

**MAHOPAC CENTRAL SCHOOL DISTRICT
REGISTRATION FOR TRANSPORTATION
OF STUDENTS ATTENDING APPROVED PRIVATE SCHOOLS
FOR THE 2019–2020 SCHOOL YEAR**

Registration Deadline is April 1st

(REGISTRATIONS RECEIVED AFTER THIS DATE WILL NOT BE ACCEPTED)

To be eligible for Transportation by the Mahopac Central School District, you must live within the boundaries of the Mahopac Central School District and your child must be in compliance with our age requirement to begin Kindergarten. Proof of residency and proof of birth will be required. Below please find the procedures for registering “Transportation Only” students to approved private schools:

(1) If your child is already receiving transportation and you provided proof of birth and residency last year, simply complete a new Registration Form and fax or mail it to the Office of Central Registration (see below fax number and address).

Change of Address: If your address has changed, please be sure to provide updated proof of residency with your Transportation Request Form.

(2) If you are requesting transportation for the first time, please complete the Registration Form and contact the Office of Central Registration to make an appointment to submit the Registration Form, proof of birth and proof of residency. A list of documents that can be provided as proof of residency is included on page 2.

Registration forms are available on our website - www.mahopac.k12.ny.us or by calling the Office of Central Registration (see contact information below). To print forms from our website, go to the MCSD Homepage, select “**Registration**” from the “**District info**” dropdown. This will bring you to the Registration page. Scroll down and select “Request for Transportation to Non-Public Schools” then print.

In addition to the completed Registration form, you must bring your child’s ORIGINAL birth certificate, as well as three (3) proofs of residency to your appointment with the Office of Central Registration.

**Office of Central Registration
Mahopac Central School District
Attn: Elfriede Schober (Central Registrar)
100 Myrtle Avenue, Mahopac, NY 10541
Phone: 845-621-0656 ext. 13902
Fax: 845-621-0489**

PRIMARY LEGAL RESIDENCE

You will be required to present proof that you do reside within the Mahopac School District, as follows:

Section A (*one item requested*):

- Proof of Ownership of a House or Condominium, such as a copy of Deed or Mortgage Statement
- Copy of Residential Lease/Rental Agreement
- A sworn or unsworn statement by a third-party landlord, owner or tenant from whom the parent leases or shares property within the District establishing physical presence *
- Other forms of documentation/information to establish physical presence such as current property tax bill, current homeowner's/renter's insurance policy (also see Section B)

Section B (*two items requested*):

- Paystub
- Income Tax Forms
- Utility or other bills
- Member documents based upon residency (e.g., library card)
- Voter Registration documents
- Official driver's license, learner's permit or non-driver ID
- State or other government issued identification
- Documents issued by Federal, State or Local agencies (e.g. Local Social Service Agency, Federal Office of Refugee Resettlement)
- Evidence of custody of the child
- Other forms of documentation/information establishing physical presence in the District

***The *Landlord Affidavit and Residency Affidavit* are available on our website or upon request from the Office of Central Registration.**

Student Registration Form – Request for Transportation ONLY

Transportation Request for School Year: September _____ to June _____

A separate form must be completed for each child and must be on file with the Office of Central Registration
no later than April 1st of each school year.
Please print legibly with blue or black ink

PRIVATE SCHOOL ATTENDING: _____

SCHOOL ADDRESS: _____ City & State _____

As per the Mahopac Central School District Board of Education ruling, any student residing outside the (15) mile limit from home to school shall not be eligible for transportation to that school of application

STUDENT LAST NAME _____ FIRST NAME _____ MI _____

Birth City _____ Birth State _____ Birth Country if not the U.S. _____

Birth Date _____ Male / Female

HOME ADDRESS _____ NEAREST CROSSROAD _____
City

MAILING ADDRESS (if different) _____

ETHNICITY

Is the child Hispanic, Latino, or of Spanish Origin? (*Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*) _____ Yes, Hispanic _____ No, Not Hispanic

Select one or more races from the following five racial groups (*Check all groups that apply to your child; check at least one box*):

- American Indian or Alaskan Native *A person having origins in any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.*
- Asian *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam*
- Black or African American *A person having origins in any of the Black racial groups of Africa*
- Native Hawaiian/Other Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*
- White *A person having origins in any of the original peoples of Europe, North Africa or the Middle East*

PARENT/GUARDIAN INFORMATION

Student Resides With: Mother Father Both Step Mother Step Father Foster Parents Legal Guardian Other

Name _____ Parent Step Parent Legal Guardian Other Male / Female

Employer/Occupation _____ E-Mail Address: _____

Home Phone () _____ Business Phone () _____ Cell () _____

Work Location: City & State _____ Hours: _____ to _____ Work Days: Mon Tues Wed Thurs Fri

Name _____ Parent Step Parent Legal Guardian Other Male / Female

Employer/Occupation _____ E-Mail Address: _____

Home Phone () _____ Business Phone () _____ Cell () _____

Work Location: City & State _____ Hours: _____ to _____ Work Days: Mon Tues Wed Thurs Fri

TO BE COMPLETED BY SCHOOL PERSONNEL GRADE LEVEL _____

START DATE: _____ STUDENT ID NO. _____ PROOF OF BIRTH: _____ (Original Birth Certificate ONLY)

MAHOPAC CENTRAL SCHOOL DISTRICT

BROTHERS & SISTERS (Include All Children Living With Family):

NAME (First & last)	DATE OF BIRTH	CURRENT SCHOOL	GRADE	GENDER	EXPECTED TO ATTEND MCS D IF YES - START DATE	FOR MCS D USE

EMERGENCY CONTACT INFORMATION

In case of an emergency, the parent/guardians listed on page one of this form are the first to be contacted. In the event you cannot be reached, please list below three additional contacts. Please include their city and state in order to assist us in determining the contact in closest proximity to the school. The individuals below have the authorization to pick up your child in the event you cannot be reached.

	RELATIONSHIP TO STUDENT (i.e., grandparent, neighbor, childcare provider)	TELEPHONE NUMBER	CIRCLE ONE
CONTACT(1): _____	_____ () _____	_____	Home Cell Work
CONTACT(2): _____	_____ () _____	_____	Home Cell Work
PHYSICIAN: _____	TEL: () _____	_____	
DENTIST: _____	TEL: () _____	_____	

IF I WISH TO CHANGE THE DOCTOR INDICATED ABOVE, IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF THIS CHANGE.

I GIVE PERMISSION FOR HEALTH INFORMATION TO BE SHARED WITH SCHOOL PERSONNEL.

EMERGENCY MEDICAL CARE CONSENT

In the event of an accident, sudden illness, or other cause which, in the judgment of the person in charge, requires advice or treatment beyond general aid, I give permission for an ambulance to be called to transport my child to the nearest hospital. Furthermore, I give permission to the hospital to treat my child. I understand that every effort will be made to contact me if the above circumstances should occur.

I recognize that when the school calls for assistance in this way, it is acting on my behalf, and that any medical care that my youngster receives is the financial obligation of myself and not the school.

ARE THERE ANY SEVERE ALLERGIES WE SHOULD BE AWARE OF: _____

Parent/Guardian Signature

Date

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to Mahopac Central School District, the landlord, or any other third party in furtherance of the School District's investigation. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

Parent/Guardian Signature

Date