

**Valley Stream UFSD Twenty-Four
William L. Buck School
75 Horton Avenue
Valley Stream, NY 11581**

DR. DON STURZ
SUPERINTENDENT OF SCHOOLS

NEWVILLE ROBERTS
RESIDENCY OFFICER
516-872-5694

ALL NECESSARY FORMS MUST BE RETURNED IN PERSON TO YOUR CHILD'S HOME SCHOOL.

Note: The District retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in any portion of this application.

RE-REGISTRATION INSTRUCTIONS

IF YOU ARE THE CHILD'S NATURAL PARENT:

The following documents **MUST** be presented at the time of registration, along with proper forms:

1. Child's **ORIGINAL** birth certificate;
2. **IF YOU OWN A HOME**, you must attach your **ORIGINAL** house deed, **AND** your current mortgage statement or current realty tax receipt, **PLUS** one of the following: LIPA bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy or car insurance policy. **Affidavit Forms "A" and "B" must be attached.**
3. **IF YOU ARE RENTING OR LEASING** an apartment or home, submit your lease or rental agreement and completed **Affidavit Form "C."** Provide the school with **TWO ORIGINALS** of the following: LIPA bill, cable/satellite bill, telephone bill, car insurance policy, voter registration card. Your landlord **MUST** complete **Form "B"** and submit required proof of ownership as listed in item #2 above.
4. **IF YOU ARE RENTING, BUT DO NOT HAVE A WRITTEN RENTAL OR LEASE AGREEMENT**, or are otherwise residing in a district resident's home, complete **Affidavit Form "C," PLUS** two additional proofs of residency from item 4. Your landlord **MUST** complete **Form "B"** and submit required proofs of ownership, as listed in item #2 above.
5. **ALL** residency affidavits **MUST** be notarized.
6. Parent, guardian or custodian **MUST** produce a **VALID** photo ID.
7. It is not necessary to bring your child to registration. If possible, please have the children stay at home.

ALL REGISTRATION PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."

We thank you for your cooperation in making the registration a smooth process for all involved.

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RE-REGISTRATION INSTRUCTIONS

IF YOU ARE THE CHILD'S GUARDIAN/CUSTODIAN:

The following documents **MUST** be presented at the time of registration, along with proper forms:

1. Child's **ORIGINAL** birth certificate;
2. **IF YOU OWN A HOME**, you must attach your **ORIGINAL** house deed, **AND** your current mortgage statement or current realty tax receipt, **PLUS** one of the following: LIPA bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy or car insurance policy. **Affidavit Forms "A" and "B" must be attached.**
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5. **YOU MUST COMPLETE CUSTODIAL AFFIDAVIT FORM "D."**
6. **ALL** residency affidavits **MUST** be notarized.
7. Parent, guardian or custodian **MUST** produce a **VALID** photo ID.
8. It is not necessary to bring your child to registration. If possible, please have the children stay at home.

ALL REGISTRATION PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."

We thank you for your cooperation in making the registration a smooth process for all involved.

VALLEY STREAM UFSD TWENTY-FOUR
Registration Information

FORM A

<u>Office Use Only</u>
School _____ ID# _____ RM# _____ Dem. _____

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. SUCH TUITION CHARGES MAY EXCEED \$12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

Pupil's Name _____ **Date of Birth** _____

Age ____ **Grade** ____ **Sex** _____ **Language Spoken** _____

Present Address _____ **Own/Rent**

Phone Number _____ **Homeless** Yes/No

US Citizen Yes/No **Date of Entry to U.S.** _____ **Date of Re-entry to U.S.** _____

Child Resides With both parents mother only father only guardian

foster parent custodial agreement on record

PARENTS: **Status** Married Divorced Separated Never Married

Mother's Name _____ **Date of Birth** _____

Address _____ **Email** _____

Home Phone _____ **Cell Phone** _____ **Social Security #** _____

Employer's Name _____ **Business Phone** _____

To the Parent/Guardian:

The Valley Stream School District 24 is required to collect and record the ethnic identity of the students in the District in accordance with 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.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. The 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, a student records officer from the school or district will be required to identify the group to which the student appears to be, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

VALLEY STREAM SCHOOL DISTRICT TWENTY-FOUR

Student's name: Last _____ First _____ Middle Initial _____
Date of Birth _____ / _____ / _____ Grade _____

DIRECTIONS TO PARENTS/GUARDIAN

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

For question one (1) place One check [V] mark in the box that best describes your child.

1. **Is the student Hispanic, Latino, or 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 five racial groups and check All groups that apply to your child; checking 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 origins of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

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

BLACK OR AFRICAN AMERICAN: 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 Mother Father Guardian Other (Specify) _____

**RENTER'S/NON-OWNER'S AFFIDAVIT
FORM C**

STUDENT'S NAME (PRINT LAST NAME FIRST)

_____, Social Security # _____, being duly sworn, deposes and says:
Owner's Name

- 1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (Name of Child/Ward) may be admitted to the schools of the Valley Stream Union Free School District 24 as a District resident. I further understand that if my child/ward is found not to be a legitimate resident of Valley Stream Union Free School District 24, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE. SUCH TUITION CHARGES MAY EXCEED \$12,000 PER YEAR, PER CHILD, RETROACTIVE TO 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 the purposes of residency verification.
- 2) I _____, AM THE (PARENT/GUARDIAN/CUSTODIAL PARENT/STEP-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 (LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS)

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

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 (LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS):

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

4) I commenced residency at _____ (CURRENT ADDRESS) on _____ (DATE). My living arrangement is governed by:

- a formal lease (**attach copy of lease and Owner's Affidavit – Form B**)
- other (**attach rental agreement and Owner's Affidavit – Form B**)

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

SIGNATURE OF RENTER/NON-OWNER

STATE OF NEW YORK
SS

COUNTY OF _____
Sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC _____

**CUSTODIAL AFFIDAVIT
FORM D**

STUDENT'S NAME (PRINT LAST NAME FIRST)

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE, WILL BE-SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. SUCH TUITION CHARGES MAY EXCEED \$12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

1. _____ (NAME OF CUSTODIAN), _____ (SS#)

Being duly sworn deposes and says:

2. I live at _____
_____ (FULL NAME OF CHILD) is my _____ CHILD'S
RELATIONSHIP TO CUSTODIAN) and he/she has been living with me since _____
(DATE).

3. _____ NAME OF CHILD) intends to reside with me for _____
_____ (LENGTH OF TIME).

4. This living arrangement is _____ Permanent _____ Temporary. If temporary, the
arrangement will be terminated on _____ Please explain: _____

5. Describe the reason(s) and purpose for surrendering the care, custody and control of the child to
you. _____

6. Former address(es) where child has lived:

Street	City	State	Dates	With Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. _____(NAME OF CHILD) does not live at any other address.

8. Food, clothing, and all other necessities are provided to _____(NAME OF CHILD) by _____.

9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, please explain: _____

10. Does each parent intend to remain at his/her present address? Please explain: _____

11. Where is each parent registered to vote? Mother _____ Father _____

12. What court orders have been made with respect to the child's guardianship or custody? (ATTACH A COPY OF ALL SUCH ORDERS)

13. If the guardian has any other children, supply the following information:

Name	Age	Address	Relationship to Guardian	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. I _____(NAME OF CUSTODIAN) assume full responsibility for all matters relating to _____(NAME OF CHILD) education and medical care.

15. Statement of other relevant facts _____

The questions "A" through "E" must be answered when application for admission is filed by persons other than a natural parent (GUARDIAN).

A) Why is the child not living with his/her natural or adoptive parents? _____

B) Does the student live in your home exclusively? _____

C) How often will the parents see the child? _____

D) What percentage of financial support will be made by the natural parents? _____

E) What percentage of financial support will be made by you? _____

THE DISTRICT RETAINS THE RIGHT TO TEMPORARILY DELAY COMPLETION OF THIS REGISTRATION; PENDING EVALUATION OF THE FACTS PRESENTED IN THIS OR ANY PORTION OF THIS APPLICATION.

I /WE SWEAR THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I /WE UNDERSTAND THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION BY THE SCHOOL DISTRICT AND THAT FALSE STATEMENTS WILL BE SUBJECT TO TUITION PAYMENT. I/WE ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES, AND/OR CIRCUMSTANCES AFFECTING THIS APPLICATION.

I/WE ALSO UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

I/WE ALSO UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF OF THE STATE OF NEW YORK.

PARENTS SIGNATURE

CUSTODIAN'S SIGNATURE

DATE

DATE

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20__

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20__

NOTARY PUBLIC

NOTARY PUBLIC