

**RESIDENCY VERIFICATION:**

**The following paperwork needs to be completed in order to verify residency with the East Moriches Union Free School District.**

- 1. REGISTRATION FORM** – Page 3 of the form must be signed by at least one parent and **notarized**.
- 2. HOUSING QUESTIONNAIRE**
- 3. RENTER’S AFFIDAVIT (form A) and LANDLORD’S AFFIDVIT (form B) -**  
These forms need to be filled out and **notarized only if you rent**.
- 4. COMPILE THE FOLLOWING DOCUMENTS:**

**Copy of Child’s Original Birth Certificate or Passport**  
**Copy of Parent’s Driver’s License**  
**Copy of Two (2) Utility Bills**

**AND:**

**If you own your home:** One (1) of the following:

Recent Mortgage Statement  
Deed  
Recent Tax Receipt

**If you rent your home:**

Lease or Equivalent, and  
Recent Mortgage Statement, Deed, or Recent Tax Receipt from Landlord

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](mailto:jfranke@emoschools.org)

**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**

**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.

# 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.