

**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**

<b>Name/Relationship</b>	<b>Address</b>	<b>Phone Number</b>
<b>1.</b>		
<b>2.</b>		

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 \_\_\_\_\_