

RAVENA-COEYMAN-SELKIRK CSD • PO Box 100, 15 Mountain Road, Ravena, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-4561

PRIVATE/CHARTER SCHOOL ENROLLMENT FORM

Please use this form for Ravena Coeymans Selkirk district residents who are attending private, parochial, or charter schools.

School Year: _____

Student Name: _____ **Gender:** ☐ M ☐ F
First Middle Last

Nickname: _____ **Date of Birth:** _____ **Location of Birth:** _____

Grade: _____ **School Year when student first entered Grade 9 (if applicable):** _____

Name of School: _____ **Location:** _____

Please check if applicable: ☐ Student is currently enrolled at RCS (including private school/homeschool enrollment).
☐ Student was previously enrolled at or attended RCS.
☐ Student's sibling or parent attends or previously attended RCS.

Name(s): _____

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.

Please check if any of the following apply to your child's living situation:

- ☐ My child and I are living with a friend, relative, or someone else because we lost our home and cannot afford housing.
- ☐ My child and I are staying in a hotel, motel or seasonal campground due to lack of alternative housing accommodations.
- ☐ My child and I are living in an emergency shelter, transitional shelter, or domestic violence shelter.
- ☐ My child and I are taking shelter in a vehicle, abandoned building, or public place unintended for sleeping accommodations.
- ☐ My child is living with an adult that is not their parent or legal guardian due to family homelessness.
- ☐ My child and I have no fixed location for shelter and are moving from place to place.
- ☐ My child and I are living in housing that is lacking running water or electricity.
- ☐ I am a student living with a friend, non-parental relative, or someone else because I have been abandoned or denied housing by my parents/legal guardian.

Student Residence

Physical Address: _____
Street (& Unit, if applicable) City State Zip

Mailing Address, if different: _____

Residence Phone: _____ *If there is no landline phone, this may be left blank.*

If you have checked any of the above boxes, please STOP completing this form and contact the registrar (518-756-5200 x6008) for assistance in registering your child.

☐ None of the above scenarios apply. My child and I are living in a fixed, regular, and adequate residence.

Parent/Guardian & Contact Information

Primary Contact: _____ Relationship: _____
First Last

Please note: the Primary Contact MUST live with the child at the residence above and have custodial rights.

Cell Phone: _____ Work Phone: _____ Email: _____

Other adult contacts living at the SAME address as the child:

Name: _____ Relationship: _____
First Last

Cell Phone: _____ Work Phone: _____

Non-Custodial Parents or Emergency Contacts living at a DIFFERENT address (optional):

Name: _____ Relationship: _____
First Last

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If additional contacts are desired, please use a blank sheet and provide all relevant information as listed above.

Student Information

Is the student Hispanic, Latino, or of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish origin? ☐ Yes ☐ No

Select all of following racial groups that apply to your child:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Does the student receive special education services or have an IEP? ☐ Yes ☐ No Registrar Use Only: _____

Does the student require transportation to and from their school of enrollment? ☐ Yes ☐ No

*If yes, please complete and submit the **Transportation Request Form**.*

Proof of Residency: Please submit 2 of the documents, showing your name & physical address, with this form.

☐ Mortgage Statement	☐ School/Property Tax Bill or Receipt	☐ Utility, Phone or other bill (past 30 days)
☐ Signed Lease Agreement	☐ Notarized Landlord Affidavit	☐ Voter Registration Card
☐ Purchase Contract	☐ Driver's License with Current Address	☐ Documents issued by federal, state or
☐ House Deed	☐ Vehicle Registration or Insurance Card	local government agency

Please attach the child's birth certificate and the primary (registering) parent's ID, or other documents that demonstrate that the registering parent/guardian has physical custody of the child at the above residence.

I affirm that the information and documents provided in the process of registering my child for school are accurate. I understand that I am responsible for updating the Ravena Coeymans Selkirk Central School District if any of this information changes, and that I may be required to provide additional documentation at that time.

Signature of Registering Parent/Guardian

Date