Onteora Central School District

PO Box 300
4166 Route 28
Boiceville, NY 12412
(845) 657-6383
(845) 657-8742 FAX

Private School Transportation

In order for the Onteora Central School District to provide transportation to students enrolled in private schools, proof of residency in the district must be established.

Please complete this packet and provide the appropriate documents as specified on the Residency Requirements page.

Proof of age must also be provided. Please see below for guidelines.

- **Proof of Age**

A certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) or, if neither is available, a passport (including foreign passport), will suffice to determine a child's age. The following are examples of other documentary evidence (which must have been in existence for at least two years) that may be considered to establish a student's age if a certified transcript of a birth certificate or record of baptism (domestic or foreign), or passport (domestic or foreign), is unavailable. This list is not intended to be exhaustive, nor is it a list of required documentation:

- Consulate identification card
- Court order or other court-issued documents
- Documents issued by the federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement)
- Hospital or health records
- Military dependent identification card
- Native American tribal document
- Official driver's license
- Records from non-profit international aid agencies and voluntary agencies
- School photo ID with date of birth
- State of or other government issued documentation

Any questions, please contact the District Registrar at (845)657-6383 x 1023

CONFIDENTIAL	Onteora Central School District Private/Parochial Transportation Request	OFFICE USE ONLY Student ID:

Student Information

Legal Name:
(as it appears on Birth Certificate)

Nickname:

Student Resides with: ____Both Parents at same address ____Both Parents at separate addresses
____Mother Only ____Father Only ____Legal Guardian ____Foster Parent(s)

Custody of Student:
(if not residing with both parents)
____ Court appointed Sole Custody is with Parent/Guardian A listed below
____ Joint Legal Custody/Primary Physical Custody is with Parent/Guardian A listed below
____ Joint Legal Custody/Joint Physical Custody (Please note Primary Residence will be used for Transportation)
____ Informal, no court orders in effect

Date of Birth: _____

Gender: Male / Female

Custody Papers (if applicable): Yes / No

Is the student Hispanic/Latino or of Spanish origin? Yes / No

Race (check **at least one**, you may check all that apply):
___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White (Caucasian)

If student was born in the US or its territories:

Birth City: _____

Birth State/Territory: _____

US Territories include: American Samoa, Guam, Northern Marianna Islands, Puerto Rico, US Minor Outlying Islands, US Virgin Islands

School student will attend: _____

Current Grade Level: _____

Parent/Guardian A (Student's **Primary** Residence)

Full Name	**Parent/Guardian A's relationship to student** (check one): ___ Mother ___ Father ___ Foster Mother ___ Foster Father ___ Grandmother ___ Grandfather ___ Court Appointed Legal Guardian ___ Other _____
Physical Address	
City/State/Zip	
Mailing Address (if different)	Student resides with this parent? Full time / Part time
City/State/Zip	

Home Phone	Work Phone	Cell Phone	Email

Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

Parent/Guardian B

Full Name	**Parent/Guardian B's relationship to student** (check one): ___ Mother ___ Father ___ Foster Mother ___ Foster Father ___ Grandmother ___ Grandfather ___ Court Appointed Legal Guardian ___ Other _____
Physical Address (if different)	

City/State/Zip ○ Location Unknown	Same residence as Parent/Guardian A? Yes / No
	If No,
	   Student resides with this parent? Part time / No
	   Should mailings be sent to this address? Yes / No

Mailing Address (if different)	
City/State/Zip	

Home Phone	Work Phone	Cell Phone	Email

Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

Student's Educational Background
(Please list ALL previous schools, use separate sheet if necessary)

Previous School	Previous School's Address	Grades Attended	Dates of Attendance

Has your child been retained (repeated a grade)? Yes / No   If yes, what grade(s)? _____

Is your child currently receiving English as a New Language (ENL) services? Yes / No

Has your child previously received ENL services? Yes / No   If yes, when did services end? _____

Has your child ever attended a school in the Onteora District? Yes / No If yes, when? _____

If applicable, when did your child enter 9th grade? _____

Special Education Services Information

Does your child currently have an IEP?	Yes / No	Is your child currently receiving:	
Does your child currently have a 504 Plan?	Yes / No	Counseling	Yes / No
District with current approved plan		Remedial Math	Yes / No
Name of contact person		Remedial Reading	Yes / No
Comments:		Speech	Yes / No
		Other	

Siblings / Other Children Living at Primary Address

Name (Include last name if different)	Gender	Birth Date	Grade	Present School	Relationship to Student

Other Adults Living at Primary Address

Name (Include last name if different)	Gender	Relationship to Student

Student's Previous Address if New to the Onteora Central School District

Street	City/ State/ Zip

It is the policy of the District that the student will be initially enrolled and begin attending school the next school day, or as soon as practicable, pending a final determination by the District that the student is a resident of the District and is entitled to attend the schools of the District on a tuition free basis. Please be advised that, in the event that a family violates the residency requirement, the Onteora 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 Onteora Central School District and all information provided above is accurate to the best of my knowledge.

_____   _____
Signature   Date

TRANSPORTATION DEPARTMENT
ONTEORA CENTRAL SCHOOL DISTRICT
PO BOX 300
4166 ROUTE 28
BOICEVILLE, NY 12412
(845) 657-2537
FAX (845) 657-7079

PRIVATE & PAROCHIAL SCHOOL TRANSPORTATION APPLICATION

In accordance with the Laws of the State of New York, I hereby formally request transportation for my

child who will attend the _____ school in the _____ school year.

Student Name: _____ DOB: ____/____/____ Entering Grade: _____
        (Last)   (First)

Student Home Address: _____
       (House #)   (Street)   (Town)   (Zip)

Home Phone: _____ Other Emergency Phone: _____

School attended by your child in the previous school year _____

**Please remember that the Onteora Central School District does not transport to
Private & Parochial Schools on days when our District is closed for students.**

A request must be completed for each student and submitted on or before April 1 as determined by Education
Law Section 3635. To be eligible for service, all students must be registered with the Onteora Central School
District and must meet the same requirements as students attending the Onteora Central School District.

Parent / Guardian Signature: _____ Date: ____/____/____

School Official Signature: _____ Date: ____/____/____

-- Below for District use only --

Date form received in Transportation: _____ Received by: _____

Is the student registered in the District?   Yes _____ No _____

Transportation approved?   Yes _____ No _____

Onteora Central School District

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4166 Route 28
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Dear Parents/Guardians,

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_ to complete enrollment and must be presented within three days of initial registration. At least two documents should be submitted.

All documents must be current and must contain parent's/guardian's name. The physical address of the residence must appear on the documents. The District will not accept a P.O. Box as a physical address.

The following is a non-exhaustive list of documents that will be accepted to establish residency:

- Recent School Tax Bill
- Settlement Statement from Closing
- Bank Statement
- Cancelled Check
- Change of Address Verification from the United States Postal Service
- Pay Stub
- Credit Card Statement on Company Letterhead
- Homeowners/ Renters Insurance Policy or Proof of Claim
- Federal or NYS Income Tax, W-2 or Earnings Statement
- Jury Duty Notice
- Military Orders that are still in effect
- Moving Company Receipt
- NYS Certificate of Title
- NYS Professional License
- Deed or Proof of Current Mortgage
- Residential Lease
- Retirement Statement
- Selective Service Card
- Social Security Statement
- SSI Award Statement

- Unemployment Benefit Statement
- Utility Bill
- Voter Registration Notification Card
- Welfare Benefit Statement
- Notarized or signed statement from a third party landlord, owner or tenant with whom you are sharing property
- Notarized Affidavit of Property Owner/Landlord in Support of Residency (form attached)
- Notarized or signed statement from a third party establishing your physical presence in the District
- Official driver's license, learner's permit or non-driver identification
- Government issued identification
- Documents issued by federal, state or local agencies (e.g. Office of Refugee Resettlement)
- Membership documents based on residency (e.g. library card)

The District will evaluate all submitted documentation to determine residency.

Please note: Proof of Residency is _required_ for all students enrolling whether or not older siblings are currently attending the Onteora Central School District. For Kindergarten students, they may participate in the screening but your child will not be considered enrolled until proof of residency is provided for their file.

AFFIDAVIT OF PROPERTY OWNER
IN SUPPORT OF RESIDENCY IN THE
ONTEORA CENTRAL SCHOOL DISTRICT

STATE OF NEW YORK   )
) SS.:

COUNTY OF ULSTER   )

I, _____ , a property owner of the dwelling located at
    (Name of Property Owner)

_____   _____
(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 following persons are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: _____

- Parent/Guardian: _____

Name(s) of Child(ren):

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

List all persons residing in this dwelling:

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

The payment of Electric Utility Bill is included in rent: Yes: _____ No: _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Onteora Central School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

_____
(Signature of Property Owner)

_____
(Print Name)

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 up to a fine of up to $1,000 and/or up to one year of imprisonment.

Sworn to before me this _____ Day

_____ 20_____

_____
(Notary Public)

Notary

Stamp