

HAUPPAUGE SCHOOL DISTRICT

Student Registration Form

Please review carefully all sections of this form. Please contact the Student Registrar at (631) 761-8260 if you have any questions or are ready to make an appointment. Please note all registrations are done by appointment ONLY. Student registration forms are legal documents that are part of a student's permanent record. All information provided is subject to review by the Hauppauge School District with regard to accuracy.

One registration form must be completed for each child enrolled in the school district. Incomplete or missing items will cause a delay in the registration process. All documents submitted as required with the registration form must be originals. Copies of the paperwork submitted will be made, and original documents will be returned to you at the time of registration.

PLEASE BE ADVISED THAT THE AFFIRMATION SIGNATURE ON THIS FORM MUST BE NOTARIZED

Registration Date _____ Enrollment Date _____

SCHOOL: _____ GRADE: _____

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME

Gender: M F Birth Date _____

Place of Birth (Town & State) _____

ETHNICITY OF STUDENT – Please answer both parts of the question

A. Is the student Hispanic, Latino, or of Spanish origin? Yes, Hispanic No, not Hispanic

B. Select one or more races from the following five racial groups. (Check all that apply)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black
- White

Current Address _____

Town _____ Zip Code _____ Home Phone () _____*

Current Email Address _____

Previous Address _____

Previous School _____ Address _____

Date entered ninth grade, if applicable _____

Primary Language spoken at home: English Other _____

Prior School Enrollment Years: _____

ACADEMIC SUPPORT SERVICES

- If student previously was enrolled in another school, were Special Education services received?
[] Yes [] No If YES, please provide a copy of the IEP.
- Did student receive Free or Reduced Lunch? [] Yes [] No
- Has student received ENL services? [] Yes [] No
If yes, start date? _____ If applicable, end date? _____
- Foster Child? [] Yes [] No If YES, please provide:
Agency Name _____ DDS File# _____ Agency File # _____
Social Worker's Name _____ Phone _____
Address _____ State _____ Zip Code _____

HOUSEHOLD INFORMATION - SIBLINGS

<i>First Name</i>	<i>Last Name</i>	<i>Birth Date</i>	<i>Gender</i>	<i>School Attending</i>

OTHER HOUSEHOLD MEMBERS***

<i>First Name</i>	<i>Last Name</i>	<i>**Relationship</i>	<i>Work Phone</i>	<i>Cell Phone</i>
			*[]	*[]

Child lives with: [] Mother/Father [] Mother Only [] Father Only [] Other (explain) _____

Parent/Guardian Name(s): _____ & _____
(Print First and Last Name) (Print First and Last Name)

CUSTODY ISSUES: [] NONE [] YES

(Please provide copy of Original Decree or Court Order - No copies, Court issued originals)

* **MESSENGER SERVICE** – Automated dialing system that will call indicated phone number when your child is absent from school.
Please indicate the ONE number that should be used by placing an X in the box next to the number.

If no number is indicated the home will be used. PLEASE NOTE: Only direct numbers can be dialed. Extensions are not valid.

** **RELATIONSHIP:** The relationship to the student and type of contact: M= Medical Only; M/C = Medical and Closing; C = Closing Only

*****HOUSEHOLD MEMBERS:** Defined as those persons residing at the above address

AFFIRMATION: (MUST BE NOTARIZED)

I make this Affidavit knowing that the Hauppauge School District is relying on this statement to admit the above named child. I understand that any FALSE STATEMENT made by me or others in connection with this registration will subject me to criminal prosecution and civil liability for back tuition, services, and expenses.

I understand that Hauppauge Schools will verify information presented and may make a home visit to verify accuracy of the registration document.

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature

SWORN TO ME

This ____ day of _____, 201__

Documentation Needed for Registration:

Required Documentation	Only original documents are accepted	Status (Office Use)
Proof of Birth	<input type="checkbox"/> Original Birth Certificate with raised seal <input type="checkbox"/> Baptismal Certificate with raised seal, must include birth date <input type="checkbox"/> Other _____ (needs residency officer approval)	
Immunizations	Completed Form from Health Care Provider <input type="checkbox"/> Form Completed <input type="checkbox"/> Medical Exemption	
Health Certificate (Physical Examination Form)	Completed Form from Health Care Provider <input type="checkbox"/> Form Completed	
Home Language Questionnaire	<input type="checkbox"/> Form Completed	
Emergency Contact Form	<input type="checkbox"/> Form Completed / Include emergency numbers please	
Photo ID of Parent/Guardian	<input type="checkbox"/> Photocopied from an original source	

Description of Residence (Circle One)	REQUIRED ITEMS to indicate proof of residency	STATUS (Office Use)
Home Owner	<input type="checkbox"/> Deed OR <input type="checkbox"/> Current Property Tax Bill	
Apartment Rental (Complex)	<input type="checkbox"/> Original Lease	
Apartment or Home Rental (Private)	<input type="checkbox"/> Original Lease AND <input type="checkbox"/> Rental Affidavit Form AND <input type="checkbox"/> Home Owner Deed OR <input type="checkbox"/> Current Property Tax Bill (Name of Home Owner must match the signature on lease.)	
Utility Bills All residents must provide 2 current utility bills	Utility Bills must be in the name of the Parent/Guardian <input type="checkbox"/> ATT <input type="checkbox"/> Verizon <input type="checkbox"/> PSEG <input type="checkbox"/> Optimum <input type="checkbox"/> National Grid <input type="checkbox"/> Suffolk County Water <input type="checkbox"/> Home Owner's Insurance <input type="checkbox"/> Other _____	

Special Arrangements (Circle One if Applicable)		
Parent/Guardian and student live within another residence	<input type="checkbox"/> Residential Affidavit <input type="checkbox"/> Home Owner must prove residency as stated above	
Student lives within another residence	<input type="checkbox"/> Custodial Affidavit <input type="checkbox"/> Parent Affidavit <input type="checkbox"/> Residential Affidavit <input type="checkbox"/> Home Owner must prove residency as stated above	
Other	<input type="checkbox"/> Determined by District Registrar	

