

ELMSFORD UFSD
98 South Goodwin Avenue
Elmsford, New York 10523
914-592-3758

PUPIL REGISTRATION FORM

Surname _____ Student Number _____ Date of Registration _____

Name _____ Gender Male Female
Last First Middle

Are you Hispanic Yes No

Race: Asian Black Native American/Native Alaskan Pacific Islander White (Choose all that apply)

Primary Language _____ Language Spoken @Home _____

Date of Birth _____

Place of Birth (city, state) _____ Country if place is not USA _____

Date Entered the United States _____ Date Entered New York State School _____

Pre K Experience Yes No

Was Student previously registered in the Elmsford School District? Yes No

If yes, which school _____ Grade(s) _____

Has student received Special Services? Yes No (check all that apply)

Remedial Reading/Writing Math ESL Counseling

Spec. Class IEP 504 Please Attach Reports and/or IEP

Resource Room Speech/Lang. Other CPSE

All former schools child attended:

Schools	Grade	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which School and Grade Level will child enter at the Elmsford UFSD?

_____ Date _____

Circle Mother Father Guardian with Whom Child Lives

Name _____ Relationship _____ Marital Status _____

Present Address _____

How many years at this address? _____ E-mail _____

Last Previous Address _____

Home Telephone Number _____ Cell Phone _____

Place of Birth _____ Occupation _____

Employer's Name _____ Telephone Number _____

Address _____

Circle Mother Father Guardian with Whom Child Lives

Name _____ Relationship _____ Marital Status _____

Present Address _____

How many years at this address? _____ E-mail _____

Last Previous Address _____

Home Telephone Number _____ Cell Phone _____

Place of Birth _____ Occupation _____

Employer's Name _____ Telephone Number _____

Address _____

All former addresses where the child has lived:

Street _____

Street _____

City/State _____

City/State _____

Date _____

Date _____

With Whom _____

With Whom _____

Information regarding child's biological or adoptive father: (if same as – state SAME)

Name _____ Address _____

Telephone No. _____ Place of Birth _____

Employer _____ Location _____

Information regarding child's biological or adoptive mother: (if same as – state SAME)

Name _____ Address _____

Telephone No. _____ Place of Birth _____

Employer _____ Location _____

Do the child's parents own real property in this school district? Yes No

If yes, please give address: _____

To what extent will the care, custody and control of the child be exercised by: (BE SPECIFIC)

1. The person the child lives with

2. either parent

How long will child live at this address? _____

Will child be spending overnights, weekends, holidays or vacations elsewhere? Yes No

If yes, give complete details: _____

Does either parent or person with whom the child lives maintain another residence elsewhere? Yes No

If yes, please give address: _____ Time spent there: _____

Does each parent intend to remain at his/her present address? Yes No

Is each parent registered to vote? Yes No

If yes, where? Parent (1) _____ Parent (2) _____

Does either parent hold a driver's license? Yes No

If yes, from where? Parent (1) _____

Parent (2) _____

For what address/property is each parent/guardian billed as a resident taxpayer?

Parent (1) _____ Parent (2) _____

Guardian _____ Guardian _____

**To what extent is the child's support provided by (a) the person that the child lives with? (b) either parent?
BE SPECIFIC**

(a) _____ (b) _____

Is the child covered by health insurance? Yes No

If yes, in what adult's name is the policy issued or coverage provided? _____

**What court orders have been made with respect to the child's guardianship or custody?
Attach copies of orders**

Date _____ Court _____

Arrangements _____

Are there any other children at this address? Yes No If yes, please supply the following information:

Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Relationship to child being registered _____

School Attending _____

Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Relationship to child being registered _____

School Attending _____

If the child is residing in a district other than that of either parent, describe the reason and purpose for such an arrangement including whether both parents have consented to such arrangements. BE SPECIFIC

Does either parent retain the right to recall the child from the person with whom the child lives? If so, under what circumstances?

Who is to receive school mailings and be contacted in case of an emergency involving the child?

Name _____ Address _____

Telephone Number _____ and Relationship: _____

Does this child live in the Elmsford Public School District for the primary purpose of allowing the child to attend the Elmsford Public Schools?

Who claims the child as a dependent(s) on their Federal Income Tax Return?

(You may be required to supply the first page of the return)

I attest that the information that I have given herein is true and I understand that the District will seek restitution for tuition if it is determined that bases on the information provided herein my child is admitted as a resident student of the Elmsford Union Free School District and it is later determined that such information was false. I understand that this tuition cost ranges from \$18,768 to \$19,223 or higher I agree to pay such tuition.

Signature of Parent
or

Signature of Guardian

Sworn to before me this

_____ day of _____

Notary Public

FOR REGISTRATION OFFICE USE ONLY

Date: _____

____ Deed/Closing Statement

____ Birth Certificate

____ Lease

____ Passport

____ Notarized Landlord Affidavit

____ Proof of Custody

____ Utility Bill

____ DSS

____ Resident Affidavit

____ Rent Receipt

Registered By:

Jeffrey Olender
Director of Technology and Certified Staff