

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road
Putnam Valley, NY 10579

Student Registration Procedure For Transportation to Non-Public School

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. Please make an appointment by calling (845) 528-8130 Ext. 1317.**

A packet of information is attached for you to complete, but you will need to provide the information listed below to begin the registration process. All residency documents are subject to verification.

You MUST bring the following documents with you:

- Original documentation for proof of age
(i.e. Birth certificate, baptismal certificate, passport)

- Divorce/Separation and/or 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)

(continued on next page)

You MUST demonstrate proof of residency by providing the following documents:

- Statement of Legal Residency affidavit (notarized)
- AND**
- Residency Questionnaire

As well as the following original documents reflecting the address:

For Homeowners: You must present three (3) documents, as follows:

Original deed, Property or School tax bill, mortgage statement

AND

Two (2) of the following current documents (dated within the last month) in the Homeowner's name:

Property Insurance Certificate

Utility bill (These include gas, electric, oil, telephone, and cable/satellite. You may choose two)

Note: Documents with only a P.O. Box address will not be accepted.

For Renters: You must present three (3) documents, as follows:

A valid and fully executed lease for the rental unit, which includes the landlord's address and telephone number and the rental property address.

OR

A Completed, Signed and Notarized Affidavit of Property Owner/Landlord

AND

Two (2) of the following current documents (dated within the last month) in the Renter's name:

Utility bill (These include gas, electric, oil, telephone, and cable/satellite, you may choose two)

Property Insurance Certificate

Section 8 or Municipal Housing Statement

If utilities are included, ask about other acceptable proofs of residency.

Note: Documents with only a P.O. Box address will not be accepted.

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

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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.

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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
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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. ¹Penal 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.

**Putnam Valley Central School District
Transportation Office**

**Transportation Department
Michael Koenig**

**845-528-8900
845-526-7855-Fax**

Request for Transportation for Non - Public Schools

All requests for transportation shall be submitted to the School District no later than April 1st preceding the School year. Provided, however, that the parent or guardian of the child are not residing in the District on such date shall submit a written request within 30 days after establishing residence in the District, but in no event later than the first day of August. (Education Law Sec. 365.2)

With this Application it is necessary to submit proof of residence in the Putnam Valley School District (i.e.; lease, deed + utility bill, etc.) if we have not transported your child before. If this application is for a Kindergarten student, a birth certificate is also required.

I hereby request transportation for my child(ren) for the 20____ /20____ school year as follows:

	Student 1	Student 2	Student 3
Student's Name			
Student's Grade (going in to)			
School Name			
School Attended Last Year			

Home Address: _____

Mailing Address: (if different) _____

Name of Parent/Guardians: _____

Home Phone # _____ Day Phone # _____ Cell Phone # _____

Parent Email: _____

Emergency contact – Name _____ Phone # _____

Any Information you feel we may need to know about your child:

Signature of Parent/Guardian: _____

Date: _____

If you don't hear from this office you may assume that your transportation request has been granted. You will receive transportation information prior to the start of school. However should a problem exist, we will be in contact with you.

Return this form with proof of residency and/or birth certificate to the Transportation office no later than April 1st.

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