

SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, NY 12477

STUDENT CHANGE OF ADDRESS/TRANSFER FORM

STUDENT NAME: _____ GRADE: _____
Last First Middle Initial

RESIDENTIAL ADDRESS: _____
House Number and Street Apt. City or Town

MAILING ADDRESS (if different): _____ ZIP _____

PHONE: _____

Current School _____
Elementary Only Transfer: _____ Yes No
Transfer to: _____
Inactivation Date _____

Please list ALL siblings PRE-SCHOOL AGE & SCHOOL AGE who are impacted by this change	
<u>Name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____
_____	_____

It is the policy of the District that **TWO ACCEPTABLE PROOFS OF RESIDENCY** (see below) must be provided in order for a student to register to attend the Saugerties Central Schools. Please be advised that in the event a family violates the residency requirement, the Saugerties Central School District has the right to bill for back tuition for the period of time that the student(s) attended District schools as non-residents.

I certify that I am a resident of the Saugerties Central School District.

Signature Date

FOR OFFICE USE ONLY

Residency Proof Submitted (copies in file): Must provide two (2) original proofs of residence, must be current (within last 30 days) and contain name of parent/guardian and physical address of the residence.

- ____ Residential lease, deed, mortgage or other proof of home ownership
- ____ Notarized/signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property.
- ____ Documents issued by federal, state or local agencies
- ____ Membership documents based upon residency
- ____ Notarized/signed statement from a third party establishing your physical presence in the District
- ____ Pay stub
- ____ Utility and/or home service bill _____ Jury duty notice
- ____ Federal or NYS income tax form _____ Official driver's license, learner's permit, non-driver ID
- ____ State or other government issued identification _____ Voter registration documents
- ____ Insurance Policy _____ Bank/Credit Card statement on company letterhead

Signature _____ Date _____

This sheet, along with a *Print Screen* of the Person Summary Report must be sent to Carol Petramale; the Special Ed Office; and to the school the sibling(s) attend.

SAUGERTIES CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY QUESTIONNAIRE

THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435. THE ANSWERS TO THIS RESIDENCY INFORMATION HELP DETERMINE THE SERVICES THE STUDENT MAY BE ELIGIBLE TO RECEIVE.

Name of School: _____

Name of Student: _____ Sex: ___ M ___ F

Birth Date: _____/_____/_____ Age: _____ Student ID # _____

1. Is your current address a temporary living arrangement? _____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ YES _____ NO
3. Name of previous School District where student was enrolled _____
4. What is your school district of choice - Saugerties or previous School District _____
5. If Saugerties, please sign attached form (STAC-202)

If you answered YES to the above questions, please complete the remainder of this form before signing. If you answered NO, you may stop here and sign now in the box below.

Where is the student presently living (Please check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Is this a temporary address? _____. If yes, whose address is it _____.

Yes or No

First and Last Name

What is the relationship to the student? _____.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.2002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

For school use:

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ Date

_____ Gina Kiniry, McKinney-Vento Liaison Signature

⇒ Please send copy to Gina Kiniry at the Junior/Senior High School

SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

RESIDENCY DOCUMENTATION LIST

All new registrants must have at least two proofs of residence, each a different type.

All documents submitted as proof of residence must:

- be the original document.
- be current (should be issued in last 30 days).
- contain the name of the parent/guardian.
- contain the physical address of the residence.

Examples of proof of residence that will be accepted include:

- Residential lease, deed, mortgage or other proof of home ownership
- Notarized/signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property
- Documents issued by federal, state or local agencies (i.e. Social Security statement, SSI award statement, unemployment statement, welfare benefit statement)
- Membership documents based upon residency (i.e. library card)
- Notarized/signed statement from a third party establishing your physical presence in the District
- Pay stub
- Utility and/or home service bill (water, electric, gas, propane, oil, refuse/garbage, cable, phone)
- Federal or NYS income tax form
- Official driver's license, learner's permit or non-driver identification
- State or other government issued identification
- Voter registration documents
- Insurance Policy (Automobile, home owners, rental, health) - identifying your name and address
- Bank/Credit Card statement on company letterhead
- Jury duty notice