



Peekskill City School District

Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.

Alba Illescas
Registrar

Registration Office, 400 S. Division Street, Peekskill, NY 10566
Phone: (914)739-0682 ext. 7535 Fax: (914) 737-0113
Email: aillescas@peekskillschools.org

Private School Registration Form – Student Census/Enrollment Information

Student ID# _____

Student Census/ Enrollment Information

Please Print

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____
Month Day Year

City/State/Country of Birth: _____

Date Entered USA: _____ Years in US: _____
Month Day Year

Current Address: _____ Apt/Floor: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Apt/Floor: _____

City: _____ State: _____ Zip: _____

Current Home/Cell Phone Number: _____

Ethnicity (For State Reports)

1. Is the student Hispanic/Latino? *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin-regardless of race.* Yes No
2. If yes, please also check from the appropriate group designation below.
3. For all other students, please check one:



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- American Indian or Alaskan Native *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
- Black *A person having origins in any of the Black racial groups of Africa.*
- 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, the Philippine Islands, Thailand, and Vietnam.*
- White *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*
- Native Hawaiian or Other Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

Student Lives With: Please check one box

- Both Parents Mother Only Father Only Mother/Stepfather
- Father/Stepmother Relatives _____ Other _____

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. There must be applicable legal documents (custody papers), a copy of which should be provided to the school. In the event of an emergency situation, the school will provide the necessary form(s) for the parent/guardian to complete.

Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____



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Parent/Guardian Information

Name: _____

Relationship to Student: _____ Legal Guardian Yes No

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Additional Information: _____

Sibling(s)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Sibling(s)

Student's Full Legal Name: _____
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Grade: _____ Gender: M F Date of Birth: _____ School: _____



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Sibling(s)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Other Emergency Contact Information

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1 2 3 4 (Check only one)

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____



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Student ID# _____

This form will be given to the Transportation Department after registration.

Transportation Request Form (Only For Grades PK – 5)

Student's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Sibling's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Sibling's Full Legal Name: _____
Last First Middle Suffix

Grade: _____ Gender: M F Date of Birth: _____ School: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____



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Parent/Guardian Name: _____ Relationship to Student: _____

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____ Relationship to Student: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____

Complete ONLY if the student will be picked-up and dropped-off on a daily basis to a bus stop near their daycare:

Babysitter's Name: _____

Current Address: _____

Household Phone: _____ Work Phone: _____ Cell Phone: _____



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Parent-Student Compact for Bus Safety

BUS DISCIPLINE

Misconduct and Unacceptable Behavior:

Behaviors such as using profanity; disrespectful to the driver, monitor or other students; throwing objects on or from the bus; standing while bus is in motion; climbing over seats; eating or drinking; and any other behavior not consistent with the Peekskill City School District Code of Conduct for students. Transportation is a continuation of the school day. All conduct reports that require disciplinary action will be forwarded to the Principal of the School your child attends who will then determine the course of action.

1st Offense: Verbal Warning
2nd Offense: Written Warning
3rd Offense: 1-Day Bus Suspension

Smoking on Bus:

1st Offense: Written Warning
2nd Offense: 1-Day Bus Suspension
3rd Offense: 3-Day Bus Suspension
Recurring Offenses: Indefinite Bus Suspension and Superintendent Review

Physical Assaults/Fighting or Threats of Any Type:

1st Offense: Minimum of a 3-Day Bus Suspension (depending on severity of action)
2nd Offense: Indefinite Bus Suspension and Superintendent Review
Each situation May Require Referral to Police Agency

Use of Drugs or Alcohol:

Any Offense: Referral to Police Agency, Indefinite Bus Suspension and Superintendent Review

Vandalism to the Bus:

Any Offense: Referral to Police Agency, Indefinite Bus Suspension and Superintendent Review



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THE PARENT/GUARDIAN MUST SIGN AND RETURN THIS FORM NO LATER THAN THE SECOND WEEK IN SEPTEMBER TO THE TRANSPORTATION DEPARTMENT · AFTER THE THIRD WEEK IN SEPTEMBER STUDENTS WILL NOT BE ALLOWED ON THE BUS UNTIL THIS FORM HAS BEEN SIGNED AND RETURN.

I certify that I am the legal parent/ guardian of the child named below and that I have received and understand; and have discussed with my child the Compact for Bus Safety as well as the consequences of inappropriate behavior. I am also aware that I am responsible for providing the Transportation Office with any changes to the information provided below.

Student's Full Legal Name: _____
Last First Middle Suffix

Parent/Guardian Name: _____