

HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

11 Boice Road, P.O. Box 2033, Hyde Park, NY 12538
 Telephone (845)229-4000 Ext. 1606 Fax (845)229-4056
 Email: hpcsdregistrar@hpcsd.org

CHANGE OF ADDRESS CHECKLIST

Student's Name: _____ Registration Date: ____/____/____
 Name of Person Submitting the Change _____
 Relationship to Student: _____ Phone #: _____
 Current School: _____

DOCUMENTS TO BE PROVIDED BY PARENT/GUARDIAN TO COMPLETE REGISTRATION:	STAFF INITIALS
PROOF OF RESIDENCY: <u>Homeowner:</u> <ul style="list-style-type: none"> The most recent school or property tax bill OR current mortgage statement OR closing statement AND One current, recurring bill with your name & address for services you receive at this address (ie. electric, cable, telephone bill, etc.) <u>Renting in an apartment complex:</u> <ul style="list-style-type: none"> Your current signed lease AND One current, recurring bill with your name & address for services you receive at this address (ie. electric, cable, telephone bill, etc.) <u>Renting from a private owner:</u> <ul style="list-style-type: none"> Your current lease AND the owner's school or property tax bill (<i>If you do not have a formal lease, your landlord will need to complete the attached Residency Affidavit. This affidavit must be notarized. If the utilities are included in your lease, you will need to provide an additional form of proof of residency</i>) AND One current, recurring bill with your name & address for services you receive at this address (ie. electric, cable, telephone bill, etc.) 	
Photo ID of Parent/Guardian registering student, which may include: Driver's License OR Passport (must be current) OR NY State Identification Card	
Court Documents: such as Custody Order, Order of Protection, Guardianship, etc., and/or any changes to existing orders	
STAC 202 - if applicable	

ATTACHED FORMS TO BE COMPLETED:	
Demographic Update Form - Complete one form for the entire family	
Enrollment/Residency Questionnaire - Complete one form for each student	
Residency Affidavit - ONLY if needed for proof of residency	

FOR OFFICE USE ONLY	
Home School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS <input type="checkbox"/> HMS <input type="checkbox"/> FDR	Attending School: <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS <input type="checkbox"/> HMS <input type="checkbox"/> FDR
Reason not attending home school: <input type="checkbox"/> ENL <input type="checkbox"/> Special Ed <input type="checkbox"/> At capacity <input type="checkbox"/> Other: _____	

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HOUSEHOLD INFORMATION:

PREVIOUS ADDRESS:

Parent/Guardian #1:	Relationship to Student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/> Other
Last Name: _____ First Name: _____	
New Address: Street: _____ City: _____ State: _____ Zip Code: _____	
1st # to call: _____ <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other	2nd # to call: _____ <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other
Email: _____	Does the student reside with this individual: <input type="radio"/> Yes <input type="radio"/> No

Parent/Guardian #2:	Relationship to Student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/> Other
Last Name: _____ First Name: _____	
New Address: Street: _____ City: _____ State: _____ Zip Code: _____	
1st # to call: _____ <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other	2nd # to call: _____ <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Other
Email: _____	Does the student reside with this individual: <input type="radio"/> Yes <input type="radio"/> No

STUDENT INFORMATION:[illegible]

EMERGENCY CONTACT INFORMATION:

First Emergency Contact to be Called:

Last Name: _____ First name: _____

Relationship to Student: _____ May they pick up student from school? ☐ Yes ☐ No

1st # to call: _____ ☐ Cell ☐ Other 2nd # to call: _____ ☐ Cell ☐ Other

Second Emergency Contact to be Called:

Last Name: _____ First name: _____

Relationship to Student: _____ May they pick up student from school? ☐ Yes ☐ No

1st # to call: _____ ☐ Cell ☐ Other 2nd # to call: _____ ☐ Cell ☐ Other

I attest that this is my actual and only permanent address, that I am the legal guardian of the above listed child(ren) and that they reside with me.

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park CSD will rely upon them to determine that my children and I are residents of the district.

I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document which is punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York, and may be referred to the office of the district attorney.

I understand that the district reserves the right to investigate any student's residency by any legal means available, including but not limited to public records, site visits and any other lawful methods of investigation.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Hyde Park Central School District
P.O. Box 2033
Hyde Park, NY 12538
Phone: (845)229-4000

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: HYDE PARK CENTRAL SCHOOL DISTRICT

Student's Last Name: _____ First Name: _____ M.I.: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Current Grade: _____
Month Day Year (preschool - 12)

Address: _____ Phone: _____

City: _____ Zip Code: _____

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? (Check **one** box)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

Print name of Parent/Guardian
OR Student if unaccompanied homeless youth

Signature of Parent/Guardian
OR Student if unaccompanied homeless youth

Date

FOR OFFICE USE ONLY

☐ New to District ☐ Re-entry ☐ New Address ☐ Change of Guardian

School (check one): ☐ FDR ☐ HMS ☐ NES ☐ NPE ☐ RRS ☐ VAS ☐ CPSE ☐ UPK ☐ Homeschooled
☐ Private/Parochial School: _____

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The Hyde Park Central School District empowers our community to strive for excellence and embrace the opportunities of our globally connected world.

Hyde Park Central School District · Administration Offices · PO Box 2033, Hyde Park, NY 12538

Phone: (845)229-4000 · Fax: (845) 229-4056 · www.hpcsd.org

Dr. Pedro Roman
Superintendent of Schools

Dr. Gregory S. Brown
Deputy Superintendent

Melissa Lawson
Asst. Superintendent
for Pupil Services

Linda Steinberg
Asst. Superintendent
for Finance & Operations

RESIDENCY AFFIDAVIT

Note: This affidavit is to be completed by the home owner or leaseholder when a person is renting an apartment or room(s) within a privately owned home or apartment, including their own home, or is sharing a house or apartment with another family where there is no formal lease

Please **PRINT** all information:

My name is _____ and I am the legal owner or leaseholder of this address: _____.

Please attach a copy of your school or property tax bill, deed, mortgage statement or lease

What part of your home do these tenants occupy? (Example: basement apt., 1st floor, apartment #, number of rooms in the home, etc.): _____

The terms and conditions of tenancy are as follows:

Lease start date: ____/____/____ Lease End date: ____/____/____ **OR**, Month to month start date: ____/____/____
OR, Temporarily residing in my home/apartment due to loss of housing as of ____/____/____.

I understand the requirements for enrollment and request that the following child/children be admitted to the schools of the Hyde Park Central School District as a district resident:

To the best of my knowledge, the above mentioned property is the current and only legal residence of _____ (Name of Parent/Guardian) and the child(ren)/ward(s) named above.

The following is a list of the names of **ALL** persons residing at this address:

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park Central School District will rely upon them in determining whether the above named child/children will be admitted to its schools. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for such child/children and/or seek criminal action against me for filing a false document.

The most recent annual tuition rates, as determined by the New York State Department of Education are as follows: *(please note these rates are estimated and adjusted annually)*

Grades K-6 = \$11,350 Grades 7-12 = \$14,261

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of this form, and must be met for application to be accepted.

As the property owner/and/or leaseholder, I certify that I will notify the Hyde Park Central School District Central Registration Office, PO Box 2033, Hyde Park, NY 12538, within 30 days of termination of this living arrangement.

Signature of Property Owner/Landlord/Leaseholder

_____/_____/_____
Date

Print Owner/Landlord/Leaseholder Name
Leaseholder Phone Number

Owner/Landlord/

Owner/Landlord/Leaseholder Address: _____

E-Mail: _____

Sworn to before me this

Day of

_____,
20____

Notary Public