

Student(s) Name(s): _____

Date: _____

MOUNT VERNON CITY SCHOOL DISTRICT

ADDRESS UPDATE REQUEST



❖ HOMEOWNER

Please submit ONE of the following documents:

- ☐ Current mortgage statement
- ☐ Current property tax bill/school tax bill
- ☐ Co-Op Certificate of Stock

❖ RENTERS

Please submit ONE of the following documents:

- ☐ Current lease agreement (dated with tenant and property owner's signature)
- ☐ Affidavit of Property Owner (Signed AND Notarized) – Attached

❖ ALL FAMILIES

Please submit ONE of the following documents (must be within 2 months):

- ☐ Current pay stubs
- ☐ Income tax forms
- ☐ Current utility bill (power company, ie. Con Edison, cable, water bill)
- ☐ MVPL Membership document/library card (MVPL user information sheet with color library logo)
- ☐ Voter registration document(s) with current year
- ☐ State or other government issued identification (i.e., non-expired driver's license)
- ☐ Current City, State or Federal Government issued documents (ie., Social Services, Social Security, Federal Office of Refugee Resettlement and/or Homeland Security)

Please complete the following documents:

- ☐ Housing Questionnaire - Attached
- ☐ Guardian & Emergency Contact Update Form – Attached

Please include the following for each Guardian:

- ☐ Unexpired Photo ID

PLEASE NOTE

↓ We are unable to process address changes if you do not present the above required documents.

↓ All documents MUST have parent/guardian name and current address on them

↓ No typed or handwritten letters accepted.

I, _____, am the parent/guardian of _____. I
(Guardian Name) (Student(s) Name(s))

acknowledge that I have read the forgoing application and know the contents thereof; that the same are true to my own knowledge and that I have given the answers set forth knowing that the Mount Vernon City School District will rely upon them in determining whether the student is to remain admitted to his/her current school and/or the Mount Vernon City School District school system.

Signature: _____

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
☐ Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

MOUNT VERNON CITY SCHOOL DISTRICT

ADDRESS UPDATE REQUEST



Form must accompany proof of residency. See requirements on cover Page 1 to determine documents accepted as proof of residency.

<i>List Names of Children</i>	<i>Date of Birth</i>	<i>Current School</i>	<i>Grade</i>	<i>ID #</i>

✦ Does your child receive transportation services? **Yes** ☐ **No** ☐

✦ Is this Special Education Transportation? **Yes** ☐ **No** ☐

<i>New Address</i>	<i>E-Mail</i>
<i>Street:</i>	<i>Primary E-Mail:</i>
<i>Apt:</i>	
<i>City & State:</i>	<i>Secondary E-Mail:</i>
<i>Zip:</i>	

<i>New Phone Number</i>	<i>Old Phone Number</i>
<i>Home:</i>	<i>Home:</i>
<i>Cell:</i>	<i>Cell:</i>
<i>Work:</i>	<i>Work:</i>

Parent/Guardian Signature

Parent/Guardian Print Name

Date

MOUNT VERNON CITY SCHOOL DISTRICT

Guardian & Emergency Contact Update Form

Form must accompany unexpired photo id for each Guardian.

Student(s): _____

Contact Type: ☐ Parent/Guardian 1 ☐ O – Other Contact (please specify) _____

First Name: _____ Middle Name: _____ Last Name: _____

• Relationship to Student: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____

Living with Contact: ☐ Yes ☐ No

Home Language: _____ Language of Correspondence: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Does your child receive special education transportation services? ☐ Yes ☐ No

Contact Type: ☐ Parent/Guardian 2 ☐ C – Emergency Contact ☐ O – Other Contact (please specify) _____

First Name: _____ Middle Name: _____ Last Name: _____

• Relationship to Student: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Contact Type: ☐ C – Emergency Contact ☐ O – Other Contact (please specify) _____

First Name: _____ Middle Name: _____ Last Name: _____

• Relationship to Student: ☐ Other _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian Signature

Parent/Guardian Print Name

Date



Mount Vernon City School District Office of Pupil Personnel Services

165 North Columbus Avenue • Mount Vernon, NY • 10553 t 914-358-2380 f 914-665-5170

Affidavit of Property Owner/Landlord

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

_____, being duly sworn deposes and says I am the
(Name of Property Owner/Landlord)

owner and landlord of the premises known and designated as _____
(Address)

New York. These premises constitute a (multiple dwelling, single dwelling) residence.

_____, is a tenant occupying these premises; occupying
(Name of Parent/Guardian)

same under (oral) (written) rental agreement commencing on the _____ Day of _____ 20____.

_____ occupies said residence with _____
(Name of Parent/Guardian) (Name of Student)

who is a minor and plans to attend School in Mount Vernon. Utilities Included in Lease? ____ (y/n)

This affidavit is made in order to induce the Mount Vernon City School District to accept

_____ in the District based upon the residency as stated
(Name of Student)

herein.

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 Mount Vernon City School District will rely upon them in determining whether the above-named child (ren) will be admitted to its school system. I understand that statements made in this affidavit will be in relied upon by the Mount Vernon City District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument with a government agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

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

Signature of Property Owner/Landlord

Telephone Number

Notary Public

NOTE: THE DISTRICT RESERVES THE RIGHT TO CONTACT THE APPROPRIATE MUNICIPALITY TO VERIFY THAT THE USE OF THE PREMISES IS IN COMPLIANCE WITH LOCAL LAWS AND CODES. *Penal Law §175.05 (Falsifying Business Records in the Second Degree) - Class A Misdemeanor. Penal Law §175.20 (Tampering with Public Records in the Second Degree) - Class A Misdemeanor. Penal Law §175.25 (Tampering with Public Records in the First Degree) - Class D Felony. Penal Law §175.30 (Offering a False Instrument for Filing in the Second Degree) - Class A Misdemeanor. Penal Law §175.35 (Offering a False Instrument for Filing in the First Degree) - Class E Felony.