



OFFICE USE ONLY

School:

ID#:

# REGISTRATION CHECKLIST

PLEASE BRING ORIGINAL DOCUMENTS ONLY NOT PHOTOCOPIES

## 1. REQUIRED DOCUMENTS AND FORMS

- Registration Form (ONLY A PARENT OR LEGAL GUARDIAN CAN REGISTER A STUDENT)
- Student Proof of Age:  Certified transcript of Birth or Baptismal Certificate; If not available then  Passport; If neither of the first two options are available, then the District will consider other documentation if you've had them for two years, including but not limited to
  - 1. Official driver's license;
  - 2. State or other government issued identification;
  - 3. School photo identification with date of birth;
  - 4. Consulate identification card;
  - 5. Military dependent identification card
  - 6. Documents issued by Federal State or local agencies (e.g. local social service agency, Federal Office of Refugee Resettlement)
  - 7. Court orders or other court-issued documents;
  - 8. Native American tribal document; or
  - 9. Records from non-profit international aid agencies and voluntary agencies.
- Parent/Legal Guardian's Photo Identification (Including but not limited to: Valid driver's license/I.D. card, Military I.D., Other Government Issued photo I.D.) and proof indicating either:
  1. That they are the parent(s) with whom the child lawfully resides; or
  2. That they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.
- Guardianship Affidavit  DSS 2999 Form (If Applicable)
- Free and Reduced Lunch Form (if applicable)
- Home Language Questionnaire
- Residency Questionnaire - Mc Kinney Vento Act Form
- Photograph and Video Consent to Release Form
- Transportation Request Form
- Student Services Survey
- Release of Student Records Form
- Student School Records (Latest report card, Individualized Education Program (IEP), or 504)
- Student Emergency Form
- Parent Health Assessment Form
- Health Exam Form (current physical examination)
- Immunization record
- Dental Health Certificate

### FOR STUDENTS SERVICES ONLY

- Committee on Preschool Education (CPSE) requires Section 1, 2 and:
- Medicaid Consent
  - CPSE Evaluation/Services Form
- District of Location (DOL) - *District in which private school is located* **OR**  
 District of Residence (DOR) - *District in which student maintains a permanent residence*  
 requires the following additional documents:
- Current enrollment record on school letterhead
  - Report card
  - Progress Report(s)
  - State Exams
  - Individualized Education Program (IEP)/504 plan

### FOR NON-PUBLIC SCHOOLS TRANSPORTATION ONLY

- Registration Form
- Transportation For Non-Public School
- Parent/Legal Guardian Photo ID
- Student Proof of Age (See Above)
- Proof of Residency (See below)

## 2. PROOF OF RESIDENCY AND OCCUPANCY

- OWNERS Proof of ownership of a house or condominium, such as a deed or mortgage statement **AND** two utility bills showing your name and address as listed in deed or mortgage statement, **OR** at least two other proofs of residency.
- RENTERS Current residential lease **AND** two utility bills showing your name and the address listed on the lease, **OR** at least two other proofs of residency.
- LIVING WITH If you are living with relatives/friends or rent a room and do not hold a lease: A statement or affidavit by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district **OR** a statement or affidavit by a third party relating to the parent(s)' or person(s) in parental relation's physical presence in the district **AND** two utility bills showing your name, **OR** at least two other proofs of residency.

*The District will consider other residency documentation, including but not limited to: rent receipt; current pay stub; income tax form or statement (e.g., W2); bank statement; canceled check; utility or other bills (including insurance bill); membership documents (e.g., library cards) based upon residency; voter registration document(s); official driver's license, learner's permit or non-driver identification; State or other government issued identification; documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement); or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.*



**Greenburgh Central School District**  
Our Children. Our Focus. Our Future.



STUDENT ID:  
REGISTRATION DATE:  
 New Student  Re-Entry

# REGISTRATION FORM

## 1. STUDENT INFORMATION

Full Name (As shown on Birth Certificate)		Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			<input type="checkbox"/> Single Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Co-op
Registering for: <input type="checkbox"/> The Early Childhood Program (Pre-K) <input type="checkbox"/> Lee F. Jackson Elementary School (K-1) <input type="checkbox"/> Highview Elementary School (2-3) <input type="checkbox"/> Richard J. Bailey Elementary School (4-6) <input type="checkbox"/> Woodlands Middle/High School (7-12) <input type="checkbox"/> Transportation Services for Non-Public Schools <input type="checkbox"/> Committee on Preschool Special Education (CPSE) <input type="checkbox"/> District of Location (DOL) <input type="checkbox"/> District of Residence (DOR)	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White Is student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous School Attended	Grade registering for:

## 2. PARENT/LEGAL GUARDIAN INFORMATION

Full Name		Full Name	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
	Priority 1 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )		Priority 1 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )
	Priority 2 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )		Priority 2 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )
	Priority 3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )		Priority 3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work ( )
Email		Email	
Home Address (If you do not reside with student please complete) <input type="checkbox"/> Same as student		Home Address (If you do not reside with student please complete) <input type="checkbox"/> Same as student	

## 3. SIBLINGS LIVING AT HOME (CENSUS)

Full Name	Relationship	Date of Birth	School Attending	Grade
Full Name	Relationship	Date of Birth	School Attending	Grade
Full Name	Relationship	Date of Birth	School Attending	Grade
Full Name	Relationship	Date of Birth	School Attending	Grade
Full Name	Relationship	Date of Birth	School Attending	Grade

I understand that I am being asked to provide information that will allow the Greenburgh Central School District to verify that my child is legally entitled to an education in the District and understand that the District is educating only those children who have a right to that education by living within the district. The law assumes that a child resides with their parent or legal guardian. If the claim is made that a child's residence is with someone other than the child's parent or legal guardian, it will be necessary to obtain additional information to establish that child's residency in our district. Falsification of information will be grounds for invalidating the student's enrollment, and possible legal action to collect tuition charges.

Signature of Parent/Legal Guardian

Date



# TRANSPORTATION FOR NON-PUBLIC SCHOOLS

## 1. INFORMATION

Parents in the district requiring transportation for their children to private or parochial schools must return this form to the district by April 1. The District will publish the April 1 date in its school calendar or local newspaper as a reminder to parents of this deadline. Late requests will not be denied where a reasonable explanation is provided for the delay. Such transportation shall be provided for a distance of no more than fifteen (15) miles.

### TRANSPORTATION TO NONPUBLIC SCHOOLS ON HOLIDAYS

The District will share its calendar and start and dismissal times with nonpublic schools before the start of the school year. The District is not required to provide transportation to nonpublic schools on days on which the District's schools are not in session.

### TRANSPORTATION FOR NONPUBLIC SCHOOL STUDENTS WITH DISABILITIES WHO ARE PARENTALLY PLACED

For students with disabilities, ages 5 through 21, who are parentally placed in non-public schools outside their district of residency, if special education services are to be provided to a student at a site other than the non-public school, the school district of location is responsible for providing the special education services, including, as applicable, arranging and providing transportation necessary for the student to receive special education services. Transportation of students with disabilities in the District who are parentally placed may not exceed 50 miles one way from the student's home to the appropriate special service or program.

If you have any questions, please contact the Transportation office at 914.761.6000 Ext. 3140 or the Registrar's office at 914.761.6000 Ext. 3120.

## 2. STUDENT INFORMATION (ONE FORM PER CHILD)

Full Name				<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address	Date of Birth	Grade Entering	Home Telephone	
	Requesting for school year 20__ - 20__			
School Name and Address	School Hours	Telephone		
	Email/Fax			

## 3. PARENT/LEGAL GUARDIAN INFORMATION

Full Name			Full Name		
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Home Address (If you do not reside with student please complete). <input type="checkbox"/> Same as student			Home Address (If you do not reside with student please complete). <input type="checkbox"/> Same as student		
	Priority 1 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )		Priority 1 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )
	Priority 2 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )		Priority 2 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )
	Priority 3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )		Priority 3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )
Email:			Email:		

## 4. EMERGENCY CONTACTS

Contact Name		Relationship to child:		
Address	Mobile Telephone	Home Telephone	Work Telephone	
Parent/Legal Guardian Signature				Date