

RESIDENCY VERIFICATION:

The following paperwork needs to be completed in order to verify residency with the East Moriches Union Free School District.

1. HOUSING QUESTIONNAIRE
2. REGISTRATION FORM – Page 3 of the form must be signed by at least one parent and **notarized**.
3. RENTER’S AFFIDAVIT (form A) and LANDLORD’S AFFIDVIT (form B) - These forms need to be filled out and **notarized only if you rent**.
4. COMPILE THE FOLLOWING DOCUMENTS:

Child’s Original Birth Certificate or Passport

Parent’s Driver’s License

Two (2) Utility Bills

If you own your home: One (1) of the following:

Recent Mortgage Statement

Deed

Recent Tax Receipt

If you rent your home:

Lease or Equivalent, and

Recent Mortgage Statement, Deed, or Recent Tax Receipt from Landlord

Once all is complete, please contact the Registrar’s office to set up an appointment, **631-878-0162 x515**. Hours of availability are Monday 8am-2pm, Tuesday 8am-2pm and Wednesday 8am -1pm.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date _____
If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

**PLEASE PRINT
USING BLACK INK**

**OFFICIAL USE
ONLY**
Application
Issued _____
Complete
application
received _____

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940
Tel: 631-878-0162 Fax: 631-909-1379

REGISTRATION FORM

BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. Today, _____, I am requesting permission to have the following child admitted to:

East Moriches Union Free School District

Student's Name: (Last, First, Middle) Date of Birth Grade Sex

Country/State of Birth: _____

(Check one)

2. Are you: _____ Natural /Adoptive parent(s) (if there has been a divorce, refer to instruction sheet)
 _____ Legal guardian (Court Appointed)
 _____ Person in parental relationship
 _____ Foster parent(s)

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____

Address _____

Mailing Address, if different _____

Phone Number: Home() _____ Work() _____ Cell() _____

Date of Birth _____ Beeper() _____

Name of Employer _____

Address of Employer _____

Days Worked _____ Hours Worked: From _____ To _____

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____

Address _____

Phone Number: Home() _____ Work() _____ Cell() _____

Date of Birth _____ Beeper() _____

Name of Employer _____

Address of Employer _____

Days Worked _____ Hours Worked: From _____ To _____

3. If the student is living with someone other than a parent or legally appointed guardian, give the address and telephone number of any living natural parents/guardians in spaces below. If both parents are deceased, provide copies of death certificates.

NOT APPLICABLE _____ (Check)

Name _____ Relationship _____
 Address _____ Zip _____ Phone # () _____
 Name _____ Relationship _____
 Address _____ Zip _____ Phone# () _____

4. General Student Information:

Total years your child has been schooled in the United States _____
 Last School attended _____ Last Date of Attendance _____
 Address _____

Phone Number _____

Is/was your child in Special Education: Yes _____ No _____ (Check one)

If yes, please provide a copy of the current IEP (Individual Educational Program)

Student's last home address when in attendance at the previous school:

Street _____ Town _____ Telephone# _____

Name of Parent/Guardian at that previous address _____

HAS THE STUDENT EVER ATTENDED EAST MORICHES UNION FREE SCHOOL DISTRICT?

YES _____ NO _____

List the names of all children who live with you, whether in or out of school.

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS:

Has student participated in Interscholastic Athletics: Yes No (Circle one)

If YES, Level: JHS _____ JV _____ V _____ Intramural _____

Has the student participated in Band/Chorus? If so, circle either or both.

5. If the student is a FOSTER CHILD, foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999.

Type of Education: Academic _____ Occupational _____

Special Education _____ School District of Origin _____

6. THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT. NOTE: The school retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in this or any other portion of this application.

- a) Why is the child not living with his/her natural or adoptive parent? _____
- b) Does the student live in your home exclusively? Yes No (Circle One) _____
- c) Is this a temporary or permanent relationship? _____
- d) How often will the natural parents see the child? _____
- e) What percentage of financial support will be made by the natural parents? _____
- f) What percentage of financial support will be made by you? _____

The East Moriches School District is entitled to receive reimbursement of expenses for health-related services for children who are Medicaid eligible. To preserve confidentiality, we ask all parents to sign the following statement:

I hereby give permission for the East Moriches School District to disclose information from my child's educational records to local, state and federal representatives for the sole purpose of claiming Medicaid reimbursement should my child ever need health-related support services and should my child be receiving Medicaid at that time.

Signature of Parent/Guardian

Date

Under PENALTIES OF PERJURY, the statements contained in this application are true. I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that It is my responsibility to notify the school of any changes or circumstances affecting this application. ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date

Date

PRINT Name of Mother/Guardian

PRINT Name of Father/Guardian

Signature Mother/Guardian
Sworn to before me
this day of

Signature Father/Guardian
Sworn to before me
this day of

Notary Public

Notary Public

RENTER'S/NON-OWNER'S AFFIDAVIT

FORM A-Page 1

STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK)

)ss:

COUNTY OF _____)

_____, being duly sworn, deposes and says:

(Name)

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY** in order that my Child/Ward may be admitted to the East Moriches School Union Free School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the East Moriches Union Free School District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE** to the first day of admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.
2. I _____ am the (PARENT/GUARDIAN/CUSTODIAL PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.) _____

with my Child/Ward, and

1	7
2	8
3	9
4	10
5	11
6	12

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

3. My last address was _____

where I lived with

- | | | | |
|---|-------|----|-------|
| 1 | _____ | 7 | _____ |
| 2 | _____ | 8 | _____ |
| 3 | _____ | 9 | _____ |
| 4 | _____ | 10 | _____ |
| 5 | _____ | 11 | _____ |
| 6 | _____ | 12 | _____ |

(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS).

I began living at _____

(CURRENT ADDRESS) on _____ (DATE). My living arrangement is governed by

(CHECK APPROPRIATE BOX):

- a formal lease (attach copy of lease and Owner's Affidavit - Form B)
- other (attach rental agreement or realtor's statement and Owner's Affidavit, - Form B).

The terms and conditions of my tenancy are as follows (specify rent, etc.):

MONTHLY RENT: _____

DURATION OF TENANCY: _____

Print Name

Sworn to before me
this _____ day of _____, 200__

SIGNATURE OF RENTER/NON-OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

LANDLORD'S/OWNER'S AFFIDAVIT

FORM B-Page 1

STUDENT'S NAME (Print last name, first name) _____

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

Attach Deed or Mortgage
Statement (or Tax Bill)

_____, being duly sworn, deposes and says:
(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that the above mentioned child/ward may be admitted to the East Moriches School Union Free School District as a district resident.

2. I am the legal owner of _____ (ADDRESS)
A COPY OF DEED, MORTGAGE STATEMENT OR TAX BILL MUST BE ATTACHED
The terms and conditions of said tenancy are as follows: (Specify Rent, etc.)
(Attach copy of Lease). _____

3. To the best of my knowledge the above mentioned property is the current residence of
_____ (NAME OF PARENT/GUARDIAN) and the Child/Ward named above.

4. The following names include ALL other persons living at this address:

1	7
2	8
3	9
4	10
5	11
6	12

Print Name

Sworn to before me
this _____ day of _____, 200_

SIGNATURE OF OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.