



SAUGERTIES CENTRAL SCHOOL DISTRICT

JANE ST. AMOUR, BUSINESS MANAGER

CALL BOX A

310 Washington Avenue

Saugerties, New York 12477

(845) 247-6520 Fax (845) 246-7126

www.saugerties.k12.ny.us

March 6, 2020

Dear Guardian/Parent:

The Saugerties Central School District requires all students who are residents of the Saugerties district, and who attend non-public schools, be registered with the District. This registration requirement is in effect whether the non-public school is within the Saugerties district or not. The District provides services to these students, and must properly account for all expenditures.

Registration applications are available on the District's website or from the Registrar's Office located in Cahill Elementary School. Your completed application, along with the required documentation (see attached), must be returned to the Registrar's Office. Please call (845) 247-6500, Ext. 9211, to set up an appointment to complete the registration process.

PLEASE NOTE: Registering your child with the District is separate from requesting transportation to a non-public school or to a daycare provider, each of which requires completion of the appropriate application (see attached).

April 1 is the deadline for submitting non-public school transportation requests and child care transportation requests for the following school year, as set forth by §3635(2) of the New York State Education Department.

Thank you.

Sincerely,

Jane St. Amour
Business Manager

JSA/ctw
Attachments



SAUGERTIES CENTRAL SCHOOL DISTRICT
KIRK REINHARDT, SUPERINTENDENT
Call Box A
310 Washington Avenue
Saugerties, New York 12477
(845) 247-6500 Fax (845) 246-8364
www.saugerties.k12.ny.us

Welcome to the Saugerties Central School District

Registration for all new students will take place at the District Registrar's office located at:
134 Main Street, Saugerties, NY 12477
Hours of registration are by appointment Monday through Friday
Please call for an appointment.
(845) 247-6500 x9211

The following documentation is required in order to enroll your child:

- ✓ **Proof of Residency:** You must provide **two (2)** original copies that are current (within the last 30 days), and must contain the name of the parent/guardian and the physical address of the residence.
 - ➔ Documents accepted: executed lease agreement, deed, mortgage or other proof of home ownership, notarized/signed statement or affidavit from a third party landlord/owner, utility bill (gas, oil, electric, telephone, cable, etc.), tax bill

- ✓ **Proof of Date of Birth:** Your child's original birth certificate, passport, or other proof of age

- ✓ **Photo I.D. of the Parent/Guardian:** Driver's License or Non-Driver I.D.

SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

NON-PUBLIC SCHOOL REGISTRATION

For Office Use Only		
School _____	Grade _____	Student # _____

PLEASE PRINT LEGIBLY

STUDENT NAME: _____
Last _____ First _____ MI _____

DATE OF BIRTH: _____ **GRADE:** _____ **GENDER:** Male Female

Birth Place: City: _____ State/Province: _____ Country: _____

ETHNIC GROUP: The departments of Health, Education, and Welfare require institutions of public education to report student enrollment and achievement by ethnic status. Please check the appropriate space.

Is the student Hispanic/Latino? Yes ___ No ___ Is the student one or more of these races? (check all that apply)

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

HOUSEHOLD ADDRESS

RESIDENTIAL ADDRESS: _____
House # _____ Street Name _____ Apt. # _____ City or Town _____ Zip Code _____

HOUSEHOLD PHONE NUMBER: (____) _____

MAILING ADDRESS (if different): _____ **ZIP** _____

PARENT/GUARDIAN(S) RESIDING AT THE ABOVE ADDRESS:

Last _____, First _____	Last: _____, First _____
Cell Phone: _____ Work Phone: _____	Cell Phone: _____ Work Phone: _____
Relationship to Student _____	Relationship to Student _____
(mother, father, guardian, step-parent)	(mother, father, guardian, step-parent)

Student Resides with: (circle one)

Both Parents at Same Address Mother or Mother/Stepfather
Father or Father/Stepmother Guardian or Foster Parent

Has this student ever been enrolled in the Saugerties Central School District? ___ YES ___ NO

ALL CHILDREN - PRE-SCHOOL AGE & SCHOOL AGE RESIDING IN HOUSEHOLD:

Name (Last, First, MI)	Date of Birth	Gender	Grade	Present School
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____

I certify that I am a resident of the Saugerties Central School District.

Parent/Guardian Signature: _____

Date: _____