

**AVERILL PARK CENTRAL SCHOOL DISTRICT
PRIVATE SCHOOL STUDENT REGISTRATION FORM &
REQUEST FOR TRANSPORTATION**

THE FOLLOWING FORMS ARE PROVIDED AND MUST BE COMPLETED:

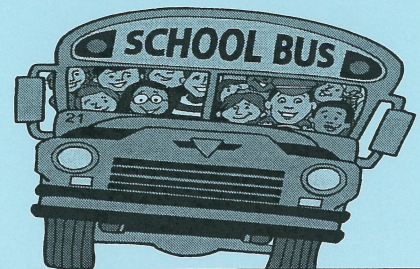
1. Registration Form for Student Attending Non-Averill Park School
2. Request for Transportation to a Private or Parochial School
3. Affidavit concerning Residency

You **MUST** provide the following documents:

4. Proof of Residency*
 - *Two* proofs required per district policy*
5. **CHILD'S AGE VERIFICATION FORM** – Either a copy or the original of one of the following: (the registrar can make a copy)
 - Birth Certificate
 - Baptismal record
 - Passport
6. Custody Paperwork, if applicable*

If you have any questions concerning the above forms, please call the Central Registrar, at 674-7050 ext. 2819.

** Any copies needed, can be made at the District Offices, located at 146 Gettle Rd St.1, Averill Park, NY 12018*



ACCEPTABLE PROOFS OF RESIDENCY

The person establishing residency must present two of the following documents (**NO PO Boxes**) to me:

- ❖ Mortgage payment, receipts or coupons
- ❖ Property tax receipt
- ❖ Current bill from local utility company, including cable TV
- ❖ Rental agreement/lease of at least 1 year
- ❖ Paycheck stub
- ❖ Drivers license **with** insurance card
- ❖ A recent income tax return showing the parent's name and address within the district
- ❖ A record of the parent's voter registration

AVERILL PARK CENTRAL SCHOOL DISTRICT
Department of Transportation
145 Gettle Road
Averill Park, NY 12018
Telephone: 518-674-7070 Fascimlie: 674-3629

School Year 20__ - 20__

REQUEST FOR TRANSPORTATION TO A PRIVATE OR PAROCHIAL SCHOOL

I, _____ residing at: _____
(parent/guardian) (street name/house number/town)

am requesting transportation for the following child(ren) to attend the private or parochial school(s) as indicated below:

Childs Name	Birthdate	School Name/Address	Grade

Please indicate if child is physically handicapped: Yes on No _____
(please name child if more than one is listed above)

Parent/Guardian Signature: _____

Mailing Address: _____

Home Telephone Number: _____

Cell/Work Telephone Number: _____

Please return completed form to:
Averill Park Central Schools District Office
146 Gettle Road St.1
Averill Park, NY 12018
Attention: Central Registration

**To assure transportation of your children for the upcoming school year,
please return completed form no later then April 1st.**

AVERILL PARK CENTRAL SCHOOL DISTRICT
REGISTRATION FORM for the School Year 20____ - 20____

☐ Residency Change ☐ New Student - AP ☐ New Student - Non-AP

SCHOOL: HS ____ AMS ____ MHSL ____ PES ____ WSL ____ Private School ☒ Non-Resident ____ Preschool ____

Student Information

Student # _____ Grade _____ Homeroom _____

Student Name _____ Date of Birth _____ Gender M F

School Attending _____ Home Lang _____

Mailing Address _____ 911 Address (If different from Mailing - No PO Boxes) _____

Home Telephone _____ Unlisted _____ Home E-Mail Address _____

Parent/Guardian Information

Parent/Guardian Information

Name _____	Name _____
Relationship (circle one) Father Mother Step-Father Step-Mother Other _____	Relationship (circle one) Father Mother Step-Father Step-Mother Other _____
Marital Status _____	Marital Status _____
Custody Arrangements _____	Custody Arrangements _____
Address (If Different from Student) _____	Address (If Different from Student) _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail Address _____	E-Mail Address _____

Student Racial and Ethnic Identification

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

1. Select the box that best describes your child. Select only ONE box. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or 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 racial groups. You may select all groups that apply to your child. Select at least ONE box.

- ☐ American Indian or Alaskan 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.
- ☐ Black: A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Other Student Information

Other children living at this address

Name	Date of Birth	Male/Female	Name	Date of Birth	Male/Female
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Housing Information

Foster Home Yes No Migrant Yes No

Is your current address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

For Immigrants Only

Initial Date of Entry into U.S. _____ Years in U.S. Schools _____ Country of Origin _____

For Elementary Students Only - Unplanned Early Dismissal

Unplanned early dismissals may occur without notice. Please provide information below based upon this (Choose only one)

1. Send my child to Name _____ Address _____

Phone _____ Bus _____ Additional Notes _____

2. Pickup/Release to 1 _____ Pickup/Release to 2 _____

3. Send my child on regular bus and have him/her get off at regular stop. Yes No

Emergency Contacts

List in order those individuals Averill Park can call during regular school hours in case of emergencies.

Name and Relationship	Telephone	pick up from school	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Automated Telephone Notification System Information

In the event of an emergency (early dismissal) your Home number and the 2 numbers listed below will be called. For non-emergency situations (community outreach, attendance and cafeteria notification) only your Home number will be called. Please note that this system will **not dial extensions**. Therefore, please use numbers that will reach you directly.

Cell/Work Telephone _____ Other Number _____

Parent/Guardian Authorizations (circle yes or no for each)

- Yes No 1) I authorize APCSD to call the numbers listed above for emergencies & unplanned early dismissals.
Yes No 2) I authorize Military Recruiters to contact my child.
Yes No 3) I authorize photos to be taken at the Averill Park Central School District of my child.
Yes No 4) I authorize E-Mails to be sent from the Averill Park Central School District to our home.
Yes No 5) I authorize my son/daughter to use the computers and internet at school.

I hereby agree that should Averill Park Central School District admit my child to its schools and later determine that said child is not a resident of the district, I may be responsible to reimburse the District for tuition for the period of attendance at said schools. I understand that should I fail or refuse to reimburse the Averill Park Central School District for the tuition, that Averill Park Central School District may take necessary legal steps to obtain said tuition.

Signature of Parent/Guardian _____ Date _____

AFFIDAVIT CONCERNING RESIDENCE
(Please Print)

NOTICE: This statement is only for use by the person with whom the student is claimed to reside within the school district.

1. Student's Name: _____

2. Date of Birth: _____

3. Grade Level: _____

4. Current Address: _____
(Street)

(Town, State, Zip)

(Telephone)

5. Student's Previous addresses (list most recent first):

1) _____
from to (dates) (Street)

(Town, State, Zip)

2) _____
from to (dates) (Street)

(Town, State, Zip)

3) _____
from to (dates) (Street)

(Town, State, Zip)

6. School that student currently is attending or most recently attended:

7. Mother's Name: _____

8. Mother's Address: _____
(Street)

(Town, State, Zip)

(Telephone)

9. Father's Name: _____

10. Father's Address: _____
(Street)

(Town, State, Zip)

(Telephone)

11. If parents are divorced, please state custody arrangements and **attach a copy of the court papers:**

12. Name of person filling out this statement and with whom the student is residing:

13. Address of person with whom the student is residing:

(Street)

(Town, State, Zip)

(Home Telephone)

(Work Telephone)

14. Length of time the person listed in #12 has resided at the current address: _____
(Years) (Months) (Weeks)

15. Your relationship with the student (e.g. Mother, Father, Stepmother, Stepfather, Adoptive Mother, Adoptive Father, Legal Guardian, Legal Custodian, other): _____

IF STUDENT DOES NOT CLAIM RESIDENCY WITH MOTHER AND/OR FATHER, PLEASE ANSWER THE QUESTIONS 16 THROUGH 25.

16. What are the reasons the student cannot live with his/her parent?

17. Basis of your relationship with student:

(a) Legal guardianship of student? ☐ Yes ☐ No
If yes, attach copy of court papers.

(b) Legal custody of student? ☐ Yes ☐ No
If yes, attach copy of court papers.

(c) Other legal control over student, e.g., adoption, court ordered placement, surrender, abandonment?
☐ Yes ☐ No
If yes, attach copy of court papers or provide
explanation. In the absence of court order, a parent affidavit is required.

(d) Other relationship with student? ☐ Yes ☐ No
Please explain. A parent affidavit may be required.

18. On what date did the student begin to live with you? _____

19. How long will the student reside with you? _____
(date)

20. Will the student live with you during school vacations? ☐ Yes ☐ No
If not, where do you expect the student to reside during this time?

21. Will the student live with during weekends? ☐ Yes ☐ No
If not, where do you expect the student to reside during this time?

22. Name of the person who will claim the student as a dependent for Income Tax purposes?

23. During the time the student will reside with you, who is responsible for:

(a) receiving and responding to academic and other reports concerning the student? _____

(b) authorizing medical treatment for the student? _____

(c) payment for medical treatment of the student including medical insurance coverage? _____

(d) releasing records for the student? _____

(e) providing other necessary consents for the student? _____

(f) expense of student's room and board? _____

(g) expenses of clothing and other necessities? _____

24. Will the student reside with you primarily to attend schools in the district? _____

25. If not, what are the circumstances that caused this student to reside with you? _____

I understand that statements made in this affidavit will be relied upon by the _____ School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here please)

This affidavit is made for the purpose of requesting the Averill Park Central School District to admit

_____ as a student during the school year of ____ - ____
(student name)

I agree to notify the Averill Park Central School District in writing if at any time during the above child's attendance there is any change in the facts set forth above.

I assume full responsibility for all matters relating to the student's education and medical care, except as otherwise stated herein.

(date)

(signature)

**NOTICE: Signing this statement is a representation that the information provided is
Correct and true and made under the penalty of perjury.**

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

Notary Public

At least two (2) of the following proofs of residency are required at the time of registration:

Please note: the following documents must show your current location of your home (*not a P.O. box #*)

- Deed to home
- Mortgage payment, receipts or coupons
- Property tax receipt
- Current bill from local utility company, including cable TV
- Rental agreement/lease of at least 1 year
- Paycheck stub
- Drivers license with car insurance card