered 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 send 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

In an amendment to **New York State (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 the referral and evaluation of their child for special education services or programs upon the child's enrollment in a public school.

This notice serves as **The Public Schools of the Tarrytowns'** official notification of this amendment and your rights. To learn more about your rights under this amendment, please visit the following webpage:

<https://www.nysed.gov/special-education/parents-guide-special-education>.

Alternatively, you can visit the district's homepage at www.tufsd.org, 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 (NYS)**, conforme al **Capítulo 434 de las Leyes de 2014, la Sección 4402** de la Ley de Educación ha sido modificada para exigir que las escuelas públicas notifiquen a todos los padres sobre sus derechos con respecto a la remisión y evaluación de su hijo para recibir servicios o programas de educación especial al momento de su inscripción en una escuela pública.

Este aviso sirve como la notificación oficial de **Las Escuelas Públicas de los Tarrytowns** sobre esta enmienda y sus derechos. Para obtener más información sobre sus derechos bajo esta enmienda, visite la siguiente página web:

<https://www.nysed.gov/special-education/parents-guide-special-education>.

Alternativamente, puede visitar la página web del distrito en www.tufsd.org, navegar hasta el departamento de **Educación Especial** y hacer clic en "**Guía para Padres sobre Educación Especial.**"



Public Schools of the Tarrytowns

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: _____

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: _____

Have you repeated a grade in High School? _____ Yes _____ No

(Counselor's Initials)

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.



Public Schools of the Tarrytowns

LANDLORD AFFIDAVIT

STATE OF NEW YORK
COUNTY OF WESTCHESTER

I _____ being duly sworn depose and say that I am the owner
(Name of Owner)
and landlord of the premises known and designated as _____,
(Address)
_____, New York _____. This property constitutes a (multiple dwelling) residence.
(City/Town) (Zip Code)
Mr./Mrs. _____ is a tenant occupying the _____ floor/apartment of this
property; occupying same under (oral/written) rental agreement commencing on the _____ day of
_____, 20_____. _____ occupies said apartment with
(Name of Parent/Guardian)
_____ who is/are a minor and plans to attend school in the
(Name of Student/s)
Tarrytowns. This affidavit is made in order to induce the Public Schools of the Tarrytowns to accept
_____ for enrollment in the Public Schools of the Tarrytowns, based
(Name of Student/s)
upon the residency as stated here. **(COPY OF DEED, TAX BILL, OR WATER BILL IN THE NAME OF
THE INDIVIDUAL SIGNING THE LANDLORD AFFIDAVIT MUST BE ATTACHED)** I make this
sworn affidavit knowing full well that the Public Schools of the Tarrytowns is relying upon the truthfulness of
the facts contained herein.

Print Owner/ Landlord Name

Owner/Landlord Address

Owner/Landlord Signature

Owner/Landlord Telephone #

Date

Sworn to me before this the _____ day of _____, 20_____

NOTARY PUBLIC _____
(Notary Signature and Seal/Stamp)



Public Schools of the Tarrytowns

THIRD PARTY VERIFICATION LETTER

I, _____, certify that Mr./Mrs. _____
and their children, _____
reside with me at: _____
My relationship to the children is: _____

(Signature)

(Date)

(Notary Public Signature and Seal)

Parent/Guardian of Student:

I, _____ agree that if it is determined that my son/daughter is living outside the Public Schools of the Tarrytowns district at any time during the school year, I will be responsible for reimbursing the Public Schools of the Tarrytowns for any and all tuition that is owed. I further understand that a child must physically reside with his/her parent/guardian within the district to attend school at the Public Schools of the Tarrytowns.

(Date)

(Parent/Guardian Signature)

**** Residency verification: This form must be accompanied with formal proof of residency (e.g., lease, current utility bill, notarized landlord affidavit etc.) Please refer to the list of acceptable proofs of residence. The proofs must be under the name of the person whose signature appears above****