

INSTRUCTIONS: BASIC INFORMATION FOR HIGH SCHOOL REGISTRATION FORM

1. All Applicants **MUST** complete Numbers 1, 2, 3, 4 and **sign and have notarized the bottom of page 3 by at least one parent.**

Attach the following:

- Copy of Original Birth Certificate or Passport
- Proof of residency
- Copy of Driver's License

2. **DIVORCED OR SEPARATED PARENTS** with current custody orders must submit the Court Order **or** divorce papers stating that the registering parent has residential custody.
3. **FOSTER PARENTS** must complete Sections 1 through 6 and submit a copy of BSW-241 or DSS2999 form. The DDS social worker (legal guardian) **MUST SIGN THE APPLICATION.**
4. **LEGAL GUARDIANS OR LEGAL CUSTODIANS** must complete Sections 1 through 6 and attach a certified copy of the Court Order and Affidavit Forms C & D. (Persons other than natural parents claiming a custodial relationship without a Court Order, must complete Sections 1 through 6 and Affidavit Forms C & D). **Forms C and D must be requested.**
5. **RENTERS:** If you are renting a home, please sign and notarize the Renter's Affidavit and have the landlord sign and notarize the Owner's/Landlord's Affidavit. This would also apply if you are sharing a home or not paying rent.
6. If you own your home, you do **not** need to fill out the Renter's Affidavit or Landlord/Owner's Affidavit.
7. All applicants **MUST** complete the Request for High School Registration form (also known as the Tuition Letter) **and** the Housing Questionnaire.
8. **Please read instructions carefully.** Not all forms will apply.

Once all is complete, you may drop the packet off at the middle school, attention Jackie Franke, Registrar or email the packet to jfranke@emoschools.org.

RESIDENCY INFORMATION:*

HOMEOWNERS: If you own a home, you must attach the following; recent mortgage statement or deed, or county or school tax receipt, **AND two utility bills. DO NOT COMPLETE FORMS A OR B.**

RENTERS/LESSEES: If you are **Renting** or **Leasing** an apartment or home, submit your lease or rental agreement if available and complete Affidavit **Forms A & B.** Submit a recent utility bill. Have landlord complete **Form B** and provide a tax bill or a deed. If you do not have written rental or lease agreement, complete **Affidavit Forms A & B,** and submit a utility bill.

*Individuals who cannot provide any of the above documents must submit a written and notarized explanation as to why the document is unavailable.

CHECKLIST

<u>HAVE YOU:</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Completed Sections 1, 2, 3 and 4? <u>ALL REGISTRANTS</u>	_____	_____	_____
Completed and had <u>NOTARIZED</u> all applicable Affidavit Forms A & B and/or C & D?	_____	_____	_____
Attached the lease if you are leasing?	_____	_____	_____
Obtained necessary <u>SIGNATURES</u> AND <u>NOTARIZATIONS</u> on <u>ALL</u> pertinent documents?	_____	_____	_____
Included a copy of your child's <u>BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT?</u>	_____	_____	_____
Enclosed two utility bills (LIPA, Telephone) for proof of residence in the East Moriches School District?	_____	_____	_____
Enclosed a divorce decree or custody papers, if applicable?	_____	_____	_____
Enclosed Request for High School Registration and Housing Questionnaire?	_____	_____	_____



East Moriches Union Free School District

Middle School
9 Adelaide Avenue
East Moriches, New York 11940
Fax – (631) 909-1379

Elementary School
523 Montauk Highway
East Moriches, New York 11940
Fax – (631) 909-7505

Switchboard – (631) 909-7999
www.emoschools.org

Dr. Charles T. Russo
Interim Superintendent
of Schools

Mr. William Holl
Middle School Principal

Mr. Edward Schneyer
Elementary School
Principal

Ms. Michele Pepey
Director of Special
Education/PPS
Supervisor

Ms. Emily Eich
Curriculum
Coordinator/Assistant
Principal

REQUEST FOR HIGH SCHOOL REGISTRATION

Name of Student: _____

Date of Birth: _____

Home Address: _____

Father or Guardian: _____

Phone Number: Work: _____ Home: _____

Mother or Guardian: _____

Phone Number: Work: _____ Home: _____

Entering Grade: _____ From: _____

School Designated: _____

Is student living with parents? _____

Written Proof of Residency: _____

I hereby verify the above information to be correct.

Signature of Parent/Legal Guardian

School District Witness

.....
Date: _____

Supervising Principal

_____ High School

This is to certify that the person named above is a resident of the East Moriches Union Free School District. This student is eligible for admission to your school for placement on your tuition bills to the East Moriches Union Free School District.

Superintendent of Schools

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as 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): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date
If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

**PLEASE PRINT
USING BLACK INK**

**OFFICIAL USE
ONLY**
Application
issued_____

Complete
application
received_____

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940
Tel: 631-878-0162 Fax: 631-909-1379

REGISTRATION FORM

COPY OF ORIGINAL BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. Today, _____, I am requesting permission to have the following child admitted to:

East Moriches Union Free School District

Student's Name: (Last, First, Middle) Date of Birth Grade Sex

Country/State of Birth: _____

(Check one)

2. Are you: _____ Natural /Adoptive parent(s) (if there has been a divorce, refer to instruction sheet)
 _____ Legal guardian (Court Appointed)
 _____ Person in parental relationship
 _____ Foster parent(s)

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Mailing Address, if different _____
Phone Number: Home() _____ Work() _____ Cell() _____
Date of Birth _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

Parent/Guardian/Person in Custodial Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home() _____ Work() _____ Cell() _____
Date of Birth _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

3. If the student is living with someone other than a parent or legally appointed guardian, give the 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 _____ Zip _____ Phone # () _____
Name _____ Relationship _____
Address _____ Zip _____ Phone# () _____

4. General Student Information:

Total years your child has been schooled in the United States _____
Last School attended _____ Last Date of Attendance _____
Address _____
Phone Number _____

Does/did your child have an IEP (Special Education) or a 504 Plan: Yes _____ No _____ (Check one)

If yes, please provide a copy of the current IEP (Individual Educational Program) or 504 Plan

Student's last home address when in attendance at the previous school:

Street _____ Town _____ Telephone# _____
Name of Parent/Guardian at that previous address _____

Parent is active duty in the Armed Forces: Yes _____ No _____ (Check one)

HAS THE STUDENT EVER ATTENDED EAST MORICHES UNION FREE SCHOOL DISTRICT?

YES _____ NO _____

List the names of all children who live with you, whether in or out of school.

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS:

Has student participated in Interscholastic Athletics: Yes No (Circle one)

If YES, Level: JHS _____ JV _____ V _____ Intramural _____

Has the student participated in Band/Chorus? If so, circle either or both.

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

Type of Education: Academic _____ Occupational _____
Special Education _____ School District of Origin _____

6. **THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT. NOTE: The school 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.**

- a) Why is the child not living with his/her natural or adoptive parent? _____
- b) Does the student live in your home exclusively? Yes No (Circle One)
- c) Is this a temporary or permanent relationship? _____
- d) How often will the natural parents see the child? _____
- e) What percentage of financial support will be made by the natural parents? _____
- f) What percentage of financial support will be made by you? _____

The East Moriches School District is entitled to receive reimbursement of expenses for health-related services for children who are Medicaid eligible. To preserve confidentiality, we ask all parents to sign the following statement:

I hereby give permission for the East Moriches School District to disclose information from my child's educational records to local, state and federal representatives for the sole purpose of claiming Medicaid reimbursement should my child ever need health-related support services and should my child be receiving Medicaid at that time.

Signature of Parent/Guardian

Date

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 statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. **ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Date

Date

PRINT Name of Mother/Guardian

PRINT Name of Father/Guardian

Signature Mother/Guardian
Sworn to before me
this day of

Signature Father/Guardian
Sworn to before me
this day of

Notary Public

Notary Public

RENTER'S/NON-OWNER'S AFFIDAVIT

FORM A-Page 1

STUDENT'S NAME (Print last name, first name)

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 my Child/Ward may be admitted to the East Moriches School Union Free School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the East Moriches Union Free School District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE** to the first day of admission. I also realize that theft of governmental 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. I have been informed that the school district will make unannounced home visits for purposes of residency verification.
2. I _____ am the (PARENT/GUARDIAN/CUSTODIAL PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.) _____

with my Child/Ward, and

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

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

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 _____ (DATE). My living arrangement is governed by

(CHECK APPROPRIATE BOX):

- a formal lease (attach copy of lease and Owner’s Affidavit – Form B)
- other (attach rental agreement or realtor’s statement and Owner’s Affidavit, - Form B).

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

MONTHLY RENT: _____

DURATION OF TENANCY: _____

Print Name

Sworn to before me
this _____ day of _____, 200_

SIGNATURE OF RENTER/NON-OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS “A” MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

LANDLORD'S/OWNER'S AFFIDAVIT

FORM B-Page 1

STUDENT'S NAME (Print last name, first name)

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

Attach Deed or Mortgage Statement (or Tax Bill)

_____, being duly sworn, deposes and says:
(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that the above mentioned child/ward may be admitted to the East Moriches School Union Free School District as a district resident.

2. I am the legal owner of _____ (ADDRESS)
A COPY OF DEED, MORTGAGE STATEMENT OR TAX BILL MUST BE ATTACHED
The terms and conditions of said tenancy are as follows: (Specify Rent, etc.)
(Attach copy of Lease). _____

3. To the best of my knowledge the above mentioned property is the current residence of _____ (NAME OF PARENT/GUARDIAN) and the Child/Ward named above.

4. The following names include ALL other persons living at this address:

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

Print Name

Sworn to before me
this _____ day of _____, 200_

SIGNATURE OF OWNER

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.