

DISTRICT SCHOOLS

STUDENT REGISTRATION

Please take this packet of forms. If you are registering more than one student, please take additional packets for each student.

REGISTRATION IS BY APPOINTMENT ONLY

Please call the Central Registrar at (516) 992-1003 to make an appointment once all of the forms have been completed. Appointments are given Monday through Friday, between the hours of 8:00 a.m. and 3:00 p.m.

A checklist is provided for your convenience.

PARENTS/GUARDIAN REGISTRATION REQUIREMENTS

Central Registrar Requirements:

- Housing Questionnaire
- Parent/Guardian Photo Identification
- Registration Application
- Student's Identification please bring one of the following:
 - Original/Certified Birth Certificate
 - Passport
 - Original/Certified Record of Baptism

If no birth certificate, passport or baptismal certificate is available, please bring:

- Official federal/state/local government/agency/court/school documents or ID
 - Official hospital/health records
 - Military/consulate/Native American tribunal documents or ID
 - Non-profit International aid/voluntary agencies documents or ID
- Proof of Residential Custody (If applicable):
 - Divorce, separation or custody documents
 - Guardian/Foster
 - Parent Affidavit – **Form E1** (Subject to attorney review)
 - Guardian Affidavit – **Form E2** (Subject to attorney review)
 - DSS-2999
 - BSW-241
- Affidavit of Residency – **Form A** plus the following documentation:

If you own the home, please supply:

- Deed, mortgage statement or tax bill
- 2 bills with name and address (You have 30 days to return with bills if needed)

If you are renting, please supply:

- Lease/rental agreement
- 2 bills with name and address (You have 30 days to return with bills if needed)
- Affidavit of Landlord – **Form B** with deed, mortgage statement or tax bill from the landlord
- Renter's/Non Owner Affidavit - **Form C**
- Non-rental Affidavit – **Form D** (Only if you do not pay rent or do not have a formal lease)
- Third Party Residency Statement

If you are in the process of purchasing your home, please supply:

- Intent to Purchase Home – **Form F**
- Copy of Purchase Contract _____ (*date must be within 30 days*)
(Closing date)

School Requirements:

- Student Immunization Record
- Health Appraisal Form (NYS requires a physical within one school year for 7th & 10th grade students)
- Last report card and/or class schedule
- Withdrawal from previous school
- Academic Records/transcripts from previous school
- Individualized IEP/504 Plan/Special Accommodations

Bellmore-Merrick Central High School District
Administrative Offices
1260 Meadowbrook Road
Merrick, NY 11566

HOUSING QUESTIONNAIRE

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.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.



Registration Application

School: _____ Grade: _____ Today's Date: _____

PLEASE BRING ONE OF THE FOLLOWING WITH YOU TO SHOW PROOF OF CHILD'S AGE:

Birth Certificate (with Raised Seal): _____ Passport _____ Record of Baptism _____

(The District may consider other forms of documentary evidence, in existence for two or more years, to determine a student's actual age.)

Student Information

Student's: Last Name _____ First Name _____ Middle Name _____
Home Phone _____ Date of Birth _____ Sex: _____ Male _____ Female
Home Address _____
Town _____ Zip _____

Race and Ethnic Identification. PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Please check (✓) the box that best describes your child. Check (✓) only ONE box.

☐ YES, Hispanic ☐ NO, not Hispanic

2. **Select one or more races from the following five racial groups** [Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

- ☐ American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (a person having origins in any of the Black racial groups of Africa.)
- ☐ Native Hawaiian / Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Primary Language Spoken at Home: _____

If the student's 1st language is NOT English, has he/she ever been in an ESL or LEP Program _____ No _____ Yes

If YES, how many years have they been in the program: _____

Dates in Program: from _____/_____/_____ to _____/_____/_____
MM YYYY MM YYYY

Student's Educational Background

Has the student ever attended a school in the Bellmore-Merrick CHSD before? _____ Yes _____ No

If Yes, School Attended: _____ Year: _____ Grade: _____

Guidance Counselor: _____

Last School Attended by Student:

District Name

School Name

School Address

Prior School Phone Number

Counselor's Name

Prior School Fax Number

For High School Students Only:Date student first entered the 9th grade: _____
MM/DD/YYYY**Parent / Guardian Information**Student lives with: ____ Both Parents ____ Father ____ Mother ____ Guardian ____ Foster Care ____ Group Home ____ Other
(If Foster Care, Group Home or Other, please make sure to submit Forms E1 and E2 – Parent Affidavit and Guardian Affidavits)If Student is in Foster Care: _____
Name and Address of Agency

Social Worker Name and Phone Number

Proof of Residency

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 record, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Please indicate your primary nighttime residence:

- ☐ Permanent Housing
☐ Shelter
☐ Transitional Housing
☐ Doubled-up (with another family)
☐ Unsheltered (car, parks, campgrounds, temporary trailer, or abandoned buildings)
☐ Hotel/motel

Do You: ____ Own ____ Rent ____ Lease ____ Other Move in date: ____

If Permanent Housing was selected above, you MUST show official photo ID such as a Driver's License or Passport of Parent or Guardian and have three (3) proofs of residency (see below).**One of the following:**

- ☐ Deed
☐ Mortgage
☐ Paid tax bill
☐ Lease/Rental agreement
☐ Affidavit of Owner

IMPORTANT: All renters and lessees must attach a copy of the deed or mortgage statement or paid tax bill.

Any two of the following utility bills:

- ☐ Electricity
☐ Gas
☐ Water
☐ Cable

Parent / Guardian's Marital Status: ____ Married ____ Divorced ____ Separated ____ Single ____ Widow

If Divorced or Separated, documentation is required: ____ Joint Custody ____ Sole Custody ____ Residential Custody

Contact Information

<hr/> Parent/Guardian	<hr/> Parent/Guardian
<hr/> Home Address (if different from student)	<hr/> Home Address (if different from student)
<hr/> Home Phone (if different from student)	<hr/> Home Phone (if different from student)
<hr/> e-mail address	<hr/> e-mail address
<hr/> Place of Business	<hr/> Place of Business
<hr/> Work Address	<hr/> Work Address
<hr/> Cell Phone	<hr/> Work Phone

Emergency Information (If Parents/Guardians cannot be reached)

<hr/> Name	<hr/> Name
<hr/> Relationship to Student	<hr/> Relationship to Student
<hr/> Home Phone	<hr/> Home Phone
<hr/> Cell Phone	<hr/> Work Phone

Siblings / Other Children Living at Same Address

Name	Sex	Birth Date	Grade	Present School

Health Issues

Please list any health issues this student has: _____

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the schools of the Bellmore-Merrick Central High School District as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Bellmore-Merrick Central High School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Parent / Guardian Signature

Date

Note: All data submitted via the registration process is subject to verification by the district.

Bellmore-Merrick Central High School District

Health Appraisal Form

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM					
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR					
Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).					
STUDENT INFORMATION					
Name:				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:				Grade:	Exam Date:
HEALTH HISTORY					
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental		<input type="checkbox"/> Anaphylaxis Care Plan Attached	
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____		<input type="checkbox"/> Asthma Care Plan Attached	
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____		<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____	
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____		<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached	
Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.</i>					
BMI _____ kg/m2 Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >					
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes			
PHYSICAL EXAMINATION/ASSESSMENT					
Height:		Weight:		BP:	Pulse:
Respirations:					
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns	
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle	
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____	
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____	
<input type="checkbox"/> System Review and Exam Entirely Normal					
Check Any Assessment Boxes <u>Outside</u> Normal Limits And Note Below Under Abnormalities					
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech	
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional	
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list)	ICD-10 Code
				_____	_____
				_____	_____
				_____	_____
<input type="checkbox"/> Additional Information Attached					

Bellmore-Merrick Central High School District Health Appraisal Form

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<input type="checkbox"/> Brace*/Orthotic				
<input type="checkbox"/> Colostomy Appliance*				
<input type="checkbox"/> Hearing Aids				
<input type="checkbox"/> Insulin Pump/Insulin Sensor*				
<input type="checkbox"/> Medical/Prosthetic Device*				
<input type="checkbox"/> Pacemaker/Defibrillator*				
<input type="checkbox"/> Protective Equipment				
<input type="checkbox"/> Sport Safety Goggles				
<input type="checkbox"/> Other:				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				

IMMUNIZATIONS				
<input type="checkbox"/> Record Attached				
<input type="checkbox"/> Reported in NYSIIS				
Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No				
HEALTH CARE PROVIDER				
Medical Provider Signature:				Date:
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

1260 Meadowbrook Road, North Merrick, NY 11566

AFFIDAVIT OF RESIDENCY

FORM A
(Page 1 of 2)

Homeowners: Must submit proof of ownership - original deed, mortgage statement or recent paid tax bill plus 2 recent utility bills (electricity, gas, water, oil or cable).

Renters: Must submit your original lease or rental agreement, an Affidavit of Landlord – Form B (which must have a copy of your Landlord's deed, mortgage statement or recent tax bill attached), 2 recent utility bills (electricity, gas, water, oil or cable) in your name and a Renter's/Non-Owner Affidavit – Form C.

Other: If you are residing with either the homeowner or a renter, but do not pay rent, you must submit a signed written statement to that effect. The owner or renter that you are residing with must complete an Affidavit of Owner/Resident for the Non-Rental Resident - Form D and submit with proof of ownership(s) or lease agreement. You must also submit two (2) recent Utility Bills (electricity, gas, water, oil or cable).

If you are in the process of closing on a home within the Bellmore-Merrick District, you must submit Form F – Intent to Purchase Home along with a copy of your purchase contract. We will give you 30 days from your closing date to submit the proper Homeowner paperwork and will allow your children to attend school in the interim.

STATE OF NEW YORK)
COUNTY OF NASSAU)

_____, being duly sworn, deposes and says:
(Parent or Guardian's Full Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that

_____ may be admitted to the schools of the Bellmore-Merrick Central
First and Last Name of Student

High School District as a district resident. My relationship to the child is: _____.

Parent or Guardian or Custodian

(If legal guardian or custodian, attach a copy of custody papers or court order).

2. I reside at: _____
Address

The following names include ALL children under the age of 21 living at this address that I am registering:

First and Last Name of Child	Date of Birth

This is my actual and only permanent residence. My child lives with me and this address is his/her actual and only permanent residence.

FORM A (Page 2 of 2)

My current living arrangement is governed by: (Check appropriate box)

- ☐ Homeowner
- ☐ Lease or rental agreement. Date of expiration _____
- ☐ Other _____
Please specify

IMPORTANT: If you have a different parental relationship for one or more children on page 1 that you are registering, copy this page and complete separately for each child for whom you check on box below.

For _____
List all children's names in this parental relationship that you are registering

I am the (check one):

- ____ Natural parent(s) (If there has been a divorce, you must submit Court Custody Order)
- ____ Legal guardian (Court Appointed must submit Court Order)
- ____ Person in non-parental relationship (Must submit Form E1 and E2 – Parent Affidavit and Guardian Affidavits)
- ____ Foster parent(s) (Must submit documentation of Foster care placement)

If the student is living with someone other than parent or legally appointed guardian, give address and telephone number of any living natural parents/guardians in spaces below. NOT APPLICABLE _____ (Check)

Name _____ Relationship _____

Address _____ Zip _____ Phone # () _____

Name _____ Relationship _____

Address _____ Zip _____ Phone # () _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN THIS AFFIDAVIT IS FILED BY PERSONS OTHER THAN THE STUDENT'S NATURAL PARENTS:

a) Why is the child not living with his/her natural or adoptive parent?

b) Does the student live in your home exclusively? ☐ Yes ☐ No

c) Is this a temporary relationship? ☐ Yes ☐ No

d) Is this a permanent relationship? ☐ Yes ☐ No

e) How often will the natural parents see the child _____

f) What percentage of financial support will be made by the natural parents? _____

g) What percentage of financial support will be made by you? _____

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the schools of the Bellmore-Merrick Central High School District as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Bellmore-Merrick Central High School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Signature of Parent or Legal Guardian

Sworn to before me

_____ day of _____ 200_____

NOTARY PUBLIC



1260 Meadowbrook Road, North Merrick, NY 11566

AFFIDAVIT OF LANDLORD – Form B

Attach a copy of Deed OR a recent Mortgage Statement OR a recent Tax Bill for proof of ownership

STATE OF NEW YORK)

) ss:

COUNTY OF _____

I, _____ being duly sworn, depose and say:
PRINT NAME OF LEGAL OWNER/LANDLORD

I am the legal owner/landlord of _____
STREET ADDRESS

TOWN

STATE

ZIP

The terms and conditions of said tenancy are as follows:

(Specify lease, rental agreement or other agreement, and the date of expiration, if any):

My tenants _____ are domiciled at the above address.
Name(s) of Parent/Guardian/Custodian

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the schools of the Bellmore-Merrick Central High School District as a legal district resident.

**ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

PRINT NAME OF LEGAL OWNER/LANDLORD

SIGNATURE OF LEGAL OWNER/LANDLORD

Sworn to before me this

_____ day of _____ 200_____

NOTARY PUBLIC



1260 Meadowbrook Road, North Merrick, NY 11566

RENTER'S / NON-OWNER AFFIDAVIT – Form C

If your living arrangement is governed by a formal lease or rental agreement, attach a copy of it to this. You must also submit an Affidavit of Landlord – Form B.

If you do not have a lease or rental agreement, you must submit both an Affidavit of Landlord – Form B and an Affidavit of Owner/Resident for the Non-Rental Resident - Form D.

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

Student's Name (Print Last Name, First Name)

I, _____ being duly sworn, depose and say:
Name of Parent / Guardian / Custodian

I am the _____ of the above named Child. I reside at:
Parent/Guardian/Custodian

Address in:

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child	Date of Birth

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent domicile. I commenced residency at said address on _____.

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the schools of the Bellmore-Merrick Central High School District as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Bellmore-Merrick Central High School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Sworn to before me this

_____ day of _____, 200_____
Signature of Renter / Non-Owner

NOTARY PUBLIC



1260 Meadowbrook Road, North Merrick, NY 11566

AFFIDAVIT OF OWNER FOR A RESIDENT WITHOUT A LEASE/RENTAL AGREEMENT – Form D

This form is to be submitted if you do not have a formal lease or rental agreement and is to be completed by the legal owner of the property. Forms A, B, C and D must also be submitted, along with associated documents.

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

Student's Name (Print Last Name, First Name)

I, _____ being duly sworn, depose and say:
Owner of property in the BMCHSD

I currently own the property located at:

_____, New York _____
Town Zip Code

The following persons reside at the above address. (Please print their first and last names below.)

First and Last Name	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the schools of the Bellmore-Merrick Central High School District as a legal district resident.

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Signature of Legal Owner

Print Name(s) of Legal Owner

Sworn to before me this _____ day of _____, 201__

NOTARY PUBLIC



THIRD PARTY RESIDENCY STATEMENT

I, _____ (Name), residing at _____

_____ (Address) am submitting this residency statement to the
Bellmore-Merrick Central High School District to personally verify the residency of

_____ (Name) and their child _____ (Child's Name)
who currently reside at _____ (Address).

They have resided at this address since _____. I have first-hand knowledge
of their current residence because _____

_____.

I understand that this document will be submitted to and filed with the Bellmore-Merrick Central High School District and that they will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

Signature

Date



1260 Meadowbrook Road, North Merrick, NY 11566

**PARENT AFFIDAVIT
FORM E1
(Page 1 of 2)**

This form shall be completed for students living in the Bellmore-Merrick Central High School District who do not live in the home of their parent(s). THIS FORM SHALL BE COMPLETED BY THE PARENT WITH WHOM THE STUDENT DOES NOT LIVE.

1. *I am the Parent of* _____
Name of child

2. *I reside at* _____
Address of parent

3. *Please state why your child(ren) is not living with you:*

4. *Explain the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event)*

5. *Reasons the child lives with the custodian (please provide full and detailed information):*

**PARENT AFFIDAVIT
FORM E1
(Page 2 of 2)**

6. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

7. Establish who provides the child with food, clothing, and all other necessities (if more than one individual, please indicate):

8. Describe who will assume full responsibility for all matters relating to the child's education and medical care (if more than one individual, please indicate):

9. In the event it is discovered that the applicant is not a resident of the Bellmore-Merrick Central High School District, I agree to be responsible for the tuition costs for the child to attend the Bellmore-Merrick Central High School District.

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of Parent: _____

Sworn to before me

_____ day of _____ 200_____

NOTARY PUBLIC



1260 Meadowbrook Road, North Merrick, NY 11566

**GUARDIAN AFFIDAVIT
FORM E 2
(Page 1 of 2)**

This form shall be completed for students living in the Bellmore-Merrick Central High School District who do not live in the home of their parent(s). THIS FORM SHALL BE COMPLETED BY THE GUARDIAN/PARENT WITH WHOM THE STUDENT LIVES.

1. I am the _____ of _____
Relationship to child Name of child

2. I reside at _____
Address of guardian/parent

3. Please state why the child(ren) is living with you:

4. Explain the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event)

5. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

6. Establish who provides the child with food, clothing, and all other necessities (if more than one individual, please indicate):

**GUARDIAN AFFIDAVIT
FORM E 2
(Page 2 of 2)**

7. Please indicate who is to be notified for any issues pertaining to the child's health, welfare, and education (provide relationship, name, address and phone number)

8. Describe who will assume full responsibility for all matters relating to the child's education and medical care (if more than one individual, please indicate:

9. In the event it is discovered that the applicant is not a resident of the Bellmore-Merrick Central High School District, I agree to be responsible for the tuition costs for the child to attend the Bellmore-Merrick Central High School District.

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of GUARDIAN/PARENT: _____

Sworn to before me

_____ day of _____ 200_____

NOTARY PUBLIC



1260 Meadowbrook Road, North Merrick, NY 11566

INTENT TO PURCHASE HOME – Form F

Attach a copy of your purchase contract to this form.

Student's Name (Print Last Name, First Name)

Today's Date

I, _____
Print Name(s) of Parent/Guardian

am in the process of purchasing a home at:

Street Address Town Zip Code

My contract closing date is: _____, a copy of which is attached. I recognize that if I do not close on this property within 30 days of the above stated closing date, I will be required to withdraw my child from school and that I might be responsible for tuition for the 30 day period between the anticipated closing date and the date on which I withdrew my child.

Print Name(s) of Parent/Guardian

Signature(s) of Parent/Guardian

For Office Use Only:

Deadline for property closing: _____