

**STUDENT CENSUS FORM**

(Students attending Non Public Schools and Not being transported by MCSD)

For School Year: **September** \_\_\_\_\_ to **June** \_\_\_\_\_

**A separate form must be completed for each child and must be on file with the Office of Central Registration**  
*Please print legibly with blue or black ink*

**PRIVATE SCHOOL ATTENDING:** \_\_\_\_\_  
**SCHOOL ADDRESS:** \_\_\_\_\_ **City & State** \_\_\_\_\_

**STUDENT LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MI** \_\_\_\_\_  
**Birth City** \_\_\_\_\_ **Birth State** \_\_\_\_\_ **Birth Country if not the U.S.** \_\_\_\_\_ **Male / Female**  
**Birth Date** \_\_\_\_\_ **Date of Entry in U.S.** \_\_\_\_\_ **Date of Entry in U.S. Schools** \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_  
**MAILING ADDRESS (if different)** \_\_\_\_\_ **City** \_\_\_\_\_

**ETHNICITY**  
**Is the child Hispanic, Latino, or of Spanish Origin?** (*Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*) \_\_\_\_\_ **Yes, Hispanic** \_\_\_\_\_ **No, Not Hispanic**

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 Alaskan Native** *A person having origins in any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.*

**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, 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*

**PARENT/GUARDIAN INFORMATION**  
**Student Resides With:**  **Mother**  **Father**  **Both**  **Step Mother**  **Step Father**  **Foster Parents**  **Legal Guardian**  **Other**

**Name** \_\_\_\_\_ **Parent**  **Step Parent**  **Legal Guardian**  **Other**  **Male / Female**  
**Employer/Occupation** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
**Home Phone ( )** \_\_\_\_\_ **Business Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Name** \_\_\_\_\_ **Parent**  **Step Parent**  **Legal Guardian**  **Other**  **Male / Female**  
**Employer/Occupation** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
**Home Phone ( )** \_\_\_\_\_ **Business Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL** **STUDENT ID NUMBER** \_\_\_\_\_  
**RESIDENCY RECEIVED:** \_\_\_\_\_ **PROOF OF BIRTH RECEIVED:** \_\_\_\_\_ (*Original Birth Certificate ONLY*) **GRADE LEVEL** \_\_\_\_\_

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to Mahopac Central School District, the landlord, or any other third party in furtherance of the School District's investigation. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## MAHOPAC CENTRAL SCHOOL DISTRICT STUDENT CENSUS REGISTRATION

If you reside within the Mahopac Central School District and your child is attending a Non Public School (Grades K-12), your child's school is eligible to receive funds towards text books and health related services by MCSD. In order to confirm eligibility for your school we are requesting registration information, including proof of birth and residency.

Please complete the "Student Census Form" and provide us with a copy of child's birth certificate and 3 proofs of residency (see acceptable list below).

This information can be mailed, faxed or scanned. Contact information is as follows:

**Office of Central Registration  
Mahopac Central School District  
100 Myrtle Avenue  
Mahopac, NY 10541**

**Phone: 845-621-0656, Ext. 13905 (Marie Micol)**

**Fax: 845-628-3034**

**E-mail: [micolm@mahopac.k12.ny.us](mailto:micolm@mahopac.k12.ny.us)**

**District Website: [www.mahopac.k12.ny.us](http://www.mahopac.k12.ny.us)**

### LEGAL RESIDENCE

You will need to present to the school proof that you do reside in the Mahopac School District. The documents that need to be submitted will vary depending on whether you own your home or rent/lease.

**(A Tax Bill or Deed is NOT acceptable as proof)**

- **Homeowner:** If you own your own home, you must submit at least three (3) of the following:
  1. Signed closing statement/deed or copy of contract, if building a house
  2. Recent utility bill (gas/electric, telephone) or notification of hook-up order
  3. Recent cable TV/satellite TV bill
  4. Homeowners' insurance policy
  5. Credit card bill (American Express, VISA, MasterCard, Discover, Capital One, etc.)
  6. Driver's License
  7. Income tax documents with (W2's), indicating residents' PRIMARY residence
- **Renter:** If you rent, you must provide a Lease signed by both the renter and landlord, or a Notarized Landlord Affidavit. In addition you must provide at least two (2) of the following:
  1. Recent utility bill (gas, electric, telephone) or cable bill
  2. Driver's license
  3. Credit card bill (American Express, VISA, MasterCard, Discover, Capital One, etc.)
- **Living with a Family Member or Friend:** You must submit a Notarized **Residency Affidavit** along with at least two (2) of the following:
  - Recent utility, telephone or cable bill of the family member or friend

**The Landlord Affidavit and Residency Affidavit are available on our District Website (go to Departments/Registration/Documentation Required for Registration) or from the Office of Central Registration located at 100 Myrtle Avenue, Mahopac, NY.**