



ARLINGTON CENTRAL SCHOOL DISTRICT CENTRAL REGISTRATION

144 Todd Hill Road • LaGrangeville, NY 12540
Phone (845) 227-1821 • Fax (845) 227-8022 • E-mail: registration@acsdny.org

KINDERGARTEN REGISTRATION CHECKLIST FOR PARENTS

The following items and forms must be presented **at the time of your registration appointment:**

- _____ Housing Questionnaire (if applicable)
- _____ Original Birth Certificate with Raised Seal or Certified Copy
- _____ Parent Photo ID (i.e. Driver's License)
- _____ Registration Form (double sided) with Parent Signature
- _____ Two (2) Valid Proofs of District Residency (please see letter enclosed for list of acceptable documents)
- _____ A current electric bill that shows "for service at" the current address **or** letter from the electric company stating that you have established service at the new address.
- _____ Home Language Questionnaire
- _____ Residency Requirement Affidavit
- _____ Transportation Request Form
- _____ Health History Form with Parent Signature
- _____ Confidential Emergency Information Summary Sheet with Parent Signature (white)
- _____ Emergency Health Information Summary with Parent Signature (yellow)
- _____ Current Immunization Record with Physician's Signature
- _____ Current Physical Exam – within the last 12 months
- _____ Dental Health Certificate (requested by New York State)

IF APPLICABLE:

- _____ Custody Papers
- _____ Non-Custodial Parent Affidavits
- _____ Order of Protection
- _____ Report card from previous school
- _____ SPED Accommodation (IEP/504) from previous school