

Marcellus Central Schools

Office of the Registrar

2 Reed Parkway Marcellus, NY 13108

coleary@marcellusschools.org

315-673-6009

To: New Private School Registrant
From: Colleen O'Leary, Registrar
Subject: Private/Charter School Registration

I have recently been informed that your child(ren) attends or will be attending a private/charter school and that you are residents of the Marcellus Central School District.

As you are residents of this district, we require you to complete a private/charter school registration form for your child. This information is necessary, as the district pays for his/her textbooks, health services and your child may also be transported by our district.

I am enclosing a registration form. Please complete the form and return it to me at your earliest convenience. You can scan it back to me at the email address listed above.

Please also provide:

- Two proofs of residency, see the attached list and select a primary and secondary proof.
- Proof of age (such as a birth certificate or health document)
- Court Papers - if parents are separated/divorced or foster care/legal guardianship

If you have any questions, please don't hesitate to call or email me.

Thank you.

Marcellus Central School District

2 Reed Parkway, Marcellus, NY 13108

Private School Student Registration

Student #:	Residency Form: <input type="checkbox"/>	Proof of Age <input type="checkbox"/>	Grade Entering:
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Date Registered:	Starting Date:	Proof of Residency Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	Entered in ST
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Do not write above this line – office use only

School:	Grade:
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Student's Name	Last	First	Middle	Sex M <input type="checkbox"/> F <input type="checkbox"/>
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Date of Birth	Place of Birth
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Address – House Number & Street:	Parent Email:
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City:	Zip:
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Special Education	Is this child currently identified as a special education student, receiving special education service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this child receiving AIS/RtI Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Father's Name	DOB	Employer
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Education – Last Grade/Degree:	Primary phone:
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Address (if different):	Secondary phone:
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Mother's Name	DOB	Employer:
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Education – Last Grade/Degree:	Primary phone:
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Address (if different):	Secondary phone:
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Legal Guardian Name(if applicable):	DOB	Employer:
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Education/Last Grade/Degree:	Primary phone:
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Address:	Secondary phone:
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Child's Parents are:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Never Married <input type="checkbox"/>
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Child is currently living with: <input checked="" type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>
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Step-Father <input type="checkbox"/>	Step-Mother <input type="checkbox"/>	Grandfather <input type="checkbox"/>
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Grandmother <input type="checkbox"/>	Foster <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
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Other, Explain:

Note: Under Marcellus Central School District Policy: Unless court papers are on file with the district, both parents have equal access to their child(ren) and school records.

If parent is not available, in case of illness or emergency, call

Name:	Primary contact phone:
Address:	Secondary contact phone:
Relationship to child:	

Physician	Phone Number:
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Please list brothers and sisters

Name	Education	Birth Date	Sex: M/F

Is the student a U.S. Citizen? Yes No If no, please give date of immigration to U.S.

I certify that the above information is accurate to the best of my knowledge and that I have legal custody of the above-named child.

Signature of parent/guardian:

Date:

By completing this part of the form, you will help us to receive any additional state aid that will be made available to our district based on these factors.

Please answer both questions 1 and 2. Please read them before you respond.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Please check the box that best describes your child.

Yes, Hispanic

No, not Hispanic

2. Select one or more races from the following five racial groups. For question (2) check all groups that apply to your child. You must check at least one box.

American Indian or Alaska 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.*

Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

Native Hawaiian or Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.*

Black: *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*

Marcellus Central School District Transportation Department

Susan Stearns, Transportation Director
Phone: 315-673-0211 Fax: 315-673-3600

Request for Non-Public School Transportation Services

Please note: The deadline for this request is April 1

It is requested that the following student(s) be transported to a non-public school:

Student's Name	Sex	Date of Birth	Grade	School

Parent Name:

Home Address:

Home Phone:

Work Phone:

I hereby request transportation for my child(ren) residing with me at the above legal address, to and from the above-named non-public school for the current school year.

Daycare Provider Address – pick-up and drop-off, if different from home address:

Name of Provider:

Address of Provider:

Telephone # of Provider:

AM pick-up:

PM drop-off:

I hereby certify that I am a resident of the Marcellus Central School District and that it is my intention that all students listed above will be enrolled at the school indicated above.

I also certify that my child(ren) listed above are registered with the Marcellus Central Schools Registrar.

Signature of Parent:

Date:

Student Residency

Please answer the following questions. This will help determine whether you are residents of the Marcellus Central School District.

Name of Student:

Is the current address and living arrangement in Marcellus the student's actual and only address/residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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As the parent or legal guardian, is the place you claim as your residence, the place where you and your child sleep, reside, and use as a base of operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the student intend to remain permanently in the district?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the student live with the adult having physical custody (custodian parent or guardian) of the student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I certify that the information above is correct. I realize that any misrepresentation may lead to the student(s) being denied enrollment in the Marcellus Central School District.

Signature of parent or guardian:

These questions are asked in accordance with the McKinney-Vento Act 42 U.S.C. 1134a [2] and Education Law 3209 (1)(a). The answers to the following residency questions will provide information to help the Marcellus Central School District determine the services a student may be eligible to receive.

Is the student in temporary living arrangements due to the loss of housing or economic hardship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the answer to the above question is yes, please complete the following:

The student is currently living ...	Please check <input checked="" type="checkbox"/>
In a household with the custodial parent and/or legal guardian	<input type="checkbox"/>
In a shelter	<input type="checkbox"/>
With more than one family or relatives in a house or apartment	<input type="checkbox"/>
In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus, etc)	<input type="checkbox"/>
In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing	<input type="checkbox"/>
In an abandoned apartment/building	<input type="checkbox"/>
In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement	<input type="checkbox"/>
As a migratory child by moving from place to place	<input type="checkbox"/>
As an unaccompanied youth for whom no parent or person in parental relation is available	<input type="checkbox"/>

Proof of Residency

List of Acceptable Forms

It will be necessary for you to provide one form of Primary Proof (1) and at least one form of Secondary Proof (1). **All forms of proof must be dated within three (3) months of presentation.**

Acceptable Primary Forms of Proof

(Proof you actually own or rent property in the district)

OWN your home:

- ▶ Residential tax bill for improved residential real property within the district, in the name of parent or legal guardian
- ▶ Copy of signed purchase agreement for improved residential real property within the district
- ▶ Residential mortgage instrument, or deed, duly recorded in the Onondaga County Clerk's Office in the name of parent or legal guardian, which describes real property with a residential address within the district.

RENT your home:

- ▶ Lease agreement and Rental Receipt in the name of parent or legal guardian, for improved residential real property within the district, with name, address, and telephone number of Landlord for verification purposes.
- ▶ Notarized letter from owner of the house stating the parent or legal guardian and student(s) are residing with them. Include the address of the property and utility bill of the owner.

Acceptable Secondary Forms of Proof

(Proof you actually reside in the district)

- ▶ Utility bill (electricity, telephone, or natural gas or propane) for service at a residential address within the district being billed in the name of Parent or Legal Guardian
- ▶ Utility company (electricity, telephone, or natural gas or propane) letter, indicating service to begin within thirty (30) days at a residential address within the district, being billed in the name of Parent or Legal Guardian.
- ▶ Bank statement in the name of Parent or Legal Guardian, addressed to a residential address within the district.
- ▶ Social Services correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
- ▶ Social Security correspondence or statement addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district.
- ▶ U.S. Postal Service verification of change of address to a residential address within the district, in the name of Parent or Legal Guardian
- ▶ Federal or NYS income tax documentation with preprinted name and address addressed in the name of Parent or Legal Guardian, addressed to a residential address within the district, such as a W2 form, preprinted label from government, or income tax return check with preprinted address.
- ▶ A policy or binder of homeowner's or residential renter's insurance for residential real property within the district addressed and/or issued in the name of Parent or Legal Guardian.
- ▶ Other proof acceptable to a district administrator that would demonstrate that the child actually resides (defined as the primary place where the child predominately sleeps, has a physical presence as an inhabitant, changes clothes, and has a base of operations for their care, custody, and living arrangements in the school district).