

GARRISON UNION FREE SCHOOL DISTRICT
P.O. BOX 193 1100 ROUTE 9D
GARRISON, NEW YORK 10524

STUDENT REGISTRATION REQUIREMENTS

PLEASE NOTE: The first step in the registration process is to determine eligibility to enroll. Eligibility for enrollment in the Garrison Union Free School District will require the following:

- Complete Initial Registration Intake Form (2 pages)
- Complete McKinney-Vento Questionnaire (only if applicable)
- Proof of child's age (Original Birth Certificate-required to be presented in person)
- Proof of Residency; acceptable documents can include the following:

➤ **HOME OWNERS**

- Deed or signed contract of sale, and
- Telephone, utility, cable bill, etc. (2 required)

➤ **RENTERS**

- Notarized affidavit of landlord form and copy of lease.
- Rent receipt (within last 30 days) indicating physical address, and
- Telephone, utility, cable bill, etc., indicating physical address (2 required)

Once the enrollment eligibility requirements are satisfied, you will be contacted to complete the remainder of the registration process and final documents. Please contact the School Office with any questions and to schedule your registration appointment. (845) 424-3689 ext. 221.

Please be prepared to provide the following additional documentation to complete your child's registration:

ADDITIONAL REGISTRATION DOCUMENTS

- Immunization Records
- Current health physical including Body Mass Index and Weight Status Report to be completed by student's health practitioner (must be conducted no more than 12 months prior to and submitted no more than 30 days after the student's entrance into school.)
- Divorce/Separation Custody Papers (if applicable)
- Adoption or Foster Care Papers (if applicable)
- Educational Records from Previous School (as applicable)
 - Report Card
 - State Test Results
 - IEP – Special Education
 - Section 504 Plan

GARRISON UNION FREE SCHOOL DISTRICT

P.O. BOX 193 1100 ROUTE 9D
GARRISON, NEW YORK 10524

Date _____

Student ID No. _____

REGISTRATION INTAKE FORM

Student Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____ Gender: _____
(Month/Day/Year)

Student resides with (circle one): Mother Father Parents 1 & 2 Foster Parent
Legal Guardian Person in Parental Relation* (*Requires letter of Designation)

PARENT/GUARDIAN/PERSON IN PARENTAL RELATIONS INFORMATION

Parents' Marital Status (please circle one): Married Divorced Single Parent Separated Widowed

Parent #1 Name: _____ Mother/Father/Other (circle one)

Physical Address: _____
(Street & Number) City/Town State Zip

Mailing Address (if different than physical address): _____

Personal Email: _____ Work Email: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Parent #2 Name: _____ Mother/Father/Other (circle one)

Physical Address: _____
(Street & Number) City/Town State Zip

Mailing Address (if different than physical address): _____

Personal Email: _____ Work Email: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Date when you began living at your physical address: _____

Do you own your home or do you rent? (check one): Own Home _____ Rent Home _____

If you rent, please list the name of your landlord: _____

If parents share custody of child, name of primary custodial parent: _____

*Please attach a copy of the legal custody document stipulating custody arrangements.

Name of attached document: _____

PLEASE NOTE: If separated or divorced, the parent who is not the custodial parent will have the right to visit the student in school, will have access to the student's records, and will be entitled to pick the student up from school unless a legal document denying access is provided to the school.

Person(s) in Parental Relation of Student-If you are not the child's parent, please provide the following information:

Name(s) of such person(s): _____

Address: _____

Phone: _____ Email: _____

How did the student come to reside with such persons? (Copies of all documentation must be attached. i.e. judicial award of guardianship) _____

Date when student came to reside with such person: _____

Name of Agency: _____ Social Worker: _____

Phone: _____ Email: _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Name of Child's Physician: _____

Address: _____ Phone: _____

Other children/siblings in the family:

Name	DOB	Address	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Local Emergency Contacts Permitted to Pick Up Your Child/Children:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11432.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

- If you answered YES to the two questions above, please complete the remainder of this form.
- If you answered NO, you may stop at this point.

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 who 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.

1. Presently, where is the student living? *Check One Below:*

SECTION A	SECTION B
<p>_____ In a shelter</p> <p>_____ Sharing the housing of others due to a loss of housing, economic hardship, or similar reason</p> <p>_____ In a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations</p> <p>_____ In a public or private place not ordinarily used as a sleeping accommodation for human beings</p>	<p>_____ Other temporary living situation (Please describe)</p>

2. The student lives with:

- | | |
|--------------------------------|---|
| _____ 1 parent | _____ a relative, friend(s) or other adults |
| _____ 2 parents | _____ alone with no adults |
| _____ 1 parent & another adult | _____ an adult that is not the parent or the legal guardian |
| _____ legal guardian(s) | |

Name(please print)

Signature of Party Responsible for Child's Enrollment

Date

RETURN TO: District's Homeless Liaison,
Ms. Jessica Van Dekker

Garrison Union Free School District
P.O. Box 193 1100 Route 9D
Garrison, New York 10524

AFFIDAVIT OF LANDLORD

*Pursuant to Section 3203 of the Education Law for
New York State and Putman County*

In the matter of the Investigation of the Residence Status of:

Name(s) of Lessee/Renter

_____ being duly sworn, hereby declares:
(Name of Landlord)

1. I am the owner or corporate officer of the owner of property within the Garrison Union Free School District, located at:

2. I have rented or leased occupancy of the residential property described above to:

and to my knowledge the following individuals also reside with lessee/renter described above:

3. The foregoing true statements are made by me on the knowledge that information I have given will be used by the Garrison Union Free School District in making determinations upon the accuracy of my statements.

(Name of Landlord)

(Signature of Landlord)

(Date)

Sworn to before me this

_____ day of _____, 20__

Notary Public

Stamp of Notary Public with Expiration