



HARBORFIELDS CENTRAL SCHOOL DISTRICT

HOUSEHOLD REGISTRATION FORM

**THIS IS A LEGAL DOCUMENT
STUDENT ADMISSION WILL NOT BE APPROVED UNTIL ALL
REQUIRED DOCUMENTATION IS RECEIVED.**

PLEASE TYPE OR PRINT USING BLACK/BLUE INK ONLY.

★ PLEASE COMPLETE BOTH SIDES OF THIS FORM

LAST NAME OF HOUSEHOLD _____				
HOUSEHOLD ADDRESS _____				
	Street	Town	State	Zip Code
PRIMARY HOUSEHOLD PHONE NUMBER (____) _____				

MOTHER'S NAME _____ BIRTHPLACE _____
Last First Middle

ADDRESS (if different than above) _____
Street Town State Zip Code

PHONE NUMBERS: Home (____) _____ Work (____) _____ Cell (____) _____

E-MAIL _____

FATHER'S NAME _____ BIRTHPLACE _____				
	Last	First	Middle	
ADDRESS (if different than above) _____				
	Street	Town	State	Zip Code
PHONE NUMBERS: Home (____) _____ Work (____) _____ Cell (____) _____				
E-MAIL _____				

GUARDIAN'S NAME _____ RELATION _____
Last First Middle

ADDRESS (if different than above) _____
Street Town State Zip Code

PHONE NUMBERS: Home (____) _____ Work (____) _____ Cell (____) _____

E-MAIL _____

EMERGENCY CONTACT _____ RELATION _____				
	Last	First	Middle	
PHONE NUMBERS: Home (____) _____ Work (____) _____ Cell (____) _____				

ALL CHILDREN LIVING IN THIS HOUSEHOLD:

FIRST AND LAST NAME	BIRTH DATE	RELATION TO APPLICANT	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS ACCURATE. I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION OF INFORMATION REGARDING RESIDENCY COULD BE GROUNDS FOR EXCLUSION OF THE STUDENT APPLICANT AND THAT, IN THE CASE OF FRAUD, THE DISTRICT WILL PURSUE LEGAL AND FINANCIAL RECOURSE TO RECOVER TUITION.

Print name _____ Signature _____ Date ____-____-____ Relation to Student _____

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT INFORMATION

Household Name _____

The following information is needed to meet the requirements of the McKinney-Vento Homeless Assistance Act:

1. If your permanent residence is within the Harborfields Central School District and the McKinney-Vento Homeless Assistance Act does **not** apply to your household, please check this box.
2. If you reside in a temporary residence within the Harborfields Central School District and the McKinney-Vento Homeless Assistance Act may apply to your household, please complete the following section:

Please indicate the type of residence by placing a check (✓) in the appropriate space provided below.

_____ Hotel/Motel	_____ Doubled-Up (with another family or other person because of loss of housing or as a result of economic hardship)
_____ Shelter	
_____ Car, park, bus, train or campsite	_____ Transitional Housing
_____ Other temporary residence (please describe) _____	

ADDRESS _____
Street Town State Zip Code

PHONE NUMBER AT THIS ADDRESS (_____) _____

The Harborfields Central School District's homeless liaison is Sheryl Hafers, LCSW, Social Worker.

Ms. Hafer's contact information is:

Telephone: 631-754-5320 X 397
E-mail: haferss@harborfieldscsd.org