



**SAUGERTIES CENTRAL SCHOOL DISTRICT**

**CALL BOX A**

310 Washington Avenue

Saugerties, New York 12477

(845) 247-6500 Fax (845) 246-8364

[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

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Dear Parent/Guardian:

Saugerties Central School District requires all students who are residents of our school 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. We provide services to these students, and must properly account for all expenditures.

Registration applications are available on our website or from the Registrar's Office located in the Hildebrandt Building (please enter office via the ramp on the right side of the building). Your completed application, along with the required documentation, 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, NY 12477**  
**(845) 247-6500; Fax (845) 246-8364**  
**[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)**

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## **Welcome to the Saugerties Central School District**

Registration for all new students will take place at the District Registrar's Office located at:

**310 Washington Avenue Extension, Saugerties, NY 12477**

Hours of registration are by appointment Monday through Friday

**Please call for an appointment**

**(845) 247-6500 X9211**

The following document 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

<b>For Office Use Only</b>		
School _____	Grade _____	Student # _____

### PLEASE PRINT LEGIBLY

**STUDENT NAME:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **GENDER:** Male Female Non-Binary

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 _____ (mother, father, guardian, step-parent, other)	Relationship to Student _____ (mother, father, guardian, step-parent, other)
Email Address: _____	Email Address: _____

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: \_\_\_\_\_