

REGISTRATION FORM

Student ID# _____

Today's Date _____

Student Information

STUDENT'S NAME: _____
First Name Middle Name Last Name

HOME ADDRESS: _____ PHONE _____
Street City Zip Code

DATE OF BIRTH: _____ SEX ___ M ___ F PLACE OF BIRTH _____
Month/day/year City State Country, if not USA

Has the student ever attended a Paterson Public School? ___ Yes ___ No Transferred from: _____

Parent/Legal Guardian Information

MOTHER/LEGAL GUARDIAN: _____ DOB _____
First Last Resides with Child?

HOME ADDRESS: _____ CELL _____
Street City Zip Code

FATHER/LEGAL GUARDIAN: _____ DOB _____
First Last Resides with Child?

HOME ADDRESS: _____ CELL _____
Street City Zip Code

PERSON REGISTERING CHILD _____ RELATIONSHIP TO CHILD _____
Name

EMAIL: _____

Emergency Contacts

Name/Relationship	Address	Phone Number
1.		
2.		

LIST NAMES, SCHOOLS AND GRADES OF OTHER SIBLINGS ATTENDING ELEMENTARY OR HIGH SCHOOL:

1. _____ 3. _____
 2. _____ 4. _____

Race/Ethnicity

Please choose one:

- American Indian/Alaskan Native
 Hawaiian Native/Pacific Islander
 Asian
 Hispanic
 Black or African American
 White/Caucasian
 Multiracial

Language preferred for calls and letters from school? English _____ Spanish _____ Other _____

Please specify

Resident Information

OUR CURRENT LIVING SITUATION IS (CHECK ONE): Per the McKinney-Vento Act 42U.S.C. 17435, the following questions will help us to determine if your child is eligible for additional services.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? __ Yes __ No

IF YOU ANSWERED NO, PLEASE SIGN AND DATE BELOW AND DO NOT FILL OUT THE REMAINDER OF THIS FORM.

Signature of Parent/Guardian _____ Date _____

IF YOU ANSWERED YES TO THE QUESTIONS ABOVE, PLEASE COMPLETE THE REMAINDER OF THIS FORM.

Where is the student presently living? (Check one)

- In a hotel/motel With more than one family in a house or apartment In a shelter
 In a place not designed for ordinary sleeping accommodations (such as a car, park or campsite)

DECLARATION OF RESIDENCY

This is to inform the Paterson Board of Education that my child(ren)

_____ and I _____
(name of child(ren)) *(parent/guardian)*

is/are temporarily residing at the following address: _____.

We are living with _____ (name & relationship).

My last address that I rented, leased or owned was _____.

The school district which my child(ren) attended while living at the above address was

_____.

My child(ren) attended _____ School. The causes of my becoming displaced/homeless are _____

I request to register my child(ren) in the Paterson Public School District.

I prefer for my child(ren) to attend school in the former school district _____
(name of former district)

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Parent/Legal Guardian (please print) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____ Date _____