

# PATERSON PUBLIC SCHOOLS

## REGISTRATION FORM

### Student Information

Student's Name: \_\_\_\_\_  
*First Name*
*Middle Name*
*Last Name*

Home Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*House #*
*Street*
*City*
*Zip Code*

Date of Birth: \_\_\_\_\_ Gender:  M  F Place of Birth: \_\_\_\_\_  
*Month/Day/Year*
*City, State & Country, if not USA*

#### Race/Ethnicity (Please select all that apply):

- African American/Black       American Indian/Alaskan Native       Asian  
 Hawaiian Native/Pacific Islander       Hispanic       White/Caucasian

Date entered the Country \_\_\_\_\_ Date entered US School \_\_\_\_\_

Has the student ever attended a Paterson Public School?  Yes  No

Transferred from (School, City, State): \_\_\_\_\_

Does your child have an:  IEP (Individualized Education Plan)       504 Accommodation Plan

Does your child receive services for:  Bilingual/ESL

None of the Above

### Parent/Legal Guardian Information

Mother/Legal Guardian: \_\_\_\_\_ DOB \_\_\_\_\_  
*First Name*
*Last Name*

Home Address: \_\_\_\_\_   
*House #*
*Street*
*City*
*Zip Code*
*Resides with child?*

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ DOB \_\_\_\_\_  
*First Name*
*Last Name*

Home Address: \_\_\_\_\_   
*House #*
*Street*
*City*
*Zip Code*
*Resides with child?*

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person registering child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Language preferred for receiving communications:  English  Spanish  Other (specify) \_\_\_\_\_

List the name, date of birth, school and grade of siblings attending a Paterson Public School or Charter:

Sibling(s) Name Residing in Home	DOB	School Attending	Grade

### Emergency Contacts

Name/Relationship	DOB	Home Address	Phone #

**Residence Information**

Per the McKinney-Vento Act 42U.S. 17435, the following questions will help us to determine if your child is eligible for additional services.

- 1. Is your current address a temporary living arrangement?  Yes  No  
*(a month to month lease is not considered temporary)*
- 2. If yes, is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

**If you answered No to both questions above, please sign and date below and **DO NOT** fill out the remainder of this form.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If you answered Yes to both questions above, please sign and date above **AND** complete the remainder of this form.**

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**Where is the student presently living? (check one)**

- In a hotel/motel       With more than one family in a house or apartment       In a shelter
- In a place not designated for ordinary sleeping accommodations (such as a car, park or campsite)

**Declaration of Residency**

This is to inform Paterson Public Schools that my child(ren) \_\_\_\_\_  
\_\_\_\_\_ and I (parent/guardian) \_\_\_\_\_

is/are temporarily residing at the following address: \_\_\_\_\_.

We are living with (name & relationship) \_\_\_\_\_.

My last address that I rented, leased or owned was \_\_\_\_\_.

The school district which my child(ren) attended while living at the address above was \_\_\_\_\_

\_\_\_\_\_. My child(ren) attended \_\_\_\_\_ school. The causes of

my becoming displaced/homeless are \_\_\_\_\_.

Please select an option below:

- I request to register my child(ren) in the Paterson Public School District.
- I prefer for my child(ren) to attend school in the former school district \_\_\_\_\_  
*(name of former district)*

*Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

Parent/Legal Guardian (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Updated 9/30/2021*