



WELCOME TO THE PORT JERVIS CITY SCHOOL DISTRICT

The Port Jervis School District welcomes you. We are looking forward to helping prepare your student for an exciting educational experience. Registration is held 8:00 A.M. to 11:00 A.M. Monday through Friday, pre-school registration is held on Friday only 8:00 A.M. to 11:00 A.M. The parent /legal guardian must be present at the time of registration. The following documents are required at time of registration:

Proof of Residency

- If you own your home, you must provide a current tax bill or mortgage statement (your names and address must appear on the bill) and two other proofs of address (license, utility bill, etc.)
- If you rent your home, you must supply a copy of the signed lease agreement with the term listed, and two other proofs of address.
- If you rent without a lease, you must fill out the landlord affidavit, have it notarized, and submit two additional proofs of physical address.

In all cases above, a post office box is not an acceptable address.

Proof of Birth

- You must provide an original (not copy) of a birth certificate, a passport or visa is also acceptable.

Proof of Immunization (with official stamp or signature of health care provider)

Special Circumstances

- Custody issues – please provide appropriate documentation. *
- Special needs – please bring a copy of I.E.P.
- If you live with a district resident – and do not pay rent, you must complete a signed and notarized affidavit. The affidavit must be completed as follows; the first is to be signed by the parent or legal guardian registering the student. The second is to be signed/notarized by the person you will be living with who must also provide proof of address (mortgage, deed, lease, and two additional proofs of address).

*Lack of custody papers – you must fill out the affidavit of legal responsibility.

**PORT JERVIS CITY SCHOOL DISTRICT
HEALTH HISTORY**

Student name _____ M or F _____ Grade _____
(Last Name, First Name, Middle Name) (circle one)

Date of Birth _____ Birthplace _____ Home Language _____

Date entered USA, if born in foreign country _____ U.S. Citizen () YES or () NO

Ethnic (choose one) () White () Black () Hispanic () American Indian/Alaskan Native () Asian/Pacific Islander

Home Address _____ Apt. # _____
(number) (street)

TELEPHONE NUMBER _____
(city) (state) (zip)

Mailing address_(if different) _____

Previous School District Attended _____

Previous School Address _____

Has child ever attended Port Jervis Schools? Yes or No If Yes, When? _____

Name of Brothers and Sisters

Name (Last, First, Middle)	School
_____	_____
_____	_____
_____	_____
_____	_____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Step-Parent _____ Other _____

Parent / Guardian Name _____

Address (if different) _____

Relationship to student _____

Employer's Name _____

Work Phone _____ Cell Phone _____

Email _____

Parent / Guardian Name _____

Address (if different) _____

Relationship to student _____

Employer's Name _____

Work Phone _____ Cell Phone _____

Email _____

If parent / guardian cannot be reached:

Emergency Contact _____

Address _____

Relationship _____

Home _____ Cell _____ Work _____

Are there any **CUSTODY** issues we should be aware of? Be specific _____

PORT JERVIS CITY SCHOOL DISTRICT

CONSENT TO RELEASE GRADES

Previous School District _____

I have enrolled my child, _____ DOB _____

In the Port Jervis City School District, I hereby authorize you to release any grades or partial grades for this school year, grades from previous school years, standardized test results, medical and health records, and all other information considered part of the child's permanent record to the school checked below:

Signature of Parent or Guardian

Date

- Port Jervis High School
Guidance Office
10 Rt. 209
Port Jervis, NY 12771
(845) 858-3104 FAX (845) 858-3239
- Port Jervis Middle School
Guidance Office
118 East Main Street
Port Jervis, NY 12771
(845) 858-3153 FAX (845) 858-2761
- Anna S. Kuhl Elementary School
10 Rt. 209
Port Jervis, NY 12771
(845) 858-3135 FAX (845) 858-2894
- Hamilton Bicentennial Elementary School
929 Rt. 209
Cuddebackville, NY 12729
(845) 754-8314 FAX (845) 754-7355
- For Special Education Students: Please also release all special education records including current IEP, social, educational, psychological and medical in information to:
Port Jervis City School District
Committee on Special Education
118 East Main Street
Port Jervis, NY 12771

PORT JERVIS CITY SCHOOL DISTRICT

RELEASE FROM SCHOOL AUTHORIZATION

PLEASE PRINT CLEARLY

STUDENT: _____
Last Name First Name Initial Age Grade School

Listed below are those people authorized to pick up my child at the school office:

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parent / Guardian Signature

Date

Confidential Housing Questionnaire

PORT JERVIS CITY SCHOOLS

COMPLETE THIS FORM ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR LEGAL GUARDIAN.

Name of School: _____

Name of Student: _____

Gender: Male Date of Birth: _____ Grade: _____

Female

Address: _____ Phone: _____

_____ Cell: _____

(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)

Check one box if you are living:

in a shelter

in a hotel/motel due to lack of alternative, adequate housing

at a train or bus station, in a car, or at a campsite

awaiting *permanent* foster care placement

with relatives or others due to loss of housing, economic hardship, or similar reason

Is this living arrangement with relatives or others **temporary** or **permanent**? (please circle one)

other – please describe: _____

Parent Name: _____
(Please print)

**STUDENT RACIAL AND ETHNIC IDENTIFICATION
PORT JERVIS CITY SCHOOL DISTRICT**

Student Racial and Ethnic Identification:

ANSWER BOTH QUESTIONS 1 AND 2. PLEASE READ THE QUESTIONS BEFORE RESPONDING.

1. Is the student Hispanic, Latino, or of Spanish origin? (Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican- American, or other Spanish culture or origin, regardless of race.)

PLACE AN "X" ON THE LINE THAT BEST DESCRIBES YOUR CHILD,

_____ YES, Hispanic _____ NO, not Hispanic

2. What is the student's race?
Select ONE OR MORE races from the following five racial groups.
Place an "X" ON ALL LINES THAT DESCRIBE YOUR CHLD. You must mark at least one line.

_____ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including America), and who maintains tribal affiliation or community attachment.

_____ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.

_____ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

_____ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

PARENT/GUARDIAN INFORMATION

Parent 1 (Relationship: _____) Parent 2 (Relationship: _____) LEGAL GUARDIAN: (_____)

Name: Last, First, Middle

Name: Last, First, Middle

Name: Last, First, Middle

Address (if different from student)

Address (if different from student)

Address (if different from student)

Home Phone (if different from student)
student)

Home Phone (if different from student) Home Phone (if different from

() _____ () _____
() _____
Work Phone Cell Phone

() _____ () _____ () _____
Work Phone Cell Phone

() _____
Work Phone Cell Phone