

**TUCKAHOE UNION FREE SCHOOL DISTRICT
RESIDENCE QUESTIONNAIRE**

Please complete and have notarized the following questionnaire and then return it to the Tuckahoe Union Free School District, 65 Siwanoy Boulevard, Eastchester, New York 10709. If a question does not apply, place N/A (not applicable) next to the question.

Please note:

Property owners must provide an original property/school tax bill, mortgage statement, or homeowner's insurance policy **PLUS** any two (2) of the following current bills: gas/electric bill, oil bill, telephone bill, cable/satellite bill.

Renters must provide an original lease **PLUS** any two (2) of the following current original bills: gas/electric bill, oil bill, telephone bill, cable/satellite bill.

THIS QUESTIONNAIRE MUST BE NOTARIZED

1. Student's name: _____
2. Student's birth date: _____
3. Student's present age: _____
4. Student's present grade: _____
5. Student's residence information:
 - (a) Student's present residence, address and telephone number

 - (b) Date when student first began living at this address _____
 - (c) Student's previous residence address and telephone number

 - (d) Dates when student lived at this address

6. Names and grades of siblings _____

7. Name of student's father _____

(a) Father's present residence address and telephone number

(b) Date when father first began living at this address _____

(c) Submit proof of residence (i.e. deed, lease, property tax bill, Con Ed bill)

(d) Father's previous residence address and telephone number(s)

(e) Dates when father lived at this address

If applicable, state the date of death and the last residence address of the student's father _____

8. Name of student's mother _____

(a) Mother's present residence address and telephone number

(b) Date when mother first began living at this address _____

(c) Submit proof of residence (i.e. deed, lease, property tax bill, Con Edison bill)

(d) Mother's previous residence address and telephone number(s)

(e) Dates when mother lived at this address

If applicable, state the date of death and the last residence address of the student's mother _____

9. The student presently resides with (check the appropriate response)

(a) ___ Mother

(c) ___ Both mother and father

(b) ___ Father

(d) ___ Neither mother nor father

10. If the student presently resides with just one parent (i.e., Mother or Father) complete the following:

(a) Name of parent with whom child resides _____

(b) Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree? _____

If so, attach a copy hereto as it pertains to the student's custody. _____

11. If the student presently resides with a person or persons other than one or both of his/her parents, list the name(s) of such person(s):

(a) How the student came to reside with such person and attach copies of all documentation relating thereto (i.e. judicial award of guardianship).

(b) Does the student now or has the student during the past year received financial or other support from his mother and/or father?

If so, state the dates, approximate dollar amount or other support received each week. _____

(c) Does the student receive financial or other support from the non-parental person or persons with whom (s)he resides? _____

If so, state the approximate dollar amount of such support received each week.

(d) Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of either parent? _____

If so, give the particulars, including the name of the individual who is the insured under the plan or insurance contract _____

(e) Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of the non-parental person or person with whom (s)he resides? _____

If so, give the particulars, including the name of the individual who is the insured under the plan or insurance contract. _____

(f) Where does the student spend his/her weekends? _____

(g) Where does the student spend his/her summer and other school vacations? _____

12. _____ Is the student listed as an exemption on anyone's State and federal tax return?

If so, specify the person. _____

13. Has the student attended any other public, private, or parochial school before his/her request for admission to this school district? _____

If so, give the name(s), address(es) and telephone number(s) of such school(s)?

Indicate the dates between which the student attended such schools.

For Emancipated Students Only:

14. If the student is emancipated (living on his/her own) please complete the following:

(a) Has student lived with his mother and/or father for a period of time within the last six months? _____

If so, list all dates between which the student lived with his mother and/or father. _____

(b) Does the student now or has the student during the past year received financial or other support from his mother and/or father? _____

If so, state the dates, approximate dollar amount or other support received each week. _____

(c) Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of either parent? _____

If so, give the particulars, including the name of the individual who is the insured under the plan or insurance contract. _____

15. Is the student listed as an exemption on anyone's State and federal tax return?

If so, specify the person. _____

16. If the student is claiming to be emancipated, does the student receive any of the following items? (check the appropriate responses)

(a) _____ Aide to families with dependent children

(b) _____ Medicaid

(c) _____ Home relief

(d) _____ Food stamps

(e) _____ Unemployment compensation

(f) _____ Workers Compensation

(g) _____ Disability benefits

(h) _____ Social security

(I) _____ Other public assistance, specify

For each of the items above that a student is receiving, state the relevant file number, the State, county, city and town where the student first qualified for the benefit and attach copies of the notice received by or on behalf of the student indicating the student's eligibility for each item.

PLEASE SIGN AND DATE ON THE LINE BELOW

Dated: _____
Student

Dated: _____
Student's father

Dated: _____
Student's mother

Dated: _____
Person with whom student resides

Dated: _____
Person with whom student resides

State of New York

County of _____:

On the _____ day of _____, 20 ____, before me personally appeared _____, to me known or proven by satisfactory evidence to be the person who signed the foregoing instrument, and she/he duly acknowledged that she/he executed the same as his/her own free act and deed.

Notary Public
My commission expires _____