

Poughkeepsie City School District

Delivering on the promise of a high-quality education

Every child. Every day. Every classroom.

55 College Avenue, Poughkeepsie, NY 12603 - www.poughkeepsieschools.org – Phone: 845-437-3480 Fax: 845-437-3481

Student Registration and Enrollment Form

Student Information:

Name: _____
Last First Initial

Male ____ Female ____ Date of Birth: _____ City/State of Birth: _____

Current Grade: _____ Date First Entered 9th Grade (if applicable): _____

Did the student previously attend Poughkeepsie Schools? Y: ____ N: ____

Does the student have siblings in the Poughkeepsie Schools? Y: ____ N: ____

If Yes, names of siblings: _____

Foster care? Y ____ N ____ / IEP? Y ____ N ____ / 504 Plan? Y ____ N ____ / Disability? Y ____ N ____

Pre-Kindergarten and Kindergarten only—session preferred: AM ____ PM ____

Is the student Hispanic or Latina/Latino? Y ____ N ____

Race (check all that apply): American Indian/Alaskan: ____ Black/African-American: ____

Asian: ____ White: ____ Native Hawaiian/Other Pacific Islander: ____

Additional Student Information/Special Instructions: _____

Office Use Only:

- ____ Identification
- ____ Birth Certificate
- ____ Immunization Record
- ____ Proof of Residency
- ____ Custody Papers (If applicable)
- ____ Free/Reduced Lunch Form
- ____ Student Health History
- ____ Emergency Card

Student Number: _____

Homeless/Unaccompanied Y ____ N ____

School Records Requested _____

School Records Received _____

____ Release of Records Form

____ Housing Survey

____ IEP/504 Plan

____ LEP Assessment required

Student Background (complete all that apply):

Country of Origin: _____ Date first entered USA: _____

Date most recently entered USA : _____

Has the student missed two or more years of school at any time? Y ___ N ___

Is there a custody order or another court order pertaining to the child?: Y ___ N ___

If Yes, please explain *and provide a copy*: _____

Prior Educational History (complete all that apply):

Transfer from (Name of school) : _____

Address of school: _____

Student's prior address: _____

Is the student beginning school in the USA for the first time in grade 3 or higher? Y___ N___

How many years has the student attended school in the USA (count this year as year one): _____

Did the student repeat a grade? Y ___ N ___ If yes, what grade? _____

Is the student currently suspended or expelled from another school? Y ___ N ___

Medical:

Does the student have allergies? Y ___ N ___ If yes please explain: _____

Does the student have any special medical conditions? Y ___ N ___ If yes please explain:

Consent for Emergency Medical Treatment:

I, _____, parent/legal guardian of _____ who is an enrolled student in the city of Poughkeepsie School District, in order to assure that my child will receive adequate medical attention, hereby give my consent, in the event that all reasonable attempts to contact me at the telephone number(s) provided have been unsuccessful, for the school principal or his/her designee, or in his/her absence the school nurse, or in both their absences a teacher, or the coach of an athletic team, to authorize emergency medical and/or hospital personnel to provide emergency and/or non-emergency treatment to my child if injured during a school sponsored event in which he/she participated. Such authorization includes the consent to: contact the family physicians at the number(s) provided, any x-ray examination, anesthetic, diagnostic test, blood transfusion, medical or surgical treatment and hospital care to be rendered to my child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of New York.

Family physician: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Affirmation:

I hereby affirm, under penalty of perjury, that the information provided herein is true and correct. I understand that if any material information supplied is found not to be true, the school district attorney will be notified for further legal action.

I understand that if it is later determined that the child attending the Poughkeepsie City School district is not entitled to a free education, I will reimburse the Poughkeepsie School District for the amount of any tuition.

Parent/Guardian Signature: _____ Date: _____