

**CITY SCHOOL DISTRICT OF NEW ROCHELLE
515 NORTH AVENUE
NEW ROCHELLE, NEW YORK, 10801**

APPLICATION TO ESTABLISH RESIDENCY

(All sections must be completed in full)

IMPORTANT INFORMATION FOR APPLICANTS

1. ***Enrollment in the New Rochelle public schools is limited to students who are bona fide residents of the City of New Rochelle.***
2. Where a student lives with his/her parent(s) or legal guardian in the City of New Rochelle *in owned or rented premises*, this is ordinarily the only form which needs to be completed. *Proof of Residency (See List of Approved Document)* will be required. In addition, legal guardians should provide documentary proof of guardianship.
3. Where a student lives with a non-parent who has physical and legal custody of the student, this application should be accompanied by a copy of the custody order from the court which granted custody.
4. Where a student is living in a "host family" arrangement (in other words, where the student and his/her family are living with another family in New Rochelle), this application should be accompanied by the School District's Statement of Host to Establish Residence of Students and Statement of Visiting Family to Establish Residence of Students.

STUDENT INFORMATION *(to be continued next page)*

Student's full name: _____

Other name(s) by which the student has been known: _____

Student's date of birth: _____

Last grade completed by the student: _____

Grade in which the student is to be enrolled: _____

First language spoken by the student (e.g. English, Spanish, Russian, etc.): _____

**PLEASE DO NOT SIGN THIS FORM WITHOUT READING THE PROVISIONS OF THE NEW YORK
STATE PENAL LAW WHICH APPEAR ON PAGE 4.
FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY LAW.**

Students Name: _____

STUDENT INFORMATION (continued from the previous page)

Has the student previously received special education services? Yes No
(If yes, provide special education records from previous school.)

OTHERS SCHOOLS WHICH THE STUDENT HAS ATTENDED:

<u>Name of School</u>	<u>Location (City and State or Foreign Country)</u>	<u>Last grade Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT'S CURRENT ADDRESS IN NEW ROCHELLE:

Street address, city, state, zip code: _____

Apartment or unit number, if applicable: _____ Cell phone number: _____

Home phone number _____ Email: _____

Date moved to New Rochelle: _____ Does the door-bell work? Yes No

Is this change of address within New Rochelle? Yes No (If yes, write in previous address and date moved).

Previous address: _____

Names of other immediate family members who live at the student's current address:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact information:

<u>Name</u>	<u>Relationship</u>	<u>Work Phone</u>	<u>Home phone</u>	<u>Cellphone</u>
_____	_____	_____	_____	_____

Did the student live outside New Rochelle prior to moving to his/her current address? If so:

Street address: _____

Apartment or unit number, if applicable: _____

City and State (or Country) _____

Previous home telephone number: _____

Student Name: _____

NATURE OF STUDENT RESIDENCY

- Does the student live in New Rochelle in a home owned or rented by the student’s parent or legal guardian?
Yes No (*Proof of ownership or rental will be required*)
- Does the student live in New Rochelle with a non-parent who has physical and legal custody of the student?
Yes No (*Proof of custodial relationship will be required; see “Important Information for Applicants,” Paragraph 3*)
- Does the student live with his/her parent or legal guardian in New Rochelle in a “Host Family” arrangement?
Yes No (*Proof of host family relationship will be required; see “Important Information for Applicants” Paragraph 4*).

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

My name is: _____

I live at: Street address: _____

Apartment or unit number, if applicable: _____

Home phone number _____ Cellphone number _____

Email: _____

My relationship to the student is (e.g. “parent: mother/father,” “legal guardian, “ “host,” “other”-please described below):

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE

Signature

Date

PLEASE READ THE IMPORTANT INFORMATION ON THE NEXT PAGE

New York Penal Law § 175.30. Offering a false instrument for filing in the second degree.

A person is guilty of offering a false instrument for filing in the second degree when, knowing that a written instrument contains a false statement or false information, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant.

Offering a false instrument for filing in the second degree is a class A misdemeanor.

New York Penal Law § 175.35. Offering a false instrument for filing in the first degree.

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision, public authority or public benefit corporation of the state, he offers or presents it to a public office, public servant, public authority or public benefit corporation with the knowledge or believe that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office, public servant, public authority or public benefit corporation.

Offering a false instrument for filing in the first degree is a class E felony.

New York Penal Law § 210.45. Making a punishable false written statement.

A person is guilty of making a punishable false written statement when he knowingly makes a false statement, which he does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable.

Making a punishable false written statement is a class A misdemeanor.

DEPARTMENT OF PUPIL SERVICES USE ONLY

Reviewed on _____ Date _____ By: _____ Name of the person reviewing form _____

Name of Attendance Teacher _____

Date _____

- New Resident of New Rochelle
- Change of address within New Rochelle
- Change of School within New Rochelle
- Other:

School Name: _____

Verified Not verified

Name of Attendance teacher _____ Date: _____

Student(s) name(s): _____

School of Attendance: _____