



## Registration Checklist

Be sure to bring the following when you register for school.

- Proof of your child's age (child's birth certificate, passport, or record of baptism),
- Your child's immunization records (if available),
- Your child's latest report card/transcript (if available), and
- Two (2) of the documents below verifying proof of address:
  - Lease agreement, deed, mortgage statement for the residence;
  - A residential utility bill (gas or electric) in the resident's name issued by a utility company (such as National Grid or Con Edison) — must be dated within the past 60 days;
  - A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence and be dated within the past 60 days;
  - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, the federal Office of Refugee Resettlement, the Human Resources Administration, or the Administration for Children Services (ACS), or an ACS subcontractor, indicating the resident's name and address — must be dated within the past 60 days;
  - A current property tax bill for the residence;
  - A water bill for the residence — must be dated within the past 90 days;
  - Rent receipt which includes the address of residence — must be dated within the past 60 days;
  - State, city, or other government issued identification (including an IDNYC card), which has not expired and includes the address of residence;
  - Income tax form for the last calendar year;
  - Official NYS Driver's License or learner's permit, which has not expired;
  - Official payroll documentation from an employer issued within the past 60 days, such as a paystub with home address, a form submitted for tax withholding purposes, or payroll receipt (a letter on the employer's letterhead is not adequate) — must include home address and be dated within the past 60 days;
  - Voter registration documents, which include the name of the parent and the address of residence;
  - Unexpired membership documents based upon residency (such as neighborhood residents' association), which include the name of the parent and the address of residence;
  - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; documents must have been issued within the past 60 days and include name of student and address of residence.

### Note for Students in Temporary Housing

Students in temporary housing, as defined by McKinney-Vento, are not required to submit documentation (including address, proof of date of birth, and immunization) in order to enroll. Schools must provisionally pre-register the student and then work with the students in temporary housing DOE contact to obtain documentation.



### PARENT AFFIDAVIT OF RESIDENCY

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present an attested "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed. Doubled-up families do not need to submit this form.

Section A: STUDENT INFORMATION – Please print clearly in ink

Student's Last Name		Student's First Name	
Date of Birth (mm/dd/yyyy)	OSIS #/Student Id #	Telephone Number	
Student's Current Address (House #, Street, Apt #, City, State and Zip Code)			

Section B: PARENT INFORMATION – Please print clearly in ink

Parent/Guardian's Last Name		Parent/Guardian's First Name	
Parent/Guardian's Current Address (House #, Street, Apt #, City, State and Zip Code)			
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address

Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink

Primary Resident/Tenant's Last Name		Primary Resident/Tenant's First Name	
Primary Resident/Tenant's Current Address (House #, Street, Apt #, City, State and Zip Code)			
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address
Relationship to Parent		Anticipated Duration of Stay	

To be completed by the Parent:

I, \_\_\_\_\_, the parent of \_\_\_\_\_,  
(insert name and date of birth of student)

hereby affirm that I am residing with \_\_\_\_\_  
(insert name)

at the following address \_\_\_\_\_  
(insert address and contact number of primary leaseholder)

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

Parent Signature: \_\_\_\_\_

**To be completed by Primary Leaseholder/Tenant:**

I hereby affirm that

\_\_\_\_\_  
(insert name of parent and child/children)

are residing with me at

\_\_\_\_\_  
(insert address)

I understand that by signing this affidavit I am verifying the residence of:

\_\_\_\_\_  
(insert names)

I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to the to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: \_\_\_\_\_



# ATS ADMISSIONS/DISCHARGE/TRANSFER FORM

DISTRICT #	BORO	SCHOOL #
N.Y.C. STUDENT I.D. NUMBER		

<b>STUDENT DATA</b>	LAST NAME		FIRST NAME		MIDDLE NAME	
	BIRTHDATE (MM/DD/YY)		SEX (Circle One) M F	PROOF OF BIRTH		PLACE OF BIRTH
	HOME ADDRESS: House Number and Street					Apartment Number
	CITY		STATE	ZIP CODE	TELEPHONE NUMBER ( )	SOCIAL SECURITY NUMBER (Optional)
	DOES THIS STUDENT HAVE ANY CONDITION THAT MIGHT LIMIT PHYSICAL ACTIVITY?					
	PREVIOUS SCHOOL		PREVIOUS BORO/DIST.SCH. #	PREVIOUS SCHOOL ADDRESS		
	PREVIOUS HOME ADDRESS (Number, Street, Apt/Floor)				City, State, Zip Code	

<b>SIBLINGS</b>	<b>BROTHERS:</b>	OLDER	YOUNGER	<b>SISTERS:</b>	OLDER	YOUNGER	OTHER CHILDREN IN N.Y.C. SCHOOL SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, GO TO ADULT DATA. IF YES, COMPLETE INFO BELOW.						
	LAST NAME	FIRST NAME		SEX	DATE OF BIRTH	DISTRICT	SCHOOL

**STUDENT RESIDES WITH ADULT LISTED IMMEDIATELY BELOW:**

<b>ADULT DATA</b>	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT
	HOME TELEPHONE NUMBER ( )		WORK ADDRESS (Number and Street)					
	CITY		STATE	ZIP CODE	WORK PHONE NUMBER ( )		EXT.	
	MAIDEN NAME			CELL PHONE NUMBER ( )				
	BEEPER PHONE NUMBER ( )			E-MAIL ADDRESS				

**ADDITIONAL ADULT:**

<b>ADDITIONAL ADULT</b>	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT
	HOME ADDRESS (House Number, Apt. #, and Street)						City, State, Zip Code	
	HOME TELEPHONE NUMBER ( )		BORO CODE	WORK ADDRESS (Number and Street)			City, State, Zip Code	
	WORK PHONE NUMBER ( )		EXT.		MAIDEN NAME			
	CELL PHONE NUMBER ( )		BEEPER PHONE NUMBER ( )		E-MAIL ADDRESS			

SIGNATURE OF ADULT	DATE	PROCESSED BY:	DATE
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**SCHOOL PERSONNEL WILL COMPLETE SHADED AREA BELOW**

GEO CODE	HOME DISTRICT	BORO CODE	TEMP HOUSING (Y/N)	HOME LANGUAGE	ETHNIC STATUS	HEALTH INSURANCE	CITIZEN (Y/N)
ADMIT CODE	EFFECTIVE DATE	GRADE CODE	GR LVL	OFFICIAL CLASS	MEAL CODE	<input type="checkbox"/> 1 - Free Lunch <input type="checkbox"/> 2 - Reduced Price Lunch <input type="checkbox"/> 3 - Full Price Lunch <input type="checkbox"/> 4 - No Form Returned	
DISCH. CODE	EFFECTIVE DATE	NEW BORO/DIST/SCH. #		NEW ADDRESS (Number, Street, Apt./Floor)			

STUDENT NAME	N.Y.C. STUDENT I.D. NUMBER	BIRTHDATE (MM/DD/YY)
The above named student has been admitted to class _____ in room _____		SIGNATURE
as of ____ / ____ / ____ (admission date).		

# Student Registration Form

To Be Completed by Parent/Guardian:

## Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ( )	
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M <input type="checkbox"/> F <input type="checkbox"/>	PLACE OF BIRTH	HOME/NATIVE LANGUAGE	
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

STUDENT NAME: LAST

## Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: _____ SPOKEN: _____	
HOME PHONE NUMBER ( )	WORK/CELL PHONE NUMBER ( )		PARENT/GUARDIAN EMAIL	

FIRST

To Be Completed by Enrollment Staff:

<b>Registration (check one):</b> <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school  <b>Transfer Request (check one):</b> <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): _____  Notes: _____	<b>Disposition:</b>  _____ Enrolled School Name _____ DBN _____
	<b>Referred to:</b>  School Name _____ DBN _____  1) _____ 2) _____ 3) _____

DATE:

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Signature of Counselor: \_\_\_\_\_

Additional Comments:



Chancellor's Regulation A-101  
Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

**Note to Schools/Temporary Housing Liaisons:** Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, **the student is not required to submit proof of residency** and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name & Information:

Last Name		First Name	Middle Name
OSIS Number	Date of Birth (MM/DD/YY)	School	

Please identify the student's current living arrangements. Please check one box:

Check (✓)	Housing Questionnaire Choice	(School Use Only) ATS Code
<input type="radio"/>	<b>Doubled Up</b> - With another family or other person because of loss of housing or as a result of economic hardship	<b>D</b>
<input type="radio"/>	<b>Shelter</b> - Emergency or transitional shelter	<b>S</b>
<input type="radio"/>	<b>Hotel/Motel</b> - Living in what is NOT an emergency or transitional shelter and involves payment	<b>H</b>
<input type="radio"/>	<b>Other Temporary Living Situation</b> - Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	<b>T</b>
<input type="radio"/>	<b>Permanent Housing</b> - Student who is living in a fixed, regular, and adequate housing situation	<b>P</b>

If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	<b>Unaccompanied Youth</b> - Youth who is not in the physical custody of a parent or guardian	(School Use Only) Enter "Y" if Applicable
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Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child's school as requested.

**Note:** The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

This form is accompanied by a one-page attachment titled: "McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth".



**Federal Parent/Guardian Student Ethnic and Race Identification**  
*(PSE Form)*

To the Parent or Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept safe and private.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question gives you a chance to share if your child is of Hispanic, Latino, or Spanish origin. The second question gives you a chance to share your child's race or races. The federal government provides the options that you will choose from. Please respond to both questions.

We understand the sensitive nature of this process. The options may not represent a perfect or complete portrayal of your family's own ethnic or race identification. We encourage you to select the options using your best judgment. If you choose not to answer, federal guidelines require New York City Department of Education school staff to respond on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.<sup>1</sup>

Thank you for your cooperation.

**Directions for parents and guardians:**

Please complete the form on the other side of this page and return it to your child's school.

**Directions for school staff:**

File the completed form in the student's cumulative folder as confidential information.

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<sup>1</sup> **Confidentiality Procedures and Regulations:** the [Family Educational Rights and Privacy Act \(FERPA\)](#) and [Regulations of the Chancellor A-820](#) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.



Federal Parent/Guardian Student Ethnic and Race Identification

- All students between 5 and 21 years of age have the right to a free and public education.
Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identify, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Student Name: (Last name, first name, middle initial)
Name of School:
Grade level:
NYC Student Identification Number:

Date of Birth: (Month/Day/Year)
District Borough Number:
Official Class Code:

PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION

Please answer both questions 1 and 2. Please read them before you respond.

For question 1, mark the box that best describes your child.

- 1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
YES, Hispanic
NO, not Hispanic

For question 2, mark all boxes that apply to your child.

- 2. Select one or more races from the following five racial groups.
AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America). (ATS Code: B)
ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)
BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)
WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F).

Signature of Parent/Guardian/Other/School Staff Observer: Date:

Relationship to student:

- Parent
Guardian
Other (specify):
School Staff Observer (name):