



# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.

Saugerties, New York 12477

(845) 247-6500

www.saugerties.k12.ny.us

**PLEASE PRINT  
LEGIBLY**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last First Middle Initial

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

MAILING ADDRESS (if different): \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

Please list **ALL** siblings **PRE-SCHOOL AGE & SCHOOL AGE** who are impacted by this change

<u>Name</u>	<u>School</u>
-------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____

Current School \_\_\_\_\_

Elementary Only Transfer: \_\_\_\_\_  
Yes No

Transfer to: \_\_\_\_\_

Inactivation Date \_\_\_\_\_

**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
- \_\_\_\_ Notarized/signed statement from a third party establishing your physical presence in the District
- \_\_\_\_ Utility and/or home service bill (water, electric, gas, propane, oil, refuse/garbage, cable, phone)
- \_\_\_\_ Insurance Policy (home owners, rental) - identifying your name and address
- \_\_\_\_ Property or School tax bill

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.**



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**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 \_\_\_ X  
Last First Middle

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

\_\_\_\_\_  
Alexis Bulich, McKinney-Vento Liaison Signature

➡Please send copy to Alexis Bulich at Saugerties High School