

CARE, CUSTODY AND CONTROL APPLICATION

For Admittance into the Nyack Public Schools

NON-RESIDENTS MAY NOT ATTEND THE NYACK UNION FREE SCHOOL DISTRICT TUITION FREE WITHOUT APPROVAL. IF ANY INFORMATION ON THIS CARE, CUSTODY AND CONTROL APPLICATION CHANGES, THE FAMILY INFORMATION CENTER *MUST* BE NOTIFIED IMMEDIATELY. PLEASE CONTACT, LEO MACIAS, DIRECTOR OF SPECIAL EDUCATION AND PUPIL PERSONNEL SERVICES. RESIDENTS WHO HAVE CHILDREN ATTENDING THE NYACK UNION FREE SCHOOL DISTRICT WITHOUT APPROVED AND ACCURATE CARE, CUSTODY AND CONTROL APPLICATIONS WILL BE RESPONSIBLE FOR TUITION PAYMENT.

ALL ITEMS MUST BE COMPLETED:

1. Name of Child: _____

2. Date of Birth: _____

3. Name of Person(s) with whom child will live: _____

4. Phone Number: _____

5. Relationship of person(s) named above to child: _____

6. Address where child will live: _____

7. Former address(es) where child has lived:

Street	City	State	Dates	With Whom
---------------	-------------	--------------	--------------	------------------

8. Former schools child has attended, in chronological order:

Name	District	City	State	Dates	Grade
-------------	-----------------	-------------	--------------	--------------	--------------

9. Information regarding child's father: Living: _____ Deceased: _____

Name: _____

Present Address: _____

Last Previous Address: _____

Occupation: _____ Employer: _____

Place of Employment: _____

10. Information regarding child's mother: Living: _____ Deceased: _____

Name: _____

Present Address: _____

Last Previous Address: _____

Occupation: _____ Employer: _____

Place of Employment: _____

11. How long will the child live at the guardian's address? _____

12. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, give full details.

13. Does each parent intend to remain at his/her present address?

14. Who provides food and clothing for the student? _____

15. Under whose medical insurance is the student covered? _____

16. Who makes medical decisions for the student? _____

17. Who makes educational decisions for the student? _____

18. Is the student claimed as a dependent for income tax purposes? _____ By whom? _____

19. Where is each parent registered to vote? Mother: _____ Father: _____

20. What court orders have been made in respect to the child's guardianship or custody? Attach copies of all such orders.

21. If the guardian has any other children, supply the following information:

Name	Age	Address	Relationship to guardian	School
------	-----	---------	--------------------------	--------

22. Describe the reasons and purpose for surrendering the care, custody and control of your child to a guardian.

Under **PENALTIES OF PERJURY**, the statements in this application are true. I understand that the statements in this application are subject to verification by the Nyack Union Free School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Sworn to before me this

_____ day of _____, 20_____.

(Notary Public)

Parent's Signature

Date

Sworn to before me this

_____ day of _____, 20_____.

(Notary Public)

Guardian's Signature

Date

Approximate Tuition Rates for the 2012-13 School Year

Non-resident tuition rates have been computed in accordance with the formula established by Part 174 of the Regulations of the Commissioner of Education.

<u>Grade Level</u>	<u>Tuition</u>
Kindergarten – Grade 6	\$
Grades 7-12	\$