

HYDE PARK CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

Email: hpcsdregistrar@hpcsd.org
Telephone: 845-229-4000, extension 1606

CHANGE OF ADDRESS PACKET

Student Name: _____ Registration Date: ____/____/____
 Current School: _____
 Name of Person Submitting Packet: _____ Phone # _____
 Relationship to Student: _____

DOCUMENTS to be PROVIDED by PARENT/GUARDIAN TO COMPLETE CHANGE OF ADDRESS PACKET:	STAFF INITIALS ↓
<p>PROOF OF RESIDENCY REQUIREMENTS: 2 items are required</p> <p>Homeowners:</p> <ul style="list-style-type: none"> • The most recent copy of your school or property tax bill OR current mortgage statement OR closing statement, AND • One current recurring bill with your name and address such as an electric, cable or telephone bill <p>Renters – if you are renting in an apartment complex:</p> <ul style="list-style-type: none"> • Your signed, current lease, AND • One current recurring bill with your name and address such as an electric, cable or telephone bill <p>Renters – if you are renting from a private owner:</p> <ul style="list-style-type: none"> • Your current lease AND the owners school or property tax bill (if you do not have a formal lease the Landlord can complete the attached Residency Affidavit (must be notarized) in lieu of the lease), AND • One current recurring bill with your name and address such as an electric, cable or telephone bill 	
<p>Photo ID for <u>parent/guardian</u> completing packet, which may include:</p> <ul style="list-style-type: none"> • Driver's license • Passport (must be current) • NYS Identification Card 	
<p>Court Documents such as Custody Papers, Order of Protection, etc., if there has been a change</p>	
<p>ATTACHED FORMS TO BE COMPLETED:</p>	
<p>Demographic Update Form – Complete one form for the family</p>	
<p>Enrollment Form/Residency Questionnaire – Complete one form for each child</p>	
<p>Residency Affidavit – <i>only to be completed if you are a renter and do not have a formal lease</i></p>	
<p>STAC 202, if applicable</p>	

Office Use Only:			
Change in home school: _____	Home School: _____	Attending School: _____	
CSE _____	Entered in eSchool: _____	Scanned: _____	Sent to school: _____

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EMERGENCY CONTACT INFORMATION:

#1. Last Name: _____	First Name: _____
Relationship to student(s): _____	Is this Emergency Contact permitted to pick child up from school? ___YES ___ NO
Cell Phone #: _____	Home Phone: _____

#2. Last Name: _____	First Name: _____
Relationship to student(s): _____	Is this Emergency Contact permitted to pick child up from school? ___YES ___ NO
Cell Phone #: _____	Home Phone: _____

I attest that this is my actual and only permanent address, that I am the legal guardian of the above listed child(ren), and that they reside with me.

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park CSD will rely upon them to determine that my children and I are residents of the district.

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 to collect the annual tuition rate, determined by the New York State Education Department, retroactive to the first date of admission for each child, and may seek criminal action against me for filing a false document which is punishable as a Class A misdemeanor pursuant to Section 210.45 of the penal law of the State of New York, and may be referred to the office of the district attorney.

I understand that the district reserves the right to investigate any student's residency by any legal means available, including but not limited to public records, site visits and any other lawful methods of investigation.

Parent/Guardian Signature

Date

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HYDE PARK CENTRAL SCHOOL DISTRICT

Administration Offices: P.O. Box 2033, Hyde Park, New York 12538-8033
Telephone: (845) 229-4000
www.hpcsd.org

Aviva Kafka
Superintendent of Schools

Gregory S. Brown, Ed.D.
Deputy Superintendent
Phone: 845-229-4008

Linda Steinberg
Assistant Superintendent for
Finance & Operations
Phone: 845-229-4009

RESIDENCY AFFIDAVIT

Note: This affidavit is to be completed by the home owner or leaseholder when a person is renting an apartment or room(s) within a privately owned home or apartment, including their own home, or is sharing a house or apartment with another family where there is no formal lease.

Please **PRINT** all information:

My name is _____, and I am the legal owner or leaseholder of this address: _____.

Please attach a copy of your school or property tax bill, deed, mortgage statement or lease.

What part of your home do these tenants occupy? (Example: basement apt., 1st floor, apartment #, number of rooms in the home, etc.): _____

The terms and conditions of tenancy are as follows:

Lease start date: ____/____/____ Lease End date: ____/____/____ **OR**,
Month to month start date: ____/____/____ **OR**,
Temporarily residing in my home/apartment due to loss of housing as of ____/____/____.

I understand the requirements for enrollment and request that the following child/children be admitted to the schools of the Hyde Park Central School District as a district resident:

To the best of my knowledge, the above mentioned property is the current and only legal residence of _____ (Name of Parent/Guardian) and the child(ren)/ward(s) named above.

The following is a list of the names of **ALL** persons residing at this address:

I certify that the information provided on this form is true and correct and that the statements made herein are being made under penalty of perjury, knowing that the Hyde Park Central School District will rely upon them in determining whether the above named child/children will be admitted to its schools. 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 to collect the annual tuition rate retroactive to the first day of admission for such child/children and/or seek criminal action against me for filing a false document.

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of this form, and must be met for application to be accepted.

As the property owner/landlord/leaseholder, I certify that I will notify the Hyde Park Central School District Central Registration Office, PO Box 2033, Hyde Park, NY 12538, within 30 days of termination of this living arrangement.

I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the state of New York and may be referred to the office of the district attorney.

Signature of Property Owner/Landlord/Leaseholder

____/____/____
Date

Print Owner/Landlord/Leaseholder Name

Owner/Landlord/Leaseholder Phone

Owner/Landlord/Leaseholder Address: _____

E-Mail: _____

Sworn to before me this

____ Day of _____, 20____

Notary Public