

## Onteora Central School District

PO Box 300  
4166 Route 28  
Boiceville, NY 12412  
(845) 657-6383  
(845) 657-8742 FAX

### Private School Transportation

NY State Education law requires districts to provide transportation for students who live within 15 miles of the nonpublic school they attend. For students where the nonpublic school is more than 15 miles from where they live, the District may provide for a "centralized pickup point" from which students can be transported to the nonpublic school. Parents would be responsible for transporting their child(ren) to the pickup point. Onteora Central School District currently provides transportation to the following private schools:

High Meadow School, Hudson Valley Sudbury School, Good Shepherd Christian School, Kingston Catholic School, and Woodstock Day School.

The student must be enrolled with the district. Please complete the attached forms and return to the District Registrar in Central Administration along with the following:

#### **PROOF OF RESIDENCY:**

Homeowner - Please provide the following documentation:

- A copy of the deed or the most recent school tax bill, or
- A copy of a recent mortgage statement

**and a copy of any two (2) required documents listed below.**

#### Renter

If you rent a house/apartment you must provide an "*Affidavit of Property Owner in Support of Admission to Onteora Central School District Form*" completed and signed by the owner and notarized. **Plus, you must also provide a copy of any two (2) required documents listed below.**

**NOTE:** The name and address on these documents must match the name and address of the parent or legal guardian of the student being registered and the District will not accept a P.O. Box as a physical address. The physical address must appear on all documents.

#### Required Documents

Utility bills

Current N.Y.S. Driver's License Income Tax Return

Auto Insurance Card or Policy

Documents issued by federal, state or local agencies

Homeowners/Renters Ins. Policy

Bank Statement

Moving Company Receipt

#### **PROOF OF AGE:**

A certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) or, if neither is available, a passport (including foreign passport), will suffice to determine a child's age.

Any questions, please contact the District Registrar at (845)657-6383 x 1023

TRANSPORTATION DEPARTMENT  
ONTEORA CENTRAL SCHOOL DISTRICT  
PO BOX 300  
4166 ROUTE 28  
BOICEVILLE, NY 12412  
(845) 657-2537  
FAX (845) 657-7079

PRIVATE & PAROCHIAL SCHOOL TRANSPORTATION APPLICATION

In accordance with the Laws of the State of New York, I hereby formally request transportation for my child who will attend the \_\_\_\_\_ school in the \_\_\_\_\_ school year.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade: \_\_\_\_  
(Last) (First)

Student Home Address: \_\_\_\_\_  
(House #) (Street) (Town) (Zip)

Home Phone: \_\_\_\_\_ Other Emergency Phone: \_\_\_\_\_

School attended by your child in the previous school year \_\_\_\_\_

**Please remember that the Onteora Central School District does not transport to Private & Parochial Schools on days when our District is closed for students.**

A request must be completed for each student and submitted on or before April 1 as determined by Education Law Section 3635. To be eligible for service, all students must be registered with the Onteora Central School District and must meet the same requirements as students attending the Onteora Central School District.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

----- Below for District use only -----

Date form received in Transportation: \_\_\_\_\_ Received by: \_\_\_\_\_

Is the student registered in the District? Yes \_\_\_\_\_ No \_\_\_\_\_

Transportation approved? Yes \_\_\_\_\_ No \_\_\_\_\_

# Onteora Central School District – Registration Form

Confidential

Student #: \_\_\_\_\_

## Student Information

Legal Name: <small>(as it appears on Birth Certificate)</small>		Nickname:
Student _____ Both Parents at same address _____ Both Parents at separate addresses		
Resides with: _____ Parent A Only _____ Parent B Only _____ Legal Guardian _____ Foster Parent(s)		
Custody of Student: <small>(if not residing with both parents)</small>		
<input type="checkbox"/> Court appointed Sole Custody is with Parent/Guardian A listed below <input type="checkbox"/> Joint Legal Custody/Primary Physical Custody is with Parent/Guardian A listed below <input type="checkbox"/> Joint Legal Custody/Joint Physical Custody (Please note Primary Residence will be used for Transportation) <input type="checkbox"/> Informal, no court orders in effect		
Custody Papers (if applicable): Yes / No		<i>Is the student Hispanic/Latino or of Spanish origin? YES / NO</i> Race (check <b>at least one</b> , you may check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White (Caucasian)
Date of Birth: _____		
Gender: Male / Female		
If student was born in the US or its territories:		
Birth City: _____		
Birth State/Territory: _____		
<small>US Territories include: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, US Minor Outlying Islands, US Virgin Islands</small>		

## Parent/Guardian A (Student's Primary Residence)

Full Name		Parent/Guardian A's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Court Appointed Legal Guardian <input type="checkbox"/> Other _____	
Physical Address			
City/State/Zip			
Mailing Address (if different)		Student resides with this parent?      Full time / Part time	
City/State/Zip			
Home Phone	Work Phone	Cell Phone	Email

### Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

## Parent/Guardian B

Full Name		Parent/Guardian B's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Court Appointed Legal Guardian <input type="checkbox"/> Other _____	
Physical Address (if different)			
City/State/Zip	<input type="radio"/> Location Unknown		
Mailing Address (if different)		Same residence as Parent/Guardian A?      Yes / No  If No, Student resides with this parent?      Part time / No	
City/State/Zip			
Home Phone	Work Phone	Cell Phone	Email

### Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

**Student's Educational Background**  
(Please list ALL previous schools, use separate sheet if necessary)

Previous School	Previous School's Address	Grades Attended	Dates of Attendance

Has your child been retained (repeated a grade)? Yes / No      If yes, what grade(s)? \_\_\_\_\_  
 Is your child currently receiving English as a New Language (ENL) services? Yes / No  
 Has your child previously received ENL services? Yes / No      If yes, when did services end? \_\_\_\_\_  
 Has your child ever attended a school in the Onteora District? Yes / No      If yes, when? \_\_\_\_\_  
 If applicable, when did your child enter 9<sup>th</sup> grade? \_\_\_\_\_

**Special Education Services Information**

Does your child currently have an IEP? Yes / No	Is your child currently receiving:
Does your child currently have a 504 Plan? Yes / No	Counseling Yes / No
District with current approved plan	Remedial Math Yes / No
Name of contact person	Remedial Reading Yes / No
Comments:	Speech Yes / No
	Other

**Siblings / Other Children Living at Primary Address**

Name (Include last name if different)	Gender	Birth Date	Grade	Present School	Relationship to Student

**Other Adults Living at Primary Address**

Name (Include last name if different)	Gender	Relationship to Student

**Student's Previous Address if New to the Onteora Central School District**

Street	City/ State/ Zip
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It is the policy of the District that the student will be initially enrolled and begin attending school the next school day, or as soon as practicable, pending a final determination by the District that the student is a resident of the District and is entitled to attend the schools of the District on a tuition free basis. Please be advised that, in the event that a family violates the residency requirement, the Onteora Central School District has the right to bill for back tuition for the period of time that the student(s) attended District schools as non-residents.

***I certify that I am a resident of the Onteora Central School District and all information provided above is accurate to the best of my knowledge.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

# AFFIDAVIT OF PROPERTY OWNER

## IN SUPPORT OF RESIDENCY IN THE ONTEORA CENTRAL SCHOOL DISTRICT

STATE OF NEW YORK )

) SS:

COUNTY OF ULSTER )

I, \_\_\_\_\_, property owner of the dwelling located at  
(Name of Property Owner)

\_\_\_\_\_  
(Street Address/Apt. #)

\_\_\_\_\_  
(City, State, Zip)

hereby certify that I am renting space in this dwelling on a \_\_\_\_\_ basis beginning on \_\_\_\_\_  
(Weekly/Monthly/Yearly) (Date)

The following person(s) are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: \_\_\_\_\_
- Parent/Guardian: \_\_\_\_\_

**Name(s) of Child(ren):**

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

**List all persons residing in this dwelling:**

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

The payment of Electric Utility Bill is included in rent: Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Onteora Central School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
(Print Name)

Making a false statement regarding living arrangements is a violation of the law, to wit: a violation of section 210.35 and 210.45 of the NY Penal Law, which are Class A misdemeanors and may be punishable by a fine of up to \$1,000 and/or up to one year of imprisonment.

Sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

NOTARY STAMP