

HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

11 Boice Road, P.O. Box 2033, Hyde Park, NY 12538
 Telephone (845)229-4000 Ext. 1606 or Ext. 1607 Fax (845)314-8914
 Email: hpcsdregistrar@hpcsd.org

REGISTRATION CHECKLIST for PRIVATE & PAROCHIAL SCHOOL

Student's Name: _____ Registration Date: ____/____/____

Name of Person Registering Student: _____

Relationship to Student: _____ Phone #: _____

FOR OFFICE USE ONLY	
Home School:	<input type="checkbox"/> FDR <input type="checkbox"/> HMS <input type="checkbox"/> NES <input type="checkbox"/> NPE <input type="checkbox"/> RRS <input type="checkbox"/> VAS
Name of Private or Parochial School Attending: _____	

DOCUMENTS TO BE PROVIDED BY PARENT/GUARDIAN TO COMPLETE REGISTRATION:	STAFF INITIALS
PROOF OF RESIDENCY: Homeowner: The most recent school or property tax bill AND one current, recurring bill with your name & address for services you receive at this address (ie. electric, cable, telephone bill, etc.) Renting in an apartment complex: 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.) Renting from a private owner: Your current lease AND the owner's school or property tax bill AND one current, recurring bill with your name & address for services you receive at this address (ie. electric, cable, telephone bill, etc.) 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.	
Proof of Birth: Original Birth Certificate OR Passport OR New York State ID Card	
Photo ID of Parent/Guardian registering student, which may include: Driver's License OR Passport (must be current) OR NY State Identification Card	
Foreign Exchange Documentation - if applicable	

ATTACHED FORMS TO BE COMPLETED:	
Registration Form	
Enrollment/Residency Questionnaire	
Emergency Contact Information Form	
Transportation Form	
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: _____

THIS PAGE INTENTIONALLY LEFT BLANK

PUPIL REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

THIS BOX IS FOR DISTRICT STAFF ONLY

Child's Name: _____
Last First MI

Child's Street Address: _____

City: _____ State: _____ Zip Code: _____

Household Phone # _____ ☐ Home ☐ Cell

Sex: ☐ F ☐ M Grade: _____ Date of Birth: ____/____/____

City of Birth: _____ State of Birth: _____

REGISTRATION TYPE:

☐ New Enrollee ☐ Re-Enrollee
☐ Change of Address ☐ Change of Guardian
☐ CPSE Eval ☐ CPSE Transfer ☐ CSE Eval

Pupil ID#: _____

Home School: _____

Attending School: _____

Registration Date: ____/____/____

How many years has the child attended school in the US? _____ outside the US? _____

Has your child ever been enrolled in
HPCSD? ☐ No ☐ Yes

ETHNIC ORIGIN: ☐ YES, Hispanic ☐ NO, not Hispanic

RACE (NYS Required, please check all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ White

CHILD'S LEGAL GUARDIAN: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: _____

CHILD LIVES WITH: ☐ Mother ☐ Father ☐ Foster Parent ☐ Other: _____

Is there a custody order for the child? ☐ Yes ☐ No

Is there an Order of Protection? ☐ Yes ☐ No

Parent/Guardian #1

This will be the **FIRST** parent/guardian contacted

Name: _____ Relationship to Student: _____

Email: _____ Residential Address: _____

Mailing Address: _____

Phone Contact #1 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #2 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #3 for Guardian #1: _____ ☐ Home ☐ Cell ☐ Work

Does parent/guardian need accommodations for hearing impairment? ☐ Yes ☐ No Type: _____

Is this parent/guardian in Active Military Service: ☐ Yes ☐ No Entry date: ____/____/____ Exit date: ____/____/____

Parent/Guardian #2

This will be the **SECOND** parent/guardian contacted

Name: _____ Relationship to Student: _____

Email: _____ Residential Address: _____

Mailing Address: _____

Phone Contact #1 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #2 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Phone Contact #3 for Guardian #2: _____ ☐ Home ☐ Cell ☐ Work

Does parent/guardian need accommodations for hearing impairment? ☐ Yes ☐ No Type: _____

Is this parent/guardian in Active Military Service: ☐ Yes ☐ No Entry date: ____/____/____ Exit date: ____/____/____

PUPIL REGISTRATION FORM (Page 2)

If your child received Special Education services prior to enrolling in this district, complete the following:

Name of School District Attended: _____ Phone #: _____

Services were provided by: _____

CHECK ALL SUPPORTS SERVICES THAT YOUR CHILD CURRENTLY RECEIVES

- ☐ READING ☐ MATH ☐ SPEECH ☐ OCCUPATIONAL THERAPY ☐ PHYSICAL THERAPY ☐ COUNSELING
☐ SPECIAL EDUCATION PROGRAM ☐ ENGLISH AS A NEW LANGUAGE

CENSUS INFORMATION

THE FOLLOWING INFORMATION IS NECESSARY TO KEEP THE SCHOOL CENSUS UP TO DATE.
PLEASE INCLUDE **ALL** CHILDREN FROM BIRTH TO 18 YEARS OLD, INCLUDING REGISTRANT.

Name Of Child	Place of Birth	Date of Birth	Grade	School
		___/___/___		
		___/___/___		
		___/___/___		
		___/___/___		
		___/___/___		

I understand the requirements for enrollment and request that my child(ren) be admitted to schools in the Hyde Park Central School District. This is my actual and only permanent address.

I am the legal guardian of the above listed child(ren). This/these child(ren) reside with me 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 CSD will rely upon them in determining whether the above child(ren) 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, 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.

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.

I understand that any false statements made herein are 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.

Parent/Guardian Signature

_____/_____/_____
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: _____

THIS PAGE INTENTIONALLY LEFT BLANK

EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____ D.O.B.: ____/____/____

ADDRESS: _____

School: _____ Teacher: _____ Grade: _____ Bus Rte: _____ (issued by Transportation)

PARENT/GUARDIAN INFORMATION:

Student Resides With (Check all that apply): ☐ Mother ☐ Father ☐ Other: _____

Parent/Guardian #1 (FIRST parent/guardian to be contacted)

Name: _____ Relationship to Student: _____

Address: _____

Phone # to be called 1st: _____ ☐ Home ☐ Work ☐ Cell

Phone # to be called 2nd: _____ ☐ Home ☐ Work ☐ Cell

Phone # to be called 3rd: _____ ☐ Home ☐ Work ☐ Cell

E-Mail: _____ ☐ Home ☐ Work

Parent/Guardian #2 (SECOND parent/guardian to be contacted)

Name: _____ Relationship to Student: _____

Address: _____

Phone # to be called 1st: _____ ☐ Home ☐ Work ☐ Cell

Phone # to be called 2nd: _____ ☐ Home ☐ Work ☐ Cell

Phone # to be called 3rd: _____ ☐ Home ☐ Work ☐ Cell

E-Mail: _____ ☐ Home ☐ Work

PERSONS TO CALL IF PARENT/GUARDIAN IS NOT AVAILABLE:

1. **NAME:** _____ Relationship to Student: _____

Is this person permitted to pick student up from school? ☐ Yes ☐ No

CELL PH. #: _____ OTHER PH. #: _____ ☐ HM ☐ WK

2. **NAME:** _____ Relationship to Student: _____

Is this person permitted to pick student up from school? ☐ Yes ☐ No

CELL PH. #: _____ OTHER PH. #: _____ ☐ HM ☐ WK

MEDICAL INFORMATION:

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Any Special Health Issues (i.e., allergies, etc.)? ☐ Yes ☐ No

If Yes, please explain: _____

List current medications:

1. _____
2. _____
3. _____
4. _____

EMERGENCY DISMISSAL:

In the event of an emergency dismissal during the school day, where should your child be transported?

☐ HOME ☐ ALTERNATE LOCATION - *NOTE: The alternate location **must** be within your school's attendance zone.*

ALTERNATE LOCATION INFORMATION:

Name: _____ Phone: _____

Address: _____

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

**HYDE PARK CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE
30 SMITH COURT
HYDE PARK, NY 12538
Phone (845)229-4070 Fax (845)229-4066**

REQUEST FOR TRANSPORTATION TO PRIVATE & PAROCHIAL SCHOOLS

**PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

ONE CHILD'S NAME PER SHEET**

FOR SCHOOL YEAR: _____

I am requesting transportation for my child:

CHILD'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ GRADE YOUR CHILD WILL BE ENTERING: _____

HOME PHONE NO.: _____ WORK NO.: _____

EMERGENCY NO.: _____ CONTACT PERSON: _____

PARENT'S NAME: _____

DIRECTIONS TO YOUR HOME (Nearest Street or Landmark): _____

APPROXIMATE MILEAGE FROM HOME TO SCHOOL: _____

TO: NAME OF SCHOOL: _____

ADDRESS: _____

PHONE NO. OF SCHOOL: _____

SCHOOL ATTENDED LAST YEAR: _____

PARENT'S SIGNATURE: _____

**ALL REQUESTS MUST BE IN THE TRANSPORTATION OFFICE BY APRIL 1st OF THE PREVIOUS
YEAR IF YOUR CHILD REQUIRES TRANSPORTATION TO AND FROM A DAYCARE LOCATION,
PLEASE FILL OUT A DAYCARE REQUEST FORM. FORMS ARE AVAILABLE IN THE
TRANSPORTATION OFFICE (845)229-4070 AND ON-LINE AT www.hydeparkschools.org**



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 Owner/Landlord/
Leaseholder Phone Number

Owner/Landlord/Leaseholder Address: _____

E-Mail: _____

Sworn to before me this

Day of
_____,
20____

Notary Public