Onteora Central School District

P.O. Box 300 Boiceville, NY 12412 (845) 657-6383 (845) 657-8742 FAX

Change of Address Form

Whenever a change of address occurs, proof of residency at the new address must be established. <u>Please complete this form</u>, the enclosed Residency Questionnaire and return both along with the required proof of residency documents. See the attached memo for a list of documents that can be used as proof of residency.

PADENTS/I FCAL CHADDIAN/S) PESIDING AT THE NEW ADDRESS

Parent/Legal Guardian Name:	MIN(S) RESIDING				
Parent/Legal Guardian Name:					
	.				
STUDENT(S) AND OTHER CH	HILD(REN) RESIDIN	NG AT THE NEW AI	DRESS		
STUDENT(S) FULL NAME		SCHOOL	GRADE		
OTHER ADULT(S)	RESIDING AT THE	NEW ADDRESS			
FULL NAME	RELATIONSHIP TO STUDENT				
New Physical Address					
New Physical Address:City:	State:	Zip Code:			
Mailing Address (if different):					
City:		Zip Code:			
New Home Phone:					
Additional Information (if applicable):					
Parent/Guardian Signaturas		D			
Parent/Guardian Signature:		Date:			

ONTEORA CENTRAL SCHOOL DISTRICT PO BOX 300 BOICEVILLE, NY 12412

(845) 657-3320 (845) 657-8742 FAX

	STUDENT RESIDEN	CY QUESTIONNAIR	E
Name of S	chool:		
Name of Student:	Last First	Middle	Sex: MF
Birth Date:/_	/ Age:	Student ID #	j.
be able to receive u the McKinney-Ven don't have the docu immunization reco	will help the district det nder the McKinney-Ven to Act are entitled to im- iments normally needed, rds, or birth certificate. act may also be entitled t	to Act. Students who a mediate enrollment in s , such as proof of reside Students who are prote	are protected under school even if they ency, school records, ected under the
Where is the student c	currently living (Check one	e box.)	
hardship (someting In a hotel/motel In a car, park, bu	nily or other person because mes referred to as 'double s, train or campsite living situation (Please de asing	d-up')	
PRINT name of Paren Student (for unaccomp	nt, Guardian, or panied homeless youth)	SIGNATURE of Paren Student (for unaccomp	
DATE			
Please provide addres	s of temporary housing:_		
Presenting a false recentrollment of the child costs. TEC Sec. 25.20	ord or falsifying records i d under false documents s 002(3)(d).	is an offense under Section ubjects the person to liab	on 37.10, Penal code, and bility for tuition or other
Please send I certify the above nar of the McKinney-Ven	a copy to the PPS Deparmed student qualifies for to Act.	tment at Central Admin he Child Nutrition Progr	istrative Offices am under the provisions
Date	McKinney-Vento	Liaison Signature	2/28/11

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 landlord 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 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

STA	ATE OF NEW YORK)					
col	UNTY OF ULSTER) SS:)					
l,_	(Name o	of Property Owner)			, property	/ owner of the dwellin	g located at
(Street Address/Apt. #)				(City, State, Zip)			
hereby certify that I am renting space in this dwelling on a _				basis beginning on Weekly/Monthly/Yearly) (Date)			
The				he ri	ght to be occupants	in the dwelling:	-
					-11		
Nan	ne(s) of Child(ren): Last Name	First Name	MI		Last Name	First Name	MI
1	Last Name	Thistivanic	1011	4	Lust Hume	T II SE TAUTIC	
2				5			
3				6			
List	all persons residing in this dw	velling: First Name	МІ		Last Name	First Name	MI
1				4			
2				5			
3				6			
l cer	e payment of Electric Uti rtify that the information pro- alties of perjury, knowing tha d(ren) reside in the school dis	vided on this form is true a at the Onteora Central Scho	and correct	and t	hat the statements mad		
(Signature of Property Owner)			Sworn	Sworn before me this day of			
							_20
(Prin	nt Name)				(4)	- 1 (c.)	
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.					DTARY 5 D	AFAE	