

**HASBROUCK HEIGHTS PUBLIC SCHOOLS  
RE-REGISTRATION FORM**

**Student's Name:** \_\_\_\_\_

**School:** Euclid School      Lincoln School      Middle School      High School  
(Circle one)

\_\_\_\_\_ SECTION A: If the student is living with a parent or guardian whose permanent home is the address listed on page 1 of this application and is located in the district.

\_\_\_\_\_ SECTION B: If the student is living with a person domiciled in the district, other than the parent or guardian. ("Affidavit Student")

\_\_\_\_\_ SECTION C: If the student is living with a parent or guardian temporarily residing within the district.

\_\_\_\_\_ SECTION D: If the student's situation is not addressed by Section A,B or C or if any of the circumstances in Section D apply (Special Circumstances)

Please check the appropriate section A,B,C or D, according to the situation best matching the student's circumstance.

**REGISTRATION FORM**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_  
Female: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Country of Birth (if other than the USA): \_\_\_\_\_

Race (please check): Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_  
Asian \_\_\_\_\_ Black \_\_\_\_\_  
Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Person Enrolling Student: \_\_\_\_\_

Relationship to Student If Other Than Parent: \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Telephone (Including Area Code): \_\_\_\_\_

Other Phone or Fax (if any): \_\_\_\_\_

Parent(s)/Guardian(s) Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you and your child currently homeless? \_\_\_\_\_  
(Homelessness includes people who are living with relatives or friends because they cannot afford housing.)

Home Telephone (including area code): \_\_\_\_\_

Other Phone or Fax (if any): \_\_\_\_\_

Native Language of Parent/Guardian/Person Enrolling Student: \_\_\_\_\_

Is English Spoken and Understood By Parent/Guardian/Person Enrolling Student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Native Language of Student: \_\_\_\_\_

Is English Spoken and Understood By Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently covered by Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is his/her health care provider? \_\_\_\_\_

Proof of Residency: (**Original** of one document required)

- |                            |  |
|----------------------------|--|
| 1. Property Tax Bill _____ | 4. Lease _____                                     |
| 2. Deed _____              | 5. Mortgage _____                                  |
| 3. Contract of Sale _____  | 6. Signed, Notarized Letter From<br>Landlord _____ |

How long have you lived in this residence? \_\_\_\_\_

Please list **four original** forms of proof as evidence of personal attachment to the address given as your residence such as Voter registrations, licenses (only if not used as photo identification, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature of person re-registering student: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

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Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent of Schools: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: August 23, 2007