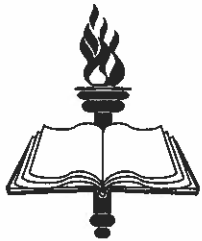


In Compliance with New York State Regulation CR 154,

UPON SUBMISSION OF YOUR REGISTRATION PACKET YOU ARE REQUIRED TO MEET WITH AN ELL TEACHER DURING ONE OF THE DESIGNATED REGISTRATION DATES IN ORDER TO COMPLETE A HOME LANGUAGE QUESTIONNAIRE. YOUR CHILD'S CLASSROOM PLACEMENT CAN ONLY BE FINALIZED UPON COMPLETION OF THIS DOCUMENT.

ELMONT SCHOOL DISTRICT REGISTRATION PACKET

Registration Checklist:	Completed
1. Child's original birth certificate.	
2. Completed & notarized PINK registration form.	
3. <u>Parent as homeowner</u> complete & notarize white FORM A plus required residency proofs.	
4. <u>Parent as non-homeowner</u> complete & notarize Pink FORM B and required residency proofs & Owner completes Yellow Form A1 plus required residency proofs.	
5. Attach your child's most recent immunizations & physical .	
6. Photo ID of Parent or Guardian	
7. * ANY STUDENT THAT DOES NOT HAVE A HOME LANGUAGE SURVEY COMPLETED WILL NOT BE PROVIDED WITH A CLASS ASSIGNMENT FOR THEIR FIRST DAY OF CLASSES. PARENTS MUST ACCOMPANY THEIR CHILD TO SCHOOL AND MUST BE PRESENT WHEN THE ELL TEACHER COMPLETES THE HLQ.	



Elmont Union Free School District

REACHING AND TEACHING FOR EXCELLENCE

AL HARPER

Superintendent of Schools

STEPHANIE D. MULLER

*Director,
Pupil Personnel Services*

HELISSE PALMORE

*Assistant Director,
Pupil Personnel Services*

Dear Parents/Guardians,

Welcome to Elmont! Please note that the school district is required to inform all parents of children entering our schools of their child's rights with respect to special education. The law concerning special education is known as The Individuals with Disabilities Education Act (IDEA).

In accordance with federal and state regulations, the Elmont School District provides appropriate special education services to students with disabilities. Any parent who suspects that his or her child may have a disability, may refer the child for an evaluation to the Committee on Special Education (CSE) for eligibility for special education services. This written referral can be made to their school's principal or to Mrs. Stephanie Muller, Director of Pupil Personnel Services, Elmont UFSD, 1735 Hempstead Turnpike, Elmont, NY 11003.

More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website and can be found at the following links:

English handbook: <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

Spanish handbook:

<http://www.p12.nysed.gov/specialed/publications/policy/SpanishParentGuide.pdf>

Before referring a student who is not currently enrolled in the Elmont School District, the parent/ guardian must contact the Central Registration Office at 516- 326-5580 x 42247 to arrange an appointment to register the child. Forms and other details are available on the district website at <http://www.elmontschools.org> under Quick Link: Registration Page.

Parents who suspect that their child under the age of 3 may need special education services should contact the Nassau County Department of Health's Early Intervention Program at (516) 227-8661. If you have any questions, please feel free to contact me at 516-326-5580 x 20026.

Sincerely,

Stephanie Muller, Director of Pupil Personnel Services

Pupil Personnel Services

1735 Hempstead Turnpike • Elmont, NY 11003-1816 • 516 326-5580 • Fax: 516 326-6125

www.elmontschools.org

Committee on Preschool Special Education

If your preschool child is not developing skills such as walking, talking or playing like other children, you may want to speak with your family doctor. The doctor may be able to reassure you that all children develop at different rates and your child is within the normal developmental scales. If, however, the doctor is concerned, or you are still not comfortable with your child's progress, you may make a referral to the Committee on Preschool Special Education (CPSE).

Children are referred to the CPSE if they are suspected of having a disability, which impairs their learning and development.

Please contact the Office of Early Childhood Education at (516) 326-5580 extension 42237, if you have any questions regarding the referral process to CPSE.

**ELMONT UNION FREE SCHOOL DISTRICT
REGISTRATION FORM**

REMINDER: According to Elmont Board of Education Policy 5060 a-c, "A person shall be eligible to attend the schools of the Elmont Union Free School District provided that he/she will reside in the school district with a parent by birth or adoption or with a legally appointed guardian."

The Elmont UFSD Superintendent of Schools "shall insure that the residence in question is checked by a district staff member to determine whether the child resides at the residence in question with a parent or legally appointed guardian. All student enrollments shall be subject to the verification of fact of eligibility through a home visit by a district staff member.

BASIC INFORMATION:

1. All applicants must complete sections 1, 2, 3, 4.
2. **DIVORCED, SEPARATED, NEVER MARRIED OR PARENTS NOT LIVING TOGETHER** with a current custody order must complete sections 1, 2, 3, 4 and submit a certified copy of the court order.
3. **DIVORCED, SEPARATED, NEVER MARRIED OR PARENTS NOT LIVING TOGETHER** without a custody order must complete sections 1, 2, 3, 4 and Affidavit Forms C & D (yellow). Please attach Federal Income Tax Return for last year.
4. **FOSTER PARENTS** must complete sections 1, 2, 3, 4, 5, and 6 and submit a copy of VSW-241 or DSS 2999 form (please include child's CIN#). The DSS social worker (legal guardians) must sign and notarize the application as well.
5. **GUARDIANS or LEGAL CUSTODIANS** must complete sections 1, 2, 3, 4, 5, & 6 and attach a certified copy of court order.
6. **HOMELESS FAMILIES** in order to determine what services you and your child may be able to receive under the McKinney-Vento Homeless Assistance Act, please answer the following questions:

- In permanent housing
- In a shelter
- With another family or other persons because of loss of housing or 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): _____
- Unaccompanied Youth

Print Name of parent, guardian or student (for unaccompanied homeless youth): _____

Address: _____ Telephone No.: _____

Child's Name _____ Date of Birth: _____

If the student is **NOT** living in permanent housing a school official will meet with you to inform you of the educational and related opportunities available to you and your child and assist you with registering your child, as your child may qualify for homeless status. The District's Homeless Liaison is Stephanie Muller. Ms. Muller's contact number information is 516-326-5580 x20026.

PARENTS OF HOMELESS STUDENTS STOP HERE: Please return this letter to the registrar.

HOMEOWNER:

If you own a home and you are the parent or foster parent of the child to be registered you must attach either your Homeowner's deed, most current Homeowner's mortgage statement or County & School Tax Receipt, and **TWO** of the following: Utility bill, Voter Registration Card, Cable Bill, Bank Statement. Notarized Affidavit A (white) must be included.

RENTING or NON-OWNER:

If you are a NON-OWNER, RENTING an apartment or home or LIVING WITH ANOTHER FAMILY submit your lease or rental agreement and complete and notarize Affidavit Form B (pink). You must provide **TWO** of the following: PSE&G bill, Voter Registration Card, Cable Bill, Bank Statement, or legal mail as required documentation. Your landlord must complete and notarize Form A (1) (yellow) and submit required proof of ownership as listed on form A (1).

WE DO NOT ACCEPT COMPUTER GENERATED BILLS, FAXED MATERIAL OR ANY TYPE OF TELEPHONE BILLS.

ALL NECESSARY FORMS MUST BE RETURNED **IN PERSON** TO THE CENTRAL REGISTRAR AT
1735 HEMPSTEAD TPKE. BY APPOINTMENT ONLY. CALL (516)326-5580 x42247 FOR AN APPOINTMENT.

**ELMONT UNION FREE SCHOOL DISTRICT
FORMULARIO DE REGISTRACION**

Recordatorio: Según la política de Educación de la Junta de Elmont 5060 a-c, "Una persona tendrá el derecho a asistir a las escuelas del distrito escolar de Elmont siempre que él o ella residirá en el distrito escolar con los padres por nacimiento o adopción o con un tutor legalmente designado."

El Superintendente de las escuelas de Elmont UFSD "se asegurará de que la residencia en cuestión será comprobada por un miembro del personal del distrito para determinar si el niño(a) vive en la residencia en cuestión con un padre o tutor legalmente designado. Todas las inscripciones de estudiantes estarán sujetas a la verificación del hecho de elegibilidad a través de una visita a domicilio por un miembro del personal del distrito.

INFORMACIÓN BÁSICA:

1. Todos los solicitantes deben completar las secciones 1, 2, 3, 4.
2. **Divorciado, separado, nunca casado o los padres que no viven juntos** con una orden de custodia actual deben llenar las secciones 1, 2, 3, 4 y presentar una copia certificada de la orden de custodia.
3. **Divorciado, separado, nunca casado o los padres que no viven juntos sin una orden de custodia** deben completar las secciones 1, 2, 3, 4 y declaración jurada formularios C y D (amarillo). Por favor, adjunte formulario Federal de impuestos para el año pasado.
4. **Padres de crianza** deben llenar las secciones 1, 2, 3, 4, 5 y 6 y entregar una copia del formulario VSW-241 o 2999 DSS (por favor incluya # de CIN). El trabajador social de DSS (tutores legales) debe firmar y certificar por notario la aplicación también.
5. **Guardianes o custodios legales** debe llenar las secciones 1, 2, 3, 4, 5 y 6 y adjuntar una copia certificada de la orden judicial.
6. **Familias damnificadas para determinar qué servicios usted y su niño(a) pueden ser elegibles de recibir bajo la Ley McKinney-Vento Asistencia de Hogar, por favor, conteste las siguientes preguntas:**

En vivienda permanente

En un refugio

Con otra familia u otras personas debido a la pérdida de vivienda como resultado de dificultades económicas (a veces se refiere "doublé-up")

En un hotel/motel

En un coche, parque, autobús, tren o camping

Otra situación de vivienda temporal (por favor describa): _____

Jóvenes no acompañados

Escriba el nombre del padre, tutor o alumno (para jóvenes sin hogar y no acompañados): _____

Dirección: _____ Número de teléfono _____

Nombre de Joven _____ Fecha de nacimiento: _____

Si el estudiante **no** vive en una vivienda permanente, un oficial escolar se reunirá con usted para informarle de las oportunidades educativas y oportunidades disponibles para usted y su hijo(a) y ayudarle a inscribir a los niños, como su hijo puede calificar para estado sin hogar. La persona de enlace del distrito escolar es Stephanie Muller. El número de contacto para la Sra. Muller es 516-326-5580 x20026.

Los padres de estudiantes sin hogar paren aquí: Por favor devuelva esta carta al registrador.

PROPIETARIO:

Si usted posee una vivienda y es el padre o el padre de crianza del niño(a) a ser registrados deben adjuntar la escritura de propiedad, estado hipotecario más actual, recibo de impuestos escolar y del condado y dos de los siguientes: factura de servicios públicos, tarjeta de registro de votantes, factura de Cable, extracto de cuenta bancaria. Declaración Jurada A (blanco) debe ser incluido notariado.

INQUILINO o no-propietario:

Si usted es un inquilino rentando un apartamento o casa o viviendo con otro familiar presentar su contrato de arrendamiento o alquiler y completar y certificar por notario la Declaración jurada formulario B (color rosa). Debe proveer dos de los siguientes: cuenta de PSGLI, tarjeta de registro de votantes, cuenta de Cable, extracto de cuenta bancaria o correo legal como documentación necesaria. El dueño debe completar y certificar por notario Forma A (1) (amarillo) y someter la prueba como propietario como se indica en Forma A (1).

NO ACEPTAMOS FACTURAS GENERADAS POR COMPUTADORAS. MATERIAL ENVIADO POR FAX O CUALQUIER TIPO DE FACTURAS DE TELÉFONO.

TODOS los formularios necesarios deben devolverse **en persona** al registrador CENTRAL en el 1735 HEMPSTEAD TPKE. SÓLO CON CITA PREVIA. Llame para una cita al (516)326-5580 x42247.

PARA REGISTRACION NECESITA:

- _____ 1. Partida de nacimiento (nina/nino).
- _____ 2. Dos papeles rosados llenos por los padres y notarizados atras.
- _____ 3. Hoja amarilla es para el dueño de casa, la debe: llenar, hacerla notarizar abajo a la izquierda y adjuntar: Copia del deed (escritura) de las casa y taxes (impuestos) que paga por esa casa. Los ultimos impuestos que haya recibido. Y uno de los recibo de las casa. Por ejemplo: Luz, agua, electricidad, gasolina.
- _____ 4. Traer dos pruebas de direccion como ser algo de un banco, de un medico o dentista, recibo de Cable, carta de abogado, corte, estampillas de comida de comids (food stamps). Seguro de salud, colilla de cheque con la direccion se su casa etc.
- _____ 5. Examen fisico (Amarillo) todas las vacunas en tarjeta anaranjada y examen dentista formulario azul claro. Todo debe estar sellado y firmado por los doctors.
- _____ 6. Alguna identificacion con la foto de la persona que venga el dia de la registracion. Puede ser Pasaporte vencido, algun ID del pais de origen algun ID del trabajo etc.

ATENCION

Su hijo/ja no pueden comenzar la escuela hasta que un Representante del distrito visite su casa.

*Si tiene cualquier pregunta llameme.

**ELMONT UNION FREE SCHOOL DISTRICT
SCHOOL REGISTRATION FORM**

A HOME VISIT WILL BE CONDUCTED BEFORE THIS STUDENT'S ENTRANCE TO SCHOOL

1 I am requesting permission to have the following child admitted to the Elmont Union Free School District:

Date: _____

Home School: (AT), (CHC), (CA), (DB), (GA), (SM)

Student's Name (Last, First, Middle) _____

Grade: _____

Gender: Male Female

_____ Last Name _____ First Name _____ Middle _____

Address _____

Home Phone () _____ Cell Phone () _____

Date of Birth _____ Place of Birth _____

Proof of Birth: _____ Original Birth Certificate _____ Baptismal Certificate _____ Other - _____

2 REQUIRED PARENT/GUARDIAN INFORMATION

Father/Guardian		Mother/Guardian
	Full Name	
	Address	
	Date & Place of Birth	
	Cell Phone Number	
	Place of Work	
	Work Address	
	Work Phone	
	Days/Work Time	

Please check all that apply:

- _____ Natural Parent
- _____ Legal Guardian
- _____ Foster Parent
- _____ Adoptive Parent
- _____ Step Parent
- _____ Other

Please check one:

- _____ Married
- _____ Living Together
- _____ Divorced
- _____ Separated
- _____ Never Married

*If Divorced, Separated, Never Legally married or Legal Guardian, You **MUST** attach Certified Court Order and Affidavits C & D from the registration packet.*

Please check all that apply:

- _____ Natural Parent
- _____ Legal Guardian
- _____ Foster Parent
- _____ Adoptive Parent
- _____ Step Parent
- _____ Other

Please list all siblings (brothers and sisters)

Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____

3 General Student Information: Other Language Spoken in home (if any): _____

Last School Attended:		For Foster Children:	
Name _____	_____	Agency _____	_____
Address _____	_____	Address _____	_____
City/State _____	_____	City/State _____	_____
Telephone _____	_____	Telephone _____	_____
Start Date _____	End Date _____	Caseworker _____	_____
		Student CIN # _____	_____

Special Education: No _____ Yes _____ *If yes, please provide a copy of the current IEP (Individualized Education Program)*

Report Card (most recent) or Transfer Card Attached _____ Yes _____ No

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 Elmont Public Schools? _____ No _____ Yes _____ When? _____

PLEASE REMEMBER TO COMPLETE, SIGN AND NOTARIZE THE BACK OF THIS PAGE

4] If the student is living with someone other than parent or legally appointed guardian give 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 _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____

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

Type of Education: _____ Regular _____ Special Education
School District of Residence _____

6] THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT.

- a. Why is the child not living with his/her natural or adoptive parent?

- b. Does the student live in your home exclusively? (Check One) Yes _____ No _____
- c. Is this a temporary or permanent relationship? _____ Temporary _____ Permanent
- d. How often will the natural parents see the child?

- e. What percentage of financial support is made by natural parents?
Attach most recent tax form - _____ Form Attached
- f. What percentage of financial support is made by you?
Attach most recent tax form - _____ Form Attached

NOTE: The school district 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 and a home visit has been completed by the school district.

I _____, being duly sworn deposes and says that 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 documentation and/or statements (RESIDENCY, GUARDIANSHIP) could subject my child to discharge in attendance and hold me responsible for transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes in circumstances affecting this application. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS 'A' MISDEMEANOR OR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Print Name

Signature

Date

Sworn to before me
this _____ day of _____, 20 _____

Notary Public

Print Name

Signature

Date

Sworn to before me
this _____ day of _____, 20 _____

Notary Public



ELMONT SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION



All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):
 / /

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that b

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

YES, Hispanic

NO. not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK: A person having origins in any of the black racial groups of Africa

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

 Signature of Parent/Guardian/Other

 Date

Relationship to Student (please check one box below):

Mother Father Guardian Other (Specify): _____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.



ELMONT SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The *NYS Education Department* has adopted a policy which requires the collection and recording of the ethnic identity of students in all school districts in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (\checkmark) in the box for the category or categories which best describe your child. The *ELMONT SCHOOL DISTRICT* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page

FORM A
PARENT and HOMEOWNER AFFIDAVIT
 (Complete ALL blanks)

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

_____, being duly sworn, deposes and says:
 (PARENT/OWNER'S NAME)

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that _____ may be admitted to the schools of the Elmont Union Free School District as a (FIRST AND LAST NAME OF CHILD) district resident. Relationship to child _____. (If legal guardian/custodian, attach (PARENT/GUARDIAN/CUSTODIAN) copy of custody papers or court order)
2. I am the legal owner of _____ (ADDRESS)

ATTACHED ARE THE FOLLOWING:

- {1} HOMEOWNER'S DEED and**
- {2} MORTGAGE STATEMENT (current) (or) TAX BILL (most recent) and**
- {3} One of the following: Current Utility Bill (PSEG, National Grid, Water, etc.) Voter Registration, Cable Bill, Bank Statement**

My domicile is _____ (ADDRESS WHERE I LIVE)

My child's domicile is _____ (ADDRESS WHERE MY CHILD LIVES)

3. The following names include ALL children under the age of 18 living (domiciled) at this address:

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

Sworn to before me

this _____ day of _____, 20__

 SIGNATURE OF PARENT/OWNER

 Notary Public

FORM B
RENTER'S/NON-OWNER'S AFFIDAVIT

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 _____ may be admitted to the schools of the Elmont Union Free School District as a
(Name of Child)
district resident. I further understand that if _____ is found not to be a legitimate resident
(Name of Child)
of the Elmont Union Free School District, that **THE CHILD WILL BE IMMEDIATELY DISCHARGED AND THAT I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICTS ANNUAL TUITION RATE OF APPROXIMATELY \$16,500 PER YEAR, PER CHILD**, retroactive to the first day of admission. I also realize that theft of government 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.

2. I am the _____ of _____.
(Parent/Guardian/Custodial Parent) (Name of Child)
My domicile (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.) _____

With _____, and (LIST EACH AND EVERY OTHER PERSON LIVING AT
(Name of Child)
THE ABOVE ADDRESS)

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

This is my actual and only permanent domicile. _____, lives with me and
(Name of Child)
said address is his/her actual and only permanent domicile.

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 _____ My living arrangement is governed by
(Date)

(CHECK APPROPRIATE STATEMENT)

_____ a formal lease (attach copy of lease and Owner's Affidavit – Form A1)

_____ other (attach rental agreement and Owner's Affidavit – Form A1)

ATTACH: Two of the following: Utility Bill (PSEG, Water, National Grid, etc.), Voter Registration, Cable Bill, Bank Statement, etc.

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

Sworn to before me

this _____ day of _____, 20__

Signature of Renter/Non-Owner

Notary Public

6. Do you relinquish custody, control and support of your child _____
(Name of Child)
to the custodian including the right to make decisions pertaining to the child's health, welfare, and including
obligation to financial support? _____ YES _____ NO

- This affidavit must be completed by both parents or, where not possible or appropriate, by the legal guardian.

7. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of Elmont Union Free School District as a district resident. I further understand that if my child is found not to be a resident, he/she will be **IMMEDIATELY DISCHARGED AND THAT I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$16,500 PER YEAR, PER CHILD**, retroactive to the first day of my child's admission. I also realize that theft of government services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also submit me to criminal prosecution.

WHEREFORE, it is respectfully requested that you recognize _____
(Name of Custodian)
as the custodian and caretaker of my child _____ and recognize his/her actual
(Name of Child)
domicile to be that of _____ who lives at _____.
(Name of Custodian) (Address of Custodian)

Signature of Parent(s): _____

Sworn before me

this _____ day of _____, 20 ____

Notary Public

- **Attach Federal Income Tax Return (*most recent*) to this form.**

6. Custodian's statement that he/she agrees to assume full responsibility for all matters relating to the child's education: _____

7. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of the Elmont Union Free School District as a district resident. I further understand if my child is found not to be a legitimate resident of the Elmont District that **THE CHILD WILL BE IMMEDIATELY DISCHARGED AND THAT I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$16,500 PER YEAR, PER CHILD**, retroactive to the first day of my child's admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also submit me to criminal prosecution.

WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of _____ and recognize his/her actual and only domicile to be that of _____

(Name of Child)

_____ who lives at _____

(Name of Custodian)

(Address of Custodian)

Signature of Custodian: _____

Sworn before me

this _____ day of _____, 20__

Notary Public