HUDSON FALLS CENTRAL SCHOOL DISTRICT

PART 1: ENROLLMENT/REGISTRATION REQUIREMENTS

Student Name: _____

____ SIGNED RESIDENCY QUESTIONNAIRE

____ COMPLETED AND SIGNED REGISTRATION FORM

____ PROOF OF RESIDENCY

- LEASE AGREEMENT OR NOTORIZED STATEMENT FROM LANDLORD THAT INCLUDES THE FULL ADDRESS OF YOUR RESIDENCE
- COPY OF PURCHASE CONTRACT FOR THE RESIDENCE YOU WILL BE LIVING IN, WITH LETTER FROM ATTORNEY THAT INCLUDES DATE/TIME OF CLOSING
- NOTORIZED STATEMENT FROM A THIRD PARTY ESTABLISHING THE PHYSICAL PRESENCE OF THE PARENT/GUARDIAN IN THEIR HOUSEHOLD IN THE SCHOOL DISTRICT
- COPY OF DEED

ACCEPTED ALTERNATE FORMS OF RESIDENCY IF THE ABOVE ARE UNAVAILABLE

- PAY STUB
- INCOME TAX FORM
- UTILITY BILL
- OFFICIAL DRIVER'S LICENSE, LEARNER'S PERMIT, OR NON DRIVER ID
- STATE OR OTHER GOVERNMENT ISSUED ID
- DOCUMENTS ISSUED BY FEDERAL, STATE OR OTHER LOCAL AGENCIES

____ BIRTH CERTIFICATE BAPTISMAL RECORD PASSPORT

ACCEPTED ALTERNATE FORMS IF THE ABOVE ARE NOT AVAILABLE

- OFFICIAL DRIVERS LICENSE OF STUDENT (if applicable)
- SCHOOL PHOTO ID WITH DATE OF BIRTH
- CONSULATE ID CARD WITH DATE OF BIRTH
- MILITARY DEPENDENT ID WITH DATE OF BIRTH
- NATIVE AMERICAN TRIBAL DOCUMENTS WITH DATE OF BIRTH

____ COURT CUSTODY PAPERS or CUSTODIAL AFFADAVITS (if applicable)

____ REQUEST FOR RELEASE OF RECORDS COMPLETED AND SIGNED

Hudson Falls Central School District

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of School/LEA: _____

Legal Name of Student : _____
Last First Middle

Gender: Male / Female Date of Birth: _____ / _____ / _____ Grade: _____ Student ID # _____
Month Day Year PreK - 12

Current Address: _____ Phone: ____ - ____ - ____
House # Street Apt/Lot # City

Previous Address: _____
House # Street Apt/Lot # City

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 that 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? (*Please check **one** box*)

_____ In permanent housing (*your own apartment or house*)

_____ In a shelter

_____ With another family because of loss of housing or economic hardship (referred to as "doubled up")

_____ In a hotel/motel

_____ In a car, park, bus, train or campsite

_____ Other temporary living situation (please describe): _____

_____ _____

Print name of Parent, Guardian or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date: _____

Office Use Only: Signature _____ Date: _____ Time: _____

NOTE TO SCHOOL/LEAS: if the student is **NOT** living in permanent housing, please ensure that a Designation/STAC Form is completed.

Revised 10/19/2016

HUDSON FALLS CENTRAL SCHOOL DISTRICT

PO Box 710
Hudson Falls, NY 12839
(518) 747-2121

REQUEST FOR RELEASE OF STUDENT RECORDS

To:_____ _____
Previous School Name — Student Name

_____ _____ _____
Street Address of Previous School — Grade — Date of Birth

_____ _____ _____
City, State, Zip Code — School Fax # — School Phone #

The above student has registered for grade _____ at our school district. Please forward, at your earliest convenience, the following school records:

- Academic Record
- Attendance Record
- Health/Immunization Record
- Standardized Test Data
- Approx. grades for the current marking period
- CSE Records (IEP, Social History, Psycho-educational Evaluation, Speech Evaluation, OT/PT Scripts, Medical Records, Medicaid Consent Form)

*It is understood that the privilege and confidential nature of such records will be preserved.

These records should be sent to the following indicated address:

Margaret Murphy Kindergarten Center
2 Clark Street
Hudson Falls, NY 12839
Fax: (518) 747-3853
Phone: (518) 681-4512

Hudson Falls Intermediate School
139 Maple Street
Hudson Falls, NY 12839
Fax: (518) 747-2774
Phone: (518) 681-4400

Hudson Falls Middle School
131 Notre Dame Street
Hudson Falls, NY 12839
Fax: (518) 746-2790
Phone: (518) 681-4319

Hudson Falls Primary School
47 Vaughn Road
Hudson Falls, NY 12839
Fax: (518) 747-3502
Phone: (518) 681-4462

Hudson Falls Senior High School
Guidance Dept.
80 East LaBarge Street
Hudson Falls, NY 12839
Fax: (518) 746-9033
Phone: (518) 681-4214

Hudson Falls District Office
1153 Burgoyne Avenue
Fort Edward, NY 12828
Fax: (518) 681-4136
Phone: (518) 747-2121

I hereby request and direct the above school to release and/or exchange all information pertaining to the above student.

_____ _____
Date — Signature of Parent/Guardian

_____
Relationship

Updated 10/19/16

HUDSON FALLS CENTRAL SCHOOL DISTRICT
Student Registration Form

Office Personnel Please Sign & Enter - DATE OF REGISTRATION:

Complete all information carefully. Please print. **GRADE ENTERING: _____**

STUDENT'S LEGAL NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH**: _____ **GENDER: □Male □Female**

STREET ADDRESS: _____ **MAIN CONTACT # _____-_____-_____**
(Address where Student resides) (No P.O. Boxes) (APT. OR LOT #)

_____, NY _____
City Zip

MAILING ADDRESS: _____
(If different from Street Address)

_____, NY _____
City Zip

FAMILY INFORMATION - Student lives with: □Both Parents □Mother Only □Father Only □Mother/Stepfather
□ Father/Stepmother □Grandparents □Self □Guardian(s)_____(First & Last Name)
□ Other _____ □Foster Parent(s) _____ (First & Last Name)
***** Court documents or Custodial /Non-Custodial affidavits stating current custody arrangements must be provided to the school district if student is not living with both parents. ****** If a foster placement, a copy of **DSS 2999** form must be submitted.

FATHER: _____ **MAIN CONTACT # _____-_____-_____**

Cell Number _____-_____-_____ **Employer:** _____ **Work Number** _____-_____-_____

Step Parent_____ **Cell Number** _____-_____-_____ **Work Number** _____-_____-_____

****Only complete if different than Student***
Street Address _____ **Mailing Address**_____
(if different)
_____ _____

MOTHER: _____ **MAIN CONTACT #** _____-_____-_____

Cell Number _____-_____-_____ **Employer:** _____ **Work Number** _____-_____-_____

Step Parent_____ **Cell Number** _____-_____-_____ **Work Number** _____-_____-_____

****Only complete if different than Student***
Street Address _____ **Mailing Address** _____
(if different)
_____ _____

BROTHERS AND SISTERS: (living in same household that are expected to attend one of the schools in our district)

Name: _____D.O.B._____/____/_____ Grade _____ □Male □Female
Name: _____D.O.B._____/____/_____ Grade _____ □Male □Female
Name: _____D.O.B._____/____/_____ Grade _____ □Male □Female
Name: _____D.O.B._____/____/_____ Grade _____ □Male □Female

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Student ID#: _____ Date Entering: _____ Homeroom: _____ Birth Certificate: Yes / No Custody Papers Rec'd: Yes / No

HAS YOUR STUDENT EVER BEEN REGISTERED IN THE HUDSON FALLS SCHOOL DISTRICT : YES / NO (circle one)

PREVIOUS SCHOOL INFORMATION: ***Name of School Last Attended***_____

School Phone Number_____-_____-_____ ***School Fax Number***_____-_____-_____

* Has your child ever repeated a grade? Yes No (Circle One) If yes, which grade: _____

For High School Students, what date did they enter into 9th grade? _____

*** SPECIAL NEEDS OF THE STUDENT**

Does your child currently receive free or reduced lunch? No Free Reduced (Please Circle One)

Does the student receive AIS? Yes No (Please Circle One) If Yes, what subject? _____

* Does the student receive Special Education services? Yes No (Circle One)

If Yes, does he/she currently participate in any of the following: (circle any that apply) IEP - Self Contained Classroom - Consultant Teacher - Resource Room - Speech/Language Therapy - Occupational Therapy - Physical Therapy - 504 Plan - BOCES Placement. Other special needs _____

Medicaid Health Care Plan # _____

*** EMERGENCY CONTACT PERSON(s):** When injury, illness or non-emergency situations occur involving your child, we want to be able to quickly reach families and other responsible adults. In the event that we cannot reach a parent/guardian, please list a person you trust who is available during the day to provide care for your child. (Must be a local contact)

Full Name_____ Relationship:_____ Phone Number: _____-_____-_____

Full Name_____ Relationship:_____ Phone Number: _____-_____-_____

Full Name_____ Relationship:_____ Phone Number: _____-_____-_____

Full Name_____ Relationship:_____ Phone Number: _____-_____-_____

Parent/Guardian or Eligible Student Statement: I certify that the above information is true and correct. Any misinformation regarding residency or custody may result in being billed to cover the cost of instruction and/or exclusion from attending the Hudson Falls Central School District. I further understand that it is my responsibility as the Parent/Guardian or Eligible Student to immediately inform the school district of any changes in the information provided.

Parent/Guardian: _____ Date: _____