## **Onteora Central School District**

PO Box 300, Boiceville, NY 12412

Monica LaClair Assistant Superintendent for Business 845-657-8499 Fax 845-657-8742

### RESIDENCY REQUIREMENTS

Welcome! In order to be enrolled in the Onteora Central School District, you must reside within the boundaries of the District. **Proof of residency is required upon registration.** 

#### **HOMEOWNER**

Please provide the following documentation:

- A copy of the deed or the most recent school tax bill, or
- A copy of a recent mortgage statement

and a copy of any two (2) required documents listed below.

If you just recently closed on a new home, please provide:

- The Settlement Statement from the closing or
- Certificate of Occupancy along with a homeowner's insurance policy

and a copy of any two (2) required documents listed below.

#### RENTER

If you rent a house/apartment you must provide an "Affidavit of Property Owner in Support of Admission to Onteora Central School District Form" completed and signed by the owner and notarized along with a copy of the property owner's most recent school tax bill for the property you are renting.

You must also provide a copy of any two (2) required documents listed below.

#### REQUIRED DOCUMENTS

The name and address on these documents **must** match the name and address of the parent or legal guardian of the student being registered.

Utility bills
Homeowners/Renters Ins. Policy
Current N.Y.S. Driver's License
Income Tax Return
Bank Statement

Auto Insurance Card or Policy Moving Company Receipt Documents Documents issued by federal, state or local agencies.

The District will not accept a P.O. Box as a physical address. The physical address must appear on all documents.

This documentation will substantiate your residency in the District. Thank you.

### AFFIDAVIT OF PROPERTY OWNER

# IN SUPPORT OF RESIDENCY IN THE ONTEORA CENTRAL SCHOOL DISTRICT

STAT	TE OF NEW YORK	) ) SS:							
COU	INTY OF ULSTER	) 55:							
l,		of Property Owner)				, property ow	ner of the dwelling	रु located at	
	(Street Address/Apt. #)					(City, State, Zip)			
here	eby certify that the name	mes listed below reside ir	n this d	lwell	ling on a _		basis begi	inning on	
					Weekly/Mont	:hly/Yearly)		(Date)	
The	following person(s) ar	re identified as tenants ha	aving tl	he ri	ght to be o	ccupants in th	ne dwelling:		
	Parent/Guardian:	:							
	Parent/Guardian	:							
Nar	me(s) of Child(ren):				1		1	<u> </u>	
	Last Name	First Name	MI	<u> </u>	Last Name		First Name	MI	
1			<u> </u> !	4	ļ				
3			<u>                                     </u>	5 6					
List	all persons residing in this	dwelling:	МІ		Last Nam	ie	First Name	MI	
1			+	4			1	<del>-   ·</del>	
2			+ -	5					
3				6					
l certi penal	tify that the information pro	tility Bill is included in rer ovided on this form is true and nat the Onteora Central School istrict.	l correct	and t	that the state		•		
(Signature of Property Owner)						Sworn before me this day of			
								_20	
(Print	t Name)					(Notary Public	)		
Making a false statement regarding living arrangements is a violation of the law, to wit: a violation of section 210.35 and 210.45 of the NY Penal Law, which are Class A misdemeanors and may be punishable by a fine of up to \$1,000 and/or up to one year of imprisonment.					;	NOTARY STAMP			