



Ichabod Crane Central School District - 2910 Route 9 - Valatie, NY 12184
CENTRAL REGISTRATION

Please Note: The full-time physical residence of a child's custodial parent(s) is the determining factor for residency.

To establish residency, the following documents must be presented (**one** document from **Group A** or **two** documents from **Group B**): Each document must be **current – dated within 60 days of date submitted** – and **issued** in the name of the student's custodial parent(s) or legal guardian(s). **NOTE: A P.O. Box will NOT be accepted as proof of residency.**

Group A (one document needed)

- New Resident – Home purchase agreement or contract to build (subject to tuition per Board of Education policy)
- Lease/Rental Agreement
- Paid Tax Bill
- Home Mortgage Contract/Deed
- Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there

Group B (two documents needed – must be dated within 60 days of registration)

- Homeowner's Insurance Policy
- Utility bill (electric, gas, or water)
- Cable/Satellite bill
- Telephone bill
- Pay stub showing your address
- Income tax form that shows your address
- Voter registration card
- Driver's license, or permit, or non-driver ID
- State or other government issued ID
- Documents from government agencies
- Custody or guardianship papers

If you are unable to provide the documents above due to residing with another family within the district, an Affidavit of Residency may be completed. The head of household must then submit the above documents as Proof of Residency. To obtain an Affidavit of Residency contact the Registrar.

Please submit the attached CO-40 form- "Location of Home for Transportation," or Affidavit of Residency with your Proof of Residency to the Central Registrar. The Registrar's Office is located in the Central Office of the High School at 2910 State Route 9, Valatie, NY 12184. Phone: 518-758-7575 ext. 3009.

The District reserves the right to maintain a copy of all documents used to prove residency and to reconfirm residency at any time.

**ICHABOD CRANE CENTRAL SCHOOL DISTRICT
2910 ROUTE 9 VALATIE, NY 12184**

STUDENT RESIDENCY QUESTIONNAIRE

Note to office staff: Please assist students and families filling out this form as needed

Name of Student: _____

Last

First

Middle

Residence Address: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

Age: _____ Grade: _____ Student ID Number: _____

ATTENTION: The answer you provide 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 transportation and other services.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered NO, you may stop here.

If you answered YES, please complete the remainder of this form.

Where is the student presently living (check one box)?

- ☐ In 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(s)/legal guardian(s) or student (if unaccompanied youth)

Name: _____ Phone: _____

Current Address: _____

Signature of parent/Guardian/or student: _____

Date: _____

If "yes" was answered above, please send a copy of this form to Peg Warner, McKinney-Vento Liaison, at the Primary School CSE Office.

LOCATION OF HOME FOR TRANSPORTATION

Note: If completing for change of address please indicate the following information:

Effective date: _____

In cases of joint Legal custody please indicate: Primary residence: _____ Secondary residence: _____

(Please print all fields)

STUDENT NAME: _____ DOB: _____

Grade: _____ Male/Female: _____ Home Phone #: _____

Parent/Guardian Name: _____

Place of employment: _____ Wk. #: _____ Cell #: _____

Spouse/Other Adult Name: _____

Place of employment: _____ Wk. #: _____ Cell #: _____

☐

HIGH SCHOOL

☐

MIDDLE SCHOOL

☐

ELEMENTARY SCHOOL

☐

PRIMARY SCHOOL

RESIDENCE ADDRESS: (Road, Street, Development, etc.)

MAILING ADDRESS:

LOCATION DESCRIPTION: (Next to firehouse, church, etc.)

FOR OFFICE USE ONLY: This form must be copied and forwarded to the Transportation Dept.