



Union Springs Central School District  
District Office

Union Springs Central School District ~ 239 Cayuga Street ~ Union Springs, NY 13160  
Phone 889-4101 ~ Fax 889-4108

Dear Prospective Student/Parent,

In order to avoid delays in registration, please review the list below and make sure to bring all required documentation.

Students may be registered ONLY if the appropriate documentation is provided.

At the time of registration, please bring the following documents:

- Original birth certificate, passport, or immigration papers.
- Custody paper showing parental custody
- Proof of residency, defined as a rental or mortgage agreement or utility bill showing your physical address. **THESE ARE THE ONLY ACCEPTABLE ITEMS.**
- If the student is in special education, it would be helpful to provide an Individual Education Plan at registration.
- If the student is being placed in a group home or foster care, a letter from the placement agency is necessary. DS2999 form along with all other paper work.
- If the person registering a student is not the parent, the adult must show court papers proving they have custody of the child.

To ensure that your student is registered in a timely fashion, please include ALL applicable documents at the time of registration. If you have any questions, please reach out to the registrar, Mary Riordan, at (315) 889-4112 or [mrriordan@unionspringscsd.org](mailto:mrriordan@unionspringscsd.org).

Thanks,

Mary Riordan  
Registrar  
Union Springs CSD

**Union Springs Central School**  
**K thru 12 Registration Form**

Entry Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Student Information (Please Print)**

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F Proof of Birth: \_\_\_\_\_

**Student Racial and Ethnic Identification**

Please answer question (1) and (2). Please read them before you respond. For Questions 1 – check the box that best describes your child. *This is important as this information will follow your child through their academic career and may affect scholarships, funding and future statistical data related to your child.*

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.

☐ **YES**, Hispanic ☐ **No**, not Hispanic

2. Select one or more races from the following five racial groups. For Question 2 check all groups that apply to your child

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain 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

☐ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Black or African American:** A person having origins in any of the black racial groups in Africa.

☐ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

**FAMILY INFORMATION**

**Parent/Legal Guardian**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized to Pick Up: ☐ Yes ☐ No

**Parent/Legal Guardian**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized to Pick Up: ☐ Yes ☐ No

Student Resides with \_\_\_\_\_

Are there any custody issues? \_\_\_\_ Yes \_\_\_\_ No **IF YES, PLEASE EXPLAIN AND PROVIDE PAPERWORK**

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**\*\* Please attach a copy of the most recent Legal Custody papers or Court Order of Protection, if applicable\*\***

Which adult should be contacted **first** in case of an emergency? \_\_\_\_\_

**NOTE: Education Law requires school staff to call you if your child is absent from school.**

**Please list the contact to be reached.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Family**

Please list all the family members living in the home including all pre-school age children.

<u>Full Name</u>	<u>Date of Birth</u>	<u>Relationship to Child</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Contact:** (list two persons who will assume temporary care if parent/legal guardian is not reachable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Authorized to Pick Up: ☐ Yes ☐ No Authorized to Pick Up: ☐ Yes ☐ No

Physician to Contact in an Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Education History**

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Date last attended: \_\_\_\_\_

**Additional Registration Information**

Has a Committee of Special Education (CSE) identified the student with an educational disability? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does the student have a 504 plan? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

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## **Foster Care (Secure DSS 2999 Form)**

Caseworker: \_\_\_\_\_ County: \_\_\_\_\_

Date of Placement \_\_\_\_\_ School District of Residence at Time of Foster Care Placement \_\_\_\_\_

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.

☐ 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 Shelter    ☐ In a car, park, train, or campsite    ☐ In a motel/hotel    ☐ In permanent housing

☐ Temporary living situation (Please Describe): \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent or Guardian, or

\_\_\_\_\_  
Signature of Parent/Guardian, or

\_\_\_\_\_  
Student Name (for unaccompanied homeless youth)

\_\_\_\_\_  
Student Sig. (for unaccompanied homeless youth)

### **Home Language Questionnaire**

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes English. Your assistance in answering these questions is greatly appreciated.

1. What language(s) is spoken in the student's home or residence? \_\_\_\_\_
2. What language(s) are spoken most of the time to the student in the home? \_\_\_\_\_
3. What language(s) does the student understand? \_\_\_\_\_
4. What language(s) does the student speak? \_\_\_\_\_
5. What language(s) does the student read? \_\_\_\_\_
6. What language(s) does the student write? \_\_\_\_\_
7. In your opinion, how well does the student understand, speak, read, and write English?

Understands English:	Very Well <input type="checkbox"/>	Only a Little <input type="checkbox"/>	Not at All <input type="checkbox"/>
Speaks English:	Very Well <input type="checkbox"/>	Only a Little <input type="checkbox"/>	Not at All <input type="checkbox"/>
Reads English:	Very Well <input type="checkbox"/>	Only a Little <input type="checkbox"/>	Not at All <input type="checkbox"/>
Writes English:	Very Well <input type="checkbox"/>	Only a Little <input type="checkbox"/>	Not at All <input type="checkbox"/>

### **Child Care Information**

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Does your child care provider have permission to pick up your child in an emergency? ☐ Yes ☐ No

### **Permission for Publications**

My child **HAS PERMISSION** to be pictured in the school newsletter, school brochures, newspaper articles, district website, videos, etc...

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child **DOES NOT HAVE PERMISSION** to be pictured in school newsletters, school brochures, newspaper articles, the district website, videos, etc...

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*SHOULD ANY OF THIS INFORMATION CHANGE THROUGHOUT THE YEAR, PLEASE NOTIFY THE APPROPRIATE SCHOOL.\***

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

\_\_\_\_\_  
**Date**

#### **FOR OFFICE USE ONLY**

Registered in School Tool \_\_\_\_\_

Transportation \_\_\_\_\_

Nurse \_\_\_\_\_

Library \_\_\_\_\_

Attendance \_\_\_\_\_

Tech \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Residency \_\_\_\_\_

Custody Papers \_\_\_\_\_

**Union Springs Central School District  
Union Springs, NY 13160**

Dear Parent/Guardian:

**PHYSICALS** – The New York State Education Law requires that all newly enrolled Pre-K and Kindergarten students have a medical examination by a physician before beginning school. The school physician is also available to give physical examinations in school to students in grades PK, K, 1, 3, 5, 7, 9 and 11 unless the school receives a written report from the student's physician. The physical examination must have been administered not more than twelve months prior to the commencement of the school year in which the examination is required.

**CHILDREN NOT IMMUNIZED WILL NOT BE ADMITTED TO SCHOOL.** There are clinics held in the basement of Cayuga County Office Building in Auburn. These clinics are by appointment only. You can contact the Cayuga County Health Clinic at (315) 253-1560.

**ATTENDANCE** – Students should not be absent or tardy except for reasons of illness, death in the family, or legally acceptable prearranged absences (such as medical appointments). Any other absence will be considered an illegal absence. An excuse must be sent the first day the child returns to school and should include the student's name, date, days absent, and the reason for absence.

**GYM EXCUSES** – A written excuse from a physician is required for a child to miss gym classes for a week or more. If there has been a serious injury or illness that keeps your child out of gym for a period of time, a note is needed from the physician giving the date to resume gym activities.

If you have any question, please call one of our school nurses:

Jane Bacon, R.N.  
Meghan Biter, R.N.

A.J. Smith Elementary  
Union Springs Middle/High School

(315) 889-4127  
(315) 889-4128

# TO BE COMPLETED BY PARENT – NOT PHYSICIAN

## UNION SPRINGS CENTRAL SCHOOL DISTRICT HEALTH HISTORY FORM

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **EMERGENCY** – If a parent is not available in an emergency, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Phone #2 \_\_\_\_\_

### **If your child has had any of these diseases, give approximate dates:**

Anemia \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_  
Chicken Pox \_\_\_\_\_  
Tuberculosis \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Whooping Cough \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Asthma \_\_\_\_\_  
German Measles \_\_\_\_\_  
Allergies \_\_\_\_\_  
Heart Disease \_\_\_\_\_

Ear Condition \_\_\_\_\_  
Measles \_\_\_\_\_  
Frequent Colds/Sore Throats \_\_\_\_\_  
Mumps \_\_\_\_\_  
Hepatitis \_\_\_\_\_  
Nephritis \_\_\_\_\_  
Operations \_\_\_\_\_  
Pneumonia \_\_\_\_\_  
Serious Injuries \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_  
Eczema/Skin Ailment \_\_\_\_\_

Has your child had any immunizations  
other than those required (listed on  
certificate) for admission such as:

(1) Tetanus \_\_\_\_\_  
(2) Hib. \_\_\_\_\_  
(3) Other \_\_\_\_\_

Has your child had any special tests?  
Give approximate dates:

(1) Tuberculin \_\_\_\_\_  
(2) Chest X-Ray \_\_\_\_\_  
(3) Blood Test \_\_\_\_\_  
(4) Urinalysis \_\_\_\_\_  
(5) Allergy Test \_\_\_\_\_  
(6) Other \_\_\_\_\_

Is there anything concerning the eyes, ears, or general health of your child which the school should know in order to provide special care?

Is your child on special medication or receiving allergy shots?

Is there any special condition, which we should be aware of which would not permit this child, taking part in all school activities including physical education classes?

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Union Springs Central School District**

**AUTHORIZATION FOR MEDICAL  
TREATMENT OF A MINOR**

**Name of Minor:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**IDENTIFY ANY ALLERGIES, SPECIAL CONDITIONS, AND/OR MEDICATIONS PRESENTLY  
TAKING:** \_\_\_\_\_

I, being the parent or legal guardian of the above-named minor, do hereby appoint the School Nurse and/or the School Principal of A.J. Smith Elementary; Union Springs Middle School/High School to act on my behalf in authorizing unexpected medical treatment and hospitalization, in my absence, in cases of emergency or other medical situation deemed necessary by the attending physician. I understand that every effort will be made to contact me and that this form will authorize treatment until I arrive at the medical facility or in the event that my presence is impossible.

This form is valid for the duration of enrollment in the Union Springs Central School District unless revoked in writing by me.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

**PARENT/GUARDIAN: YOUR SIGNATURE MUST BE WITNESSED BY THE DISTRICT REGISTRAR.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**WITNESS:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR:**

Insurance Company or Government Program \_\_\_\_\_  
I.D. or Contract Number \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Work \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Work \_\_\_\_\_

**If I cannot be reached call** \_\_\_\_\_ **Phone** \_\_\_\_\_

It's the law, if your child needs medical, dental, health or hospital services, you as a parent must give permission. Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent/guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

This is a legal document. Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.



## **Immunization Requirements for Students in Grades 6, 7 & 8**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations(shots) **to enter and attend school**. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

<b>Immunizations</b>	<b>Number of Doses</b>
DTap/DTP	3 doses
Tdap	Age 11: must receive an immunization containing Tetanus Toxoids, diphtheria and acellular pertussis
Polio	4 doses or 3 doses if the 3rd dose was received at age 4 or older
MMR	2 doses
Hepatitis B	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax)
Varicella (chickenpox)	2 doses
Meningococcal conjugate(MenACWY)	By Grade 7:1 dose

Thank you for your attention to these immunization requirements. If you have any questions or concerns about immunizations, please contact the school health office.

Meghan Biter, RN  
315-889-4128  
Fax: 315-889-4133  
[mfrancisbiter@unionspringscsd.org](mailto:mfrancisbiter@unionspringscsd.org)

**AJ Smith Elementary Only**  
**Union Springs Central School**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Please list below the individuals (***include yourself***) who have your permission to personally obtain the release of your child from school. Anyone listed below will need your written permission, and may be required to show identification.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please list below any individuals who **DO NOT** have permission to obtain the release of your child.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list below any individuals who **DO NOT** have permission to obtain the release of your child due to court documents/ legal restrictions. (**Please provide the legal documents to confirm this information**)

1. \_\_\_\_\_

2. \_\_\_\_\_

**I am a parent/guardian with legal custody and am authorized to provide the school with this permission for the release of my child.**

\_\_\_\_\_  
Signature of Parent, Guardian, or Legal Custodian

\_\_\_\_\_  
Date

## **EMERGENCY CLOSING INFORMATION**

Emergency School Closings occur due to various reasons including; weather conditions, lack of heat, lack of water, fire, bomb scares, etc. An emergency closing may not apply to the entire district. It may only involve one building, so you cannot assume that older children (high school) will be home to take care of younger children.

In the even of an emergency closing, it is impossible for us to contact individual parents. Radio and TV stations are notified as soon as a decision is made. The radio stations are: Auburn: WMBO-AM 1340; Syracuse: WSYR-AM 570, WNTQ-FM 93, WYYY-FM 94.5; Rochester: WVOR-FM 100.5. The television stations are: WSTM-TV (ch. 3), WTVH-TV (ch. 5) and WIXT-TV (ch. 9).

We need to know where your child is to go in the event of an Emergency Closing. **This must be ONE location that is appropriate regardless of the time, conditions, or what building is closing. We CANNOT accommodate a "plan A", "plan B", or "plan C" type of request.**

Please complete this Emergency Closing Form and return the copy to your child's teacher. This information will be used to direct your child to their emergency drop-off location.

It is extremely important that you instruct your children on how to handle a scenario in which school is cancelled, delayed, or dismissed early. Please take the time to discuss and regularly remind your child on the proper actions to take during each of these emergency closing events.

If you must change your emergency closing location, please contact the school office for a new form.

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**PLEASE COMPLETE ONE FORM FOR EACH CHILD AND RETURN IT TO THE MAIN OFFICE**

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Student's Name

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Homeroom Teacher

In case of an EMERGENCY SCHOOL CLOSING, my child is to:

☐ Go Home

OR

☐ Get off at the home of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Parent's Signature

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Date



## IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

**Please take a few minutes to complete this questionnaire.**

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



**If you answered YES, please provide your contact information below:**

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**

**OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES**

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

**Por favor tome unos minutos para completar este cuestionario.**

**¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?**

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empackando, lavando o cortando vegetales, frutas o carnes.



**Si usted contestó que sí, por favor complete la siguiente información:**

Nombre del Padre/Encargado: \_\_\_\_\_

Dirección Física: \_\_\_\_\_

Teléfono: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Mejor tiempo para ser contactado \_\_\_\_\_ AM/PM

Dirección anterior: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_ Edad \_\_\_\_\_ Grado \_\_\_\_\_

**Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020**

# UNION SPRINGS SCHOOL DISTRICT

239 Cayuga Street, Union Springs, New York 13160

STATE OF NEW YORK )  
COUNTY OF CAYUGA )

## RENTAL AFFIDAVIT

Please fill out, notarize and return to the Assistant Superintendent. A copy of the owner's recent county or school tax bill, mortgage statement or mortgage must be presented as proof of residency. The parent seeking to register the student(s) in the Union Springs Central School District must also present recently post-marked mail (i.e. bill, bank statement, wage statement) addressed to that parent at the address indicated within 30 calendar days of the date the tenant began residing at this address.

This is a legal document. Any person giving false information may be subject to prosecution for perjury, a crime. Inclusion of false, misleading or omitted information may make you liable for the payment of tuition costs for the student. The information provided by you will be used by the Union Springs Central School District to determine whether a child is a resident and therefore entitled to a free education in the Union Springs Central Schools. Every question must be answered or the Affidavit will not be considered.

Tenant Name(s): Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Tenant is been a tenant at the above premises since \_\_\_\_\_, 20\_\_\_\_

Lease will expire on \_\_\_\_\_, 20\_\_\_\_

Circle one of the following: Lease is a month to month OR year-to-year?

Rental amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I, the tenant, certify that all the information provided above concerning our residency (all the adults and students listed above) is true and accurate. All deponents state that, to the best of their knowledge, the tenant(s) named maintain no other residence. I also understand that if I provide false information to the Union Springs Central School District, I may be committing the crime of Perjury in the Third Degree and that I may be prosecuted on criminal charges for such false statement.

I, the landlord, make this affidavit knowing that the Union Springs Central School will rely on same in determining whether the listed tenant(s) will be considered residents of the Union Springs School District, entitled to a tuition-free education pursuant to §310 of New York State Law.

The undersigned further understand that Union Springs Central School District reserves the right to request additional information and to investigate the facts and circumstances involving the residence of the student(s) for the purpose of school attendance. In the event that it is determined that the student is not a resident of Union Springs Central School District for school purposes, the student will be dismissed from school. The undersigned hereby agree to be responsible for the payment in full of the tuition charge, plus interest at the statutory judgement rate, and any other damages arising therefrom, including the cost incurred by the District to collect such charges, which costs shall include reasonable legal fees. I acknowledge that I have read and understand all information contained herein.

\_\_\_\_\_  
Parent/Guardian (Tenant) Signature

Sworn to me before this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Parent/Guardian (Tenant) Signature

Sworn to me before this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Landlord's Signature

Sworn to me before this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

UNION SPRINGS CENTRAL SCHOOL DISTRICT  
239 CAYUGA STREET  
UNION SPRINGS, NEW YORK 13160

**SHARED -HOUSING AFFIDAVIT**

The following family members are applying for Shared Housing residency in the Union Springs Central School District:

Adult: \_\_\_\_\_

Adult: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Child(ren)	Age	Previous School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child(ren)'s Previous Address: \_\_\_\_\_

The reason for this shared-housing arrangement is (please be specific): \_\_\_\_\_

\_\_\_\_\_

This arrangement will be in effect: ☐ Less than 6 months ☐ 6 Month + or Until \_\_\_\_\_  
(Date)

**The applicant and family will be residing with:**

PRIMARY/HOMEOWNER:	
RELATIONSHIP TO APPLICANT:	
ADDRESS:	
HOME PHONE:	WORK PHONE:
PROOF OF RESIDENCY	

**It is a crime, punishable as a Class E Felony under the laws of the State of New York, for a person, in and by written instrument, to knowingly make a false statement or make a statement, which such person does not believe to be true, and with the intent to defraud the Union Springs Central School district.**

The undersigned further understands that the District reserves the right to request additional information and to investigate the facts and circumstance involving the residence of the student for the purpose of establishing the legal residence of the student for school purposes. In the event that it is determined that the student is not a resident of the District for school purposes, the student will be dismissed from school, and the undersigned hereby agrees to be responsible for the payment in full of the tuition charge, plus interest at the statutory judgement rate, and any other damages arising there from, including the cost incurred by the District to collect such charges, which costs shall include reasonable legal fees.

\_\_\_\_\_  
(Applicant's Signature) (Date)

\_\_\_\_\_  
(Signature of Primary Resident) \* (Date)

SWORN TO ME BEFORE THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_

SWORN TO ME BEFORE THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

\*Homeowner or Renter



UNION SPRINGS CENTRAL SCHOOL DISTRICT  
239 CAYUGA STREET  
UNION SPRINGS, NEW YORK 13160

**NOTICE REGARDING SHARED HOUSING AFFIDAVIT**

In order to attend the schools of the Union Springs School District free of charge a student must be a resident of the District. Students who are not District residents are not admitted to District Schools free of charge.

When you sign the Shared Housing Affidavit, you are assuring the District that the primary resident, the parent(s), and student(s) are in fact residents of Union Springs Central School District. If this is false or if the student becomes a non-resident, the student's right to attend school in the District will be terminated. **Also, those signing the affidavit will be required to pay the full tuition for the time the student attended Union Springs Schools as a non-resident.**

The primary resident and the parents, guardian or person responsible for the student, must inform the student's building principal if the student's status as a resident changes.

Please read and sign the statement below as part of the affidavit process.

**STATEMENT:**

***I certify that all the information provided on the Shared Housing affidavit is true and accurate. I also understand that if I provide false information to the Union Springs Central School District that I may be committing the crime of perjury in the third degree and that I may be prosecuted on criminal charges for such false information.***

**SIGNATURE:** \_\_\_\_\_  
(Primary Resident/Homeowner)

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(Parent or Guardian)

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_