



## Poughkeepsie City School District

Delivering on the promise of a high-quality education

*Every scholar. Every day. Every classroom.*

55 College Avenue, Poughkeepsie, NY 12603 - [www.poughkeepsieschools.org](http://www.poughkeepsieschools.org) – Phone: 845-437-3480 Fax: 845-437-3481

### PCSD Registration and Enrollment Form--Student Information:

Name: \_\_\_\_\_  
Last First Initial

Male \_\_\_\_ Female \_\_\_\_ Date of Birth: \_\_\_\_\_

City / State / Country of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date First Entered 9<sup>th</sup> Grade (if applicable): \_\_\_\_\_

Did the student previously attend Poughkeepsie Schools? Y: \_\_\_\_ N: \_\_\_\_

Does the student have brothers or sisters in the Poughkeepsie Schools? Y: \_\_\_\_ N: \_\_\_\_

If Yes, names of brothers/sisters: \_\_\_\_\_

IEP? Y \_\_\_\_ N \_\_\_\_ 504 Plan? Y \_\_\_\_ N \_\_\_\_ Disability? Y \_\_\_\_ N \_\_\_\_ Foster Care? Y \_\_\_\_ N \_\_\_\_

Pre-Kindergarten only—session preferred: AM \_\_\_\_\_ PM \_\_\_\_\_

Is the student Hispanic or Latina/Latino? Y \_\_\_\_ N \_\_\_\_ Race (check all that apply): Asian \_\_\_\_

American Indian/Alaskan: \_\_\_\_ Black/African-American: \_\_\_\_ White: \_\_\_\_

Native Hawaiian/Other Pacific Islander: \_\_\_\_

Do you request assistance with interpretation/translation? Y \_\_\_\_ N \_\_\_\_ If “Yes” identify language(s):

#### Office Use Only:

- \_\_\_\_ Identification
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Immunization Record
- \_\_\_\_ Proof of Residency
- \_\_\_\_ Custody Papers (if applicable)
- \_\_\_\_ Income Verification Form
- \_\_\_\_ Student Health History
- \_\_\_\_ Emergency Card
- \_\_\_\_ Family Military Service Form
- \_\_\_\_ Home Language Questionnaire

Student Number: \_\_\_\_\_

Homeless/Unaccompanied Y \_\_\_\_ N \_\_\_\_

School Records Requested \_\_\_\_\_

School Records Received \_\_\_\_\_

\_\_\_\_ Release of Records Form

\_\_\_\_ Housing Survey

\_\_\_\_ IEP/504 Plan

\_\_\_\_ LEP Assessment required

**Parent/Guardian:**

Name: \_\_\_\_\_  
Last First Initial Relationship

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

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**Parent/Guardian:**

Name: \_\_\_\_\_  
Last First Initial Relationship

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

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**Additional Contact (Optional):**

Name: \_\_\_\_\_  
Last First Initial Relationship

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Student Background (complete all that apply):**

How many years total has the child attended school already, including pre-school? \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Student Information/Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_