



PLATTSBURGH CITY SCHOOL DISTRICT

District Registrar

Plattsburgh CSD District Office

49 Broad Street

Plattsburgh, NY 12901

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www.plattscsd.org

NON-RESIDENT STUDENT APPLICATION

Check One:

New Non-Resident Student - Student is not currently attending Plattsburgh City Schools

Renewal Non-Resident Student – Student has been attending Plattsburgh City Schools and would like to return next year

Student Information:

Last Name:		First Name:		Middle Initial:
Gender:	DOB:	Requested School Year:	Grade:	

Reason for this request (please limit to 500 characters or less)

Please select Yes/No for each option below **:

Has the student been expelled from any school district in the last 12 months? **Yes** **No**

Is English the primary language spoken in the home? **Yes** **No**

Is the student currently in an English Language Acquisition (ELA/ESL/ELL) program? **Yes** **No**

Is the student enrolled into Special Education (IEP)? **Yes** **No**

If yes, please describe in the reason for this request box above.

Is the student currently enrolled in an Alternative Program? **Yes** **No**

Has the student met NYS Immunization Requirements for School Entrance/Attendance? **Yes** **No**

If yes, please provide a copy of the student's immunization record.

***The School District follows all SED guidelines when making a determination whether a student may enroll in the District Schools. The Superintendent will conduct an individualized assessment of each application for admission. The answers provided in this section are only being used to determine whether the potential admission of the applicant will require the availability of special programs or services that the District may not otherwise already provide for its resident students.*

Sibling Information:

Please select Yes/No for each option below.

Do you have another child currently attending PCSD who will be attending next year? **Yes** **No**
 If so, name _____, DOB _____, grade _____

Are you submitting a Non-Resident application to Plattsburgh City Schools for another sibling? **Yes** **No**

Would you withdraw this request if the other sibling (s) request were NOT approved? **Yes** **No**

Parent/Guardian Information: (Please use all current information)

Parent/Guardian Name:		Home Phone:	
Email Address:		Cell #	Work #
Home Address:			
City:	State:	Zip Code:	

Is the parent/guardian currently employed in the Plattsburgh City School District system? **Yes** **No**

Parent/Guardian Agreement

1. Approval of this request is for ONE YEAR ONLY. Lack of classroom space or staffing needs may result in denial in subsequent years.
2. The student MUST be in good academic and disciplinary standing for one full year prior to admission.
3. The student MUST meet all current NYS Immunization Requirements for School Entrance/Attendance. A copy of the current requirements will be included with this non-resident application form.
4. I will assume ALL responsibility for transportation to and from school.
5. According to NYSPHSAA policies, my student’s eligibility for varsity level competition in sports may be affected at the high school level if this transfer is approved.
6. If approved, this request is for the above-named student ONLY.
7. In the event any information is falsified or withheld from the district during the application and admission process, approval for admission will be immediately withdrawn.

The requested school will ask parents to sign a records release for complete student records file, including academic and discipline information.

By signing below, you agree with all statements within the Parent/Guardian Agreement, and that you have read and agree with the attached **Plattsburgh City School District Policy # 5152 Admission of Non-Resident Students**. You also agree all data is accurate to the best of your knowledge.

Signature _____ Date _____

Print Name _____