



Welcome

Welcome to the Putnam Valley Central School District. All students in **grades K–12** must enroll with the **District Registrar**, located in the District Office.

Registration Appointments

Please schedule an appointment by using the following link, you will see a Google calendar link to set up your appointment: <https://pvcsd.org/index.php/district/parent-resources/register/>

- **Preschool Special Education (ages 3–5):** Please contact the **Special Education Office** at **(845) 528-8130 ext. 1317**.

Parent Notice: Parents/guardians have the right to refer their child for a **special education evaluation** if they believe their child may have an educational disability. For additional information, please contact the **CSE Chairperson** at **(845) 528-8130 ext. 1307**.

Required Documents to Begin Registration

A registration packet is provided for you to complete. In addition, you **must bring the documents listed below** to begin the registration process.
All residency documents are subject to verification.

Bring ALL That Apply

- ☐ **ONE Proof of Age** (original documentation required):
 - ☐ Birth Certificate (original)
 - ☐ Baptismal Certificate (original)
 - ☐ Passport (original)
- ☐ **Completed Immunization Record and Physical** (signed and stamped by a physician)
 - Physical must be dated **within 12 months** of the student's school entry
- ☐ **Educational Records**, if applicable:
Report card, IEP, Section 504 Plan, ELL services documentation, High School transcript

- ☐ **Divorce / Separation / Custody Papers**, if applicable
 - ☐ **Guardianship Papers**, if applicable
 - ☐ **Care / Control Papers**, if applicable
 - ☐ **Foster Child Data Sheet**, if applicable
 - ☐ **Order of Emancipation or Affidavit of Emancipation**, if applicable
-

Proof of Residency Checklist

Please use this checklist to ensure you bring the correct documents.

Required for ALL Families

- ☐ **Statement of Legal Residency Affidavit** (must be notarized) in the registration packet

All documents must show your **current physical address**.
P.O. Box addresses are not accepted.

Homeowners Checklist

Step 1: Provide ONE (1) of the following (check only one):

- ☐ Deed
- ☐ Most recent **School or Property Tax Bill**
- ☐ Most recent **Mortgage Statement**

Important: You do **NOT** need all three — **only ONE** is required.

Step 2: Provide TWO (2) current documents (dated within the last 30 days) in the homeowner's name:

- ☐ Utility Bill (gas, electric, oil, telephone, or cable/satellite)
- ☐ Utility Bill (second bill, if applicable)
- ☐ Property Insurance Certificate

(Select any two from the options above.)

Renters Checklist

Step 1: Provide ALL of the following:

☐ Valid, fully executed lease including:

- Rental property address
- Landlord's name, address, and phone number
- ☐ Completed, signed, and notarized **Affidavit of Property Owner/Landlord if you do not have a copy of your lease. This form is provided within the registration packet.**

Step 2: Provide TWO (2) current documents (dated within the last 30 days) in the renter's name:

- ☐ Utility Bill (gas, electric, oil, telephone, or cable/satellite)
- ☐ Utility Bill (second bill, if applicable)
- ☐ Section 8 or Municipal Housing Statement

If utilities are included in your rent, please contact the registration office to discuss other acceptable proof of residency.

Important Reminders

- ☐ All documents must reflect the **current physical address**
- ☐ Documents with **P.O. Box only** addresses will **not** be accepted
- ☐ Original documents are required

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road
Putnam Valley, NY 10579

Request for Release of Records

Student's Last Name, First Name

DOB

Name of Last School Attended

Address of School

School's Phone

School's Fax

In accordance with the provisions of the Family Educational and Privacy Act of 1974, I hereby request that the Board of Education transfer copies of all school records and reports including:

- ☐ Student's complete file including Kindergarten through date of transfer.
- ☐ Grades to date of withdrawal from your school and date of withdrawal.
- ☐ Current report card
- ☐ Standardized test scores
- ☐ Psychological test results of special placement
- ☐ Any attendance and discipline records
- ☐ Please indicate if this student is in need of: _____ special education services
_____ 504 plan services
_____ ELL services
_____ psychological services

High School Students Only:

- ☐ High School transcript, including any high school courses taken in the 8th grade
- ☐ Copies of all science labs IF student is taking a lab science course

Parent/Guardian Signature

Parent/Guardian Print

PLEASE FORWARD ALL RECORDS TO:

Elementary School (K-4)

Main Office
Putnam Valley Elementary School
171 Oscawana Road
Putnam Valley, NY 10579
Tel: 845-528-8092
Fax: 845-528-8171

Middle School (5-8)

Guidance Department
Putnam Valley Middle School
142 Peekskill Hollow Road
Putnam Valley, NY 105789
Tel: 845-528-8101
Fax: 845-528-8145

High School (9-12)

Lynn Keller - Guidance Department
Putnam Valley High School
146 Peekskill Hollow Road
Putnam Valley, NY 10579
Tel: 845-526-7810 Fax: 845-526-7814
Email: lkeller@pvcasd.org

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

Registration Form

I. STUDENT INFORMATION

Please complete this entire section about the student. Be prepared to provide birth verification and proof of residency at the time of enrollment.

*Property owners must provide an original Property/School tax bill, mortgage statement, or homeowners insurance policy PLUS any two of the following recent original bills: Gas/Electric bill, Oil bill, Telephone bill, Cable/Satellite bill.

*Renters must provide an original Lease or Notarized Landlord Affidavit (from school) PLUS any two of the following recent original bills: Gas/Electric bill, Oil bill, Telephone bill, Cable/Satellite bill.

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

Home Address: _____

Home Phone: _____ Date of Birth: _____ Birth Place: _____

Previous School: _____ Grade: _____ School Address: _____

*****For certain Federal and State programs, the district must report student ethnicity and race. Please check the appropriate designation for your child.

1. What is the student's ethnicity? _____ Hispanic or Latino _____ Not Hispanic or Latino

2. What is the student's race? (check all that apply)

_____ African American or Black _____ Asian _____ Native Hawaiian or Pacific Islander _____ American Indian or Alaska Native _____ White

II. CONTACT INFORMATION

Please complete this entire section. You must provide information for three contacts. For additional contacts use a blank page.

| | PARENT/GUARDIAN | OTHER PARENT/GUARDIAN | EMERGENCY CONTACT (OTHER THAN PARENT) |
|--|--|--|---|
| Contact full name | | | |
| Relationship to student | | | |
| Lives with student? (Circle one) | Yes / No If no, provide address here. _____ _____ | Yes / No If no, provide address here. _____ _____ | Please provide address here. _____ _____ _____ |
| Home phone | () | () | () |
| Work phone | () | () | () |
| Cell phone | () | () | () |
| Email address | | | This information not needed |
| Employer | | | This information not needed |
| Primary language if other than English | | | |

In the case of divorce, separation or guardianship please provide paperwork concerning custody of child(ren).

Custody concerns (circle one): yes or no

III. SIBLING INFORMATION

Complete this section only if applicable.

| SIBLING FULL NAME | DATE OF BIRTH | PRESENT SCHOOL | GRADE |
|-------------------|---------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

The information provided above is true to the best of my knowledge.

Parent/Guardian Signature _____

Date _____

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road
Putnam Valley, NY 10579

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

In compliance with the McKinney-Vento Homeless Education Assistance Act and New York Education Law, every school district is required by the State Education Department's Title I Office to have all new registrants, and all students who change addresses complete a residency questionnaire.

Name of LEA: Putnam Valley CSD

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

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



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name

First Name

Relation to
Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

| | | | |
|--|---|---|---|
| 1. What language(s) is(are) spoken in the student's home or residence? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Mother _____ specify | <input type="checkbox"/> Father _____ specify | <input type="checkbox"/> Guardian(s) _____ specify |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> Does not read |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other | _____ specify <input type="checkbox"/> Does not write |

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

**STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:**

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* ☐ No ☐ Not sure ☐

*If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ NO ☐ YES

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____
School: _____ Gender: ☐ M ☐ F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:
Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

Significant Medical/Surgical History: ☐ See attached _____

Allergies: ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

| | | Referral | | |
|---|--|----------|---|--|
| Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher | Vision - without glasses/contact lenses | R | L | |
| | Vision - with glasses/contact lenses | R | L | |
| | Vision - Near Point | R | L | |
| | Hearing <input type="checkbox"/> Pass 20 db sc both ears or: | R | L | |

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No
Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

- ☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
____ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
____ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.
- ☐ Specify medical accommodations needed for school: _____ ☐ None
- ☐ Known or suspected disability: _____ ☐ Please monitor
- ☐ Restrictions: _____ ☐ Please monitor
- ☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: ☐ Asthma ☐ Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension
☐ Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Health History Update

STUDENT NAME _____ **GRADE** _____ **DATE OF BIRTH** _____

*TO BE COMPLETED BY PARENT OR GUARDIAN: PLEASE PROVIDE THE FOLLOWING INFORMATION AND APPROXIMATE DATES. USE ADDITIONAL SHEETS IF NECESSARY.

| | NO | YES | DATES | DESCRIPTION |
|---|----|-----|-------|-------------|
| ALLERGIES | | | | |
| ALLERGIES: FOOD | | | | |
| ALLERGIES: MEDICATION | | | | |
| ALLERGIES: INSECT STINGS | | | | |
| ALLERGIES: ENVIRONMENT (HAY FEVER) | | | | |
| ALLERGIES: OTHER | | | | |
| ASTHMA | | | | |
| EPI-PEN OR INHALER PRESCRIBED? | | | | |
| INTERNAL | | | | |
| BLADDER/KIDNEY INJURY OR PROBLEM | | | | |
| SPLEEN INJURY | | | | |
| STOMACH ULCER | | | | |
| TESTICULAR PROBLEMS | | | | |
| FAINTING | | | | |
| FAINTING SPELLS | | | | |
| FAINTING DURING EXERCISE | | | | |
| LOSS OF CONSCIOUSNESS FROM BLOW TO HEAD | | | | |
| LOSS OF MEMORY FROM BLOW TO HEAD | | | | |
| CONVULSIONS/SEIZURES | | | | |
| CARDIO | | | | |
| HEART MURMUR | | | | |
| CHEST PAIN | | | | |
| ELEVATED BLOOD PRESSURE | | | | |
| OTHER HEART PROBLEM | | | | |
| MUSCULOSKELETAL | | | | |
| BACK/NECK/SPINE PAIN OR INJURY | | | | |
| FRACTURES/DISLOCATIONS | | | | |
| JOINT SPRAIN/LIGAMENT TEAR | | | | |
| KNEE INJURY/PAIN | | | | |
| WEAR BRACE/SPLINT FOR GYM OR SPORTS | | | | |
| MUSCLE PULLS | | | | |
| VISION | | | | |
| EYE PROBLEMS/VISION LOSS | | | | |
| UNCORRECTABLE LOSS OF VISION IN ONE | | | | |
| WEAR CORRECTIVE GLASSES/CONTACT LE | | | | |
| OTHER EYE/VISION PROBLEMS | | | | |
| HEARING | | | | |
| EAR PROBLEMS/HEARING LOSS | | | | |
| HEARING LOSS IN ONE OR BOTH EARS | | | | |
| USE HEARING ASSISTANCE DEVICE | | | | |
| ORAL | | | | |
| HAVE ORTHODONTIC APPLIANCES | | | | |
| HAVE CAPPED TEETH | | | | |

Health History Update

| | NO | YES | DATES | DESCRIPTION |
|--------------------------------------|----|-----|-------|-------------|
| DISEASES | | | | |
| MONONUCLEOSIS | | | | |
| DIABETES | | | | |
| VARICELLA (CHICKEN POX) | | | | |
| RHEUMATIC FEVER | | | | |
| OTHER DISEASES | | | | |
| OTHER | | | | |
| HEADACHES/MIGRAINES | | | | |
| NOSE BLEEDS (FREQUENT OR SEVERE) | | | | |
| HAD A SURGICAL PROCEDURE SINCE LAST | | | | |
| BEEN ILL FOR 5 OR MORE CONSECUTIVE D | | | | |
| SUDDEN DEATH OF FAMILY MEMBER UNDI | | | | |
| ONGOING | | | | |
| TAKING MEDICATION (PLEASE SPECIFY) | | | | |
| ANY SIGNIFICANT INJURY SINCE LAST YE | | | | |
| UNDER MEDICAL CARE NOW | | | | |

| | | | |
|---|-----|----|-----------------------|
| DOES YOUR CHILD HAVE A REGULAR PHYSICIAN? PHYSICIAN PHONE: | | | PHYSICIAN ADDRESS: |
| | | | |
| COVERED UNDER HEALTH INSURANCE | | | CARRIER: |
| | | | |
| I AGREE TO EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY BY THE PHYSICIAN/NURSE DESIGNATED BY SCHOOL AUTHORITIES. | YES | NO | LIMITATIONS (IF ANY): |
| | | | |
| I GIVE PERMISSION FOR MY CHILD'S CONDITION TO BE SHARED WITH STAFF WHEN NECESSARY IN CASE OF A MEDICAL EMERGENCY. | YES | NO | LIMITATIONS (IF ANY): |
| | | | |

| | |
|---|----------------|
| EMERGENCY CONTACT: PLEASE CONTACT IN EMERGENCY IF PARENT OR GUARDIAN IS UNAVAILABLE. | |
| CONTACT #1: | PHONE #: _____ |
| CONTACT #2: | PHONE #: _____ |

____ PARENT/GUARDIAN SIGNATURE

____ PHONE #

____ PRINT NAME

____ ALTERNATE PHONE NUMBER

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
171 Oscawana Lake Road
Putnam Valley, NY 10579

School Admittance/Statement of Legal Residence

Affidavit of Parent/Guardian:

(NOTE: Affidavit must be renewed each time there is a change of address.)

1. I (**circle one**) temporarily/permanently reside at _____, which is my legal residence and which is located in the Putnam Valley Central School District.
2. I am the (**circle one**) parent/guardian of (child's full name-**Please Print**) _____ who (**circle one**) temporarily/permanently resides at the address mentioned in paragraph one above.
3. I will immediately notify the Putnam Valley Central School District if I should change residence.
4. I understand that a student admitted under falsified information is illegally enrolled and will be dismissed from the Putnam Valley Central School District. Moreover, the District reserves the right to seek reimbursement for the costs of educating students accepted into the District's schools based upon falsified information.
5. I understand that Putnam Valley Central School District Policy defines a resident student only as a student who resides with his/her parent or guardian within the Putnam Valley Central School District.

Certification of Residence Owner/Lessor:

I certify that I am the (**circle one**) Owner/Lessor of the premises identified in paragraph one above of the Affidavit of Parent/Guardian and that the above-named parent/guardian and child (**circle one**) temporarily/permanently reside at that address. I understand that I am under obligation to inform the Putnam Valley Central School District of any change of residence of the child or parent. (If a lease is available, attach copy)

Date: _____ Address: _____

Apartment Number: _____ City: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Name (Please Print): _____ Signature: _____

UNDER PENALTY OF LAW I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

PLEASE NOTARIZE

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____

Parent/Guardian Name
(Please Print): _____

Parent/Guardian Signature: _____

Principal/Designee Signature: _____

Note: The above information is subject to verification through investigation.

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road

Putnam Valley, NY 10579

Affidavit of Property Owner/Landlord

STATE OF NEW YORK)

COUNTY OF PUTNAM)

_____, being duly sworn deposes and says I am the owner and

(Name of Property Owner/Landlord)

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 same

(Name of parent/guardian)

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

_____ occupies said residence with _____ who is a

(Name of Student)

minor and plans to attend School in Putnam Valley. Utilities Included in Lease? ____ (y/n)

This affidavit is made in order to induce the Putnam Valley Central School District to accept

_____ in the District based upon the residency as stated herein.

(Name of Student)

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 Putnam Valley Central School District will rely upon them in determining whether the above-named child(ren) will be admitted to its school system. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me personally to collect the costs of educating such child(ren) and/or seek criminal action against me for falsifying business records and/or filing a false instrument.¹

Signature of Property Owner/Landlord

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

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. ¹ 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.