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www.poughkeepsieschools.org
PCSD Registration and Enrollment Form

Student Name: _____

Last

First

Initial

Male ____ Female ____ Date of Birth: _____

City / State / Country of Birth: _____

Current Grade: _____ Date First Entered 9th 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

Athlete: Y ____ N ____
(If Y notify Athletic Director)

Parent/Guardian:

Name: _____
 Last First Initial Relationship

Home Address: _____

Home phone: _____ Cell phone: _____

Mailing Address (if different): _____

Email: _____

Employer: _____ Work phone: _____

Parent/Guardian:

Name: _____
 Last First Initial Relationship

Home Address: _____

Home phone: _____ Cell phone: _____

Mailing Address (if different): _____

Email: _____

Employer: _____ Work phone: _____

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: _____

Athletics (grades 7-12 only):

Did the student play a sport in school? Y _____ N _____

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: _____