



CHANGE OF ADDRESS APPLICATION (1 of 2)

It is the policy of the District that **TWO** ACCEPTABLE PROOFS OF RESIDENCY (see below) must be provided in order for a student to attend the Saugerties Central Schools.

Please be advised that in the event a family violates the residency requirement, the Saugerties 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.

PLEASE PRINT LEGIBLY

Student Name:	Last	First	MI	Grade
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Household Phone Number:

Physical Address:	House Number	Street	Apt	City/Town	Zip
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Mailing Address: <i>if different</i>	House Number	Street	Apt	City/Town	Zip
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Current School: _____

Elementary Only: Transfer: Yes / No

Transfer to: _____

Inactivation Date: _____

Please list ALL siblings Pre-School Age and School Age who are impacted by this change:

Name:	School:
_____	_____
_____	_____
_____	_____
_____	_____

I certify that I am a resident of the Saugerties Central School District.

Print Parent/ Guardian Name:	Parent/ Guardian Signature:	Date:
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Office Use Only

Residency Proof Submitted (copies in file): Must provide two (2) original proofs of residence, must be current (within last 30 days) and contain name of parent/guardian and physical address of the residence.

- _____ Residential lease, deed, mortgage or other proof of home ownership
- _____ Notarized/signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property
- _____ Notarized/signed statement from a third party establishing your physical presence in the District
- _____ Utility and/or home service bill (water, electric, gas, propane, oil, refuse/garbage, cable, phone)
- _____ Insurance Policy (home owners, rental) - identifying your name and address
- _____ Property or School tax bill

Employee Certification Signature	Date
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This sheet, along with a *Print Screen* of the Person Summary Report must be sent to Transportation, the Special Ed Office, and to the school the sibling(s) attend.



Student Residency Questionnaire (2 of 2)		
THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435. THE ANSWERS TO THIS RESIDENCY INFORMATION HELP DETERMINE THE SERVICES THE STUDENT MAY BE ELIGIBLE TO RECEIVE.		
Student Name: _____ Date of Birth: _____ Grade: _____ Student Number: _____ School: _____ Residential Address: _____ Address Line 2: _____ _____ Is your living situation temporary? Yes / No If yes, whose address is it? _____ <div style="text-align: center; font-size: small;">First and Last Name</div> What is their relationship to the student? _____	Where is the student living? (Please check <u>one</u>.) <input type="checkbox"/> In permanent housing (check here if you own, lease, or share housing formally) <input type="checkbox"/> In a shelter <input type="checkbox"/> With another family or person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up") <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a car, park, bus, or campsite <input type="checkbox"/> Other temporary situation (describe): _____	
Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.2002(3)(d).		
Print Name of Parent/ Guardian or Unaccompanied Youth: _____		
Signature of Parent/ Guardian or Unaccompanied Youth: _____	Date: _____	
Office Use Only		
STAC 202 Complete		
Transportation/Central Kitchen Notified		
Contact made with family		
		Alexis Bulich, McKinney Vento Liaison Signature Date