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 <u>No to both questions above</u>, please sign and date below and **<u>DO NOT</u>** <u>fill out the remainder of this form</u>.

Signature of Parent/Guardian: _____ Date: _____

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

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: _____

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