



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:

<u>Name:</u>	<u>School:</u>
_____	_____
_____	_____
_____	_____
_____	_____

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 (below this line)

Residency Proof Submitted (copies in file):

<input type="checkbox"/> Residential lease, deed, mortgage or other proof of home ownership	<input type="checkbox"/> Membership documents based upon residency
<input type="checkbox"/> Notarized or signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property	<input type="checkbox"/> Driver's license, learner's permit or non-driver identification
<input type="checkbox"/> Notarized or signed statement from a third party establishing your physical presence in the District	<input type="checkbox"/> State or other government issued identification
<input type="checkbox"/> Utility and/or home service bill (water, electric, gas, propane, oil, refuse/garbage, cable, phone)	<input type="checkbox"/> Documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)
<input type="checkbox"/> Insurance Policy (home owners, rental) - identifying your name and address	<input type="checkbox"/> Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers that demonstrate residency
<input type="checkbox"/> Property or School tax bill	<input type="checkbox"/> Income Tax Form
<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Voter registration documents

Employee Certification Signature

Date

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:	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): _____	
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? _____ First and Last Name		
What is their relationship to the student? _____		
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