



AVERILL PARK CENTRAL SCHOOL DISTRICT
146 GETTLE ROAD ST. 1 AVERILL PARK, NY 12018
518-674-7050 EXT. 7201

PRIVATE OR PAROCHIAL SCHOOL

The following forms are provided and must be completed:

1. Registration Form for Student Attending Non-Averill Park School
2. Affidavit concerning Residency
3. Transportation Request forms

You MUST provide the following documents:

4. Proof of Residency*
 - *Two* proofs required per district policy*
5. Copy of Birth Certificate*
6. Custody Paperwork, if applicable*

If you have any questions concerning the above forms, please call the Central Registrar.

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
- ❖ Current Paycheck stub (with address)
- ❖ Driver's license **with** car 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

** Any copies needed, can be made at the District Office when you return the completed registration forms.*

**AVERILL PARK CENTRAL SCHOOL DISTRICT
REGISTRATION FORM 20__-20__**



New Student - AP



New Student - Non - AP

SCHOOL: HS ___ AMS ___ MHSL ___ PES ___ WSL ___ Private School Non-Resident ___ Preschool ___
Official use only

Student Information

Student # _____ Grade _____ Homeroom _____
 Student Name _____ Date of Birth _____ Gender M F
 Current School _____ Home Lang _____
 Mailing Address _____ 911 Address (If different from Mailing - No PO Boxes) _____

 Primary Telephone _____ Unlisted _____

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____
 Relationship (circle one) Father Mother Step-Father Other _____ Relationship (circle one) Father Mother Step-Father 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.

(Complete and sign reverse)

Additional Student Information

Non-school age children (5 and younger) living at this address

Name Date of Birth Male/Female Name Date of Birth Male/Female

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 on regular bus and have him get off at regular stop
- 2. My child will be picked up by parent/guardian or an emergency contact

Emergency Contacts

Other than parents/guardians, 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 _____
_____	_____	YES _____
_____	_____	YES _____

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.

Telephone _____ Telephone _____ Text _____ Text _____

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

- Yes No - I authorize potential employers to contact my child.
- Yes No - I authorize military recruiters to contact my child.
- Yes No - I authorize photos to be taken at the Averill Park School District of my child.
- Yes No - I authorize communication to me by telephone, email, or text from the numbers and emails listed.
- Yes No - I authorize my son/daughter to use the computers and internet at school.
- Yes No - I authorize my Grade 5-12 son/daughter to participate in the one-to-one Chromebook program as described in www.averillpark.k12.ny.us/cbhandbook
- Yes No - My child has access to the internet in our home.

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



Averill Park Central School District

Transportation Department

145 Gettle Rd ♦ Averill Park, NY 12018

apbus@apcsd.org ♦ (518) 674-7070

<https://www.averillpark.k12.ny.us/services/transportation-services/>

Office Use Only	
Student ID	
Rec'd Date	
Date Processed	
Criteria	

Residents of the Averill Park School District who are eligible for transportation to non-public schools under the 15-mile limit are required to file an application each year by April 1 for such transportation for the following school year, in accordance with NY Education Law §3635-2.

Complete and return this form only if you wish to request transportation to a private school(s) for your children.

For the Transportation Start Date of September this form must be submitted by April 1.

Request for transportation to non-public schools for 20__-20__

IMPORTANT NOTE: You must complete a separate application for each student. The School Information portion of the application may be submitted after the application. You must ensure that page is filed as soon as your student's enrollment is confirmed. Incomplete applications cannot be processed. Information changes can take up to three business days. All information must match the Averill Park CSD Student Information System.

Name of Private School: _____							
Student Information				Transportation Requested (✓)			
Student Name Last, First, Middle, Suffix	Gender	Birthdate	Grade As of Sept 20	AM	PM	On Call AM	On Call PM
Residential Information							
Street Address				City, State, Zip			
Resides With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____			Receives Mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (If Different)							
Address				City, State, Zip			

Student's Siblings (Include those who have not yet reach school age.)	Gender	Birthdate

Parent/Guardian Information	
Full Name of Parent/Guardian:	Circle one Parent or Guardian
Email Address:	Tel:
Other Parent/Guardian Information	
Full Name of Parent/Guardian:	Circle one Parent or Guardian
Email Address:	Tel:

Student Name _____ 20__-20__ Grade _____

Transportation Information			
Transportation is provided to and from the student's residence or a licensed day care provider, only within the Averill Park Central School District.			
Transportation to school from home (AM)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Transportation to home (PM)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Transportation to school from another site (AM) <i>provide details below</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Transportation from school to another site (PM) <i>provide details below</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Days that no transportation is needed to school (AM)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Days that no transportation is needed from school (PM)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Alternate Site Information			
Address		City, State, Zip	
Destination Type	<input type="checkbox"/> Other Parent <input type="checkbox"/> Licensed Day Care	Contact Name	
Contact #		Contact Email	
Comments			

Pertinent Student Information	
Is your student diabetic or have any severe allergies, seizure disorder or other medical concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide additional information here:
Emergency Phone #:	Emergency Contact:
Parent/Guardian Signature:	

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

- Although your student may be attending a non-public school, your student must be registered with the Averill Park Central School District. For more details and contact information, please refer to our website at <https://www.averillpark.k12.ny.us/district-office/register-a-student/>. Registration should be done before the April 1 deadline.
- The deadline for this application is April 1 of the prior school year or within 30 days of moving into the school district.
 - All student registration information on the application must match the APCSD Student Information System. If you need to provide updates to the district, please contact the district registrar.
 - Incomplete applications, or applications with information that does not match the APCSD system, cannot be accepted and will be returned within 5 business days to the parent/guardian's email address that is on the student's APCSD registration.
 - **APPLICATIONS RECEIVED AFTER THE APRIL 1 DEADLINE:** Transportation will only be provided if space is available on an already scheduled bus to the school being requested. Late applications may experience a delay in processing.
 - For your convenience, APCSD provides multiple ways to submit the application:

Mail	Email	In-Person
Averill Park CSD Transportation Department 145 Gettle Rd Averill Park, NY 12018	apbus@apcsd.org	145 Gettle Rd Averill Park, NY 12018

- Any changes during the school year, must be submitted on a new application. We cannot guarantee that service will be available to accommodate the change.
- APCSD provides transportation on days when APCSD is in session. Please review the current school calendar on our website at <https://www.averillpark.k12.ny.us/>. Please watch for emergency closings. APCSD does not provide transportation during an emergency closing, such as a snow day.
- If your student will not be taking the bus, parents/guardians must notify the transportation department. The best way to notify the department is to send an email to apbus@apcsd.org or call (518) 674-7070.
- School Bus Safety information may be found on our website at <https://www.averillpark.k12.ny.us/services/transportation-services/>
- You may find additional information regarding transportation to non-public school on New York State Education Department's website at <https://www.nysed.gov>.
- If you have any questions regarding this application, please contact the Transportation Department by email to apbus@apcsd.org or call (518) 674-7070.

Parent/Guardian Certification

I hereby certify the following:

1. that I became a resident of the Averill Park Central School District on _____,
2. and that all information provided in this application is accurate and
3. I have reviewed the IMPORTANT INFORMATION FOR PARENTS/GUARDIANS section above.

_____ Parent/Guardian Signature

_____ Date Signed

Please submit the first 3 pages of the application to the Transportation Department as soon as possible. The next page must be completed by a school official at your student's school.

Student Name _____ 20__-20__ Grade _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR

School Information

This page must be completed by your student's school and sent to the Transportation Department.

Name of Administrator providing this information: _____

School Address: _____
Street Address City Zip

School Telephone #: _____ School Website: _____

Earliest Drop off time: _____ Start Time: _____ End Time: _____ Latest Pickup Time: _____

Contact Information

Point of Contact Name: _____ Title: _____

If not Principal, please provide the Principal's information below.

Telephone #: _____ Email Address: _____

Principal Name: _____

Telephone #: _____ Email Address: _____

Principal's Certification

I hereby certify that the student named in this application is enrolled in _____ and I have attached a copy of our 20__-20__ school calendar.

Principal's Signature _____ Date Signed _____

- APCSD provides transportation on days when APCSD is in session. Please review the current school calendar on our website at <https://www.averillpark.k12.ny.us/>. Please watch for emergency closings. APCSD does not provide transportation during an emergency closing, such as a snow day.
- If you have an emergency closing or updates, please notify the Transportation Department at apbus@apcsd.org.
- If you have any questions, below is our contact information.
- Please send this completed form and your 20__-20__ school calendar to:

Mail or In-Person	Email	Telephone
Averill Park CSD Transportation Department 145 Gettle Rd Averill Park, NY 12018	apbus@apcsd.org	(518) 674-7070