

Poughkeepsie City School District

*Delivering on the promise of a high-quality education
Every child. Every day. Every classroom.*



DATE

PARENT'S NAME AND ADDRESS

Re: Residency of (Student's Name)

Dear Mr./Mrs./Ms. _____:

You have requested to enroll your child in [INSERT NAME OF SCHOOL DISTRICT], and your child will begin his/her attendance at school [INSERT DATE (SHOULD BE NEXT SCHOOL DAY OR AS SOON AS PRACTICABLE)]. Your child's school of attendance is [INSERT SCHOOL STUDENT WILL ATTEND].

In order to verify your child's eligibility to attend the schools of our district, you must submit following documents, records, or information to my office **immediately**, if available, but not later than the close of business on [INSERT NEXT REGULAR BUSINESS DAY]:

- A residential lease, mortgage, or deed
- A statement from a landlord concerning your tenancy
- A statement from a third party that establishes your presence in the [INSERT NAME OF SCHOOL DISTRICT]
- Additionally, you must complete and submit the attached affidavit(s) [ATTACH AFFIDAVITS].

You may submit also submit any other relevant evidence you wish to, including but not limited to the following types of documentation:

- a. pay stub;
- b. income tax form;
- c. utility or other bills;
- d. membership documents (e.g., library cards) based upon residency;
- e. voter registration document(s);
- f. official driver's license, learner's permit or non-driver identification;

- g. state or other government issued identification;
- h. documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- i. evidence of custody of the child in question, including but not limited to judicial custody or order or guardianship documentation.

Finally, if available, you must submit the following: an original or certified transcription of your child's birth certificate, or an original or certified transcription of your child's certificate of baptism, if available. If you are unable to provide me with either of these types of documents, please provide your child's passport, regardless of the issuing nation. In the absence of any of the aforementioned, you may provide any other documentation that has been in existence for over two years that could be used to establish your child's age. For example:

- a. official driver's license;
- b. state or other government issued identification;
- c. school photo identification with date of birth;
- d. consulate identification cards;
- e. hospital or health records;
- f. documents issued by federal, state or local agencies (e.g., local service agency, federal Office of Refugee Resettlement);
- g. court orders or other court-issued documents;
- h. Native American tribal document; or
- i. records from non-profit international aid agencies and voluntary agencies.

In order to make a timely decision regarding a student's right to continued enrollment in the District, the aforementioned information and documentation should be delivered to the District Offices, located at [INSERT ADDRESS] tomorrow (or the next regular business day if tomorrow is a weekend or holiday). If you have any questions, please contact my office at [INSERT PHONE NUMBER].

Thank you,

[INSERT NAME OF RESIDENCY COORDINATOR]

**DRAFT - RESIDENCY DETERMINATION AND DOCUMENTATION OF RIGHTS
LETTER**

DATE

PARENT'S NAME AND ADDRESS

Certified Mail
Return Receipt Requested

Re: Residency of (Student's Name)

Dear Mr./Mrs./Ms. _____:

The [INSERT NAME OF SCHOOL DISTRICT] has reason to believe that your child, _____, is not a resident of this School District and, therefore, is not entitled to attend the District's schools at the District's expense.

Pursuant to applicable law and regulations, you are required to submit to me, on or before _____, 201__ any and all information supporting your child's right to attend the District's schools at the School District's expense, including any affidavits of responsibility. If you prefer to meet with me to present such information, please call to make arrangements. Any information or documentation you submit will be subject to verification.

Upon your submission of the requested information, I shall undertake a review of all the information available to me and will inform you, in writing, of my determination, as well as advise you of your rights should you disagree with my determination.

Your failure to submit the requested information may result in a determination to exclude your son/daughter from tuition free attendance in the schools of the School District.

Sincerely yours,

Board of Education, President
or Residency Designee

DRAFT – RESIDENCY DECISION FORM

DATE

PARENT’S NAME AND ADDRESS

Certified Mail
Return Receipt Requested

Re: Residency of (Student’s Name)

Dear Mr./Mrs./Ms. _____ :

[As the Board of Education’s designee authorized to make final determinations regarding student residency - include this only if there is a designee] I have reviewed the information provided by you concerning your child’s right to attend school in the [INSERT NAME OF SCHOOL DISTRICT], together with all other available information. (In the alternative, if appropriate: “Inasmuch as you have not submitted any information in support of your residency within the [INSERT NAME OF SCHOOL DISTRICT], as requested in my letter of _____, 201__, it is my determination . . .). It is my determination that your child does not reside within the [INSERT NAME OF SCHOOL DISTRICT] and, therefore, is not entitled to attend the public schools of this School District.

The basis for my determination is:

[these are merely illustrative and will vary depending upon the specific circumstances]

1. The transfer of guardianship is for the sole purpose of your child attending the [INSERT NAME OF SCHOOL DISTRICT].
2. The affidavits submitted indicate that you continue to assume certain financial support for your child and, thus, full care, custody and support have not been transferred.
3. The affidavits submitted indicate that the transfer of care and custody is temporary.
4. I have photographic and eyewitness evidence that you maintain your primary residence outside the boundaries of the [INSERT NAME OF SCHOOL DISTRICT], in the _____ School District. [If applicable - Further, this evidence indicates that you have been delivering your child to a bus stop or residence at _____, which is within the School District’s boundaries.]

My determination is based on the following documents, records, and/or information:

As a result of my determination, set forth herein, your child shall be excluded from attendance at the public schools of this School District effective _____. You should make arrangements with me and the Building Principal where your child has been attending to have his/her school records transferred to the school where your child will be attending after _____. (or if it is close to the end of the semester or school year, you may allow the child to complete the semester or school year)

This determination may be appealed to the Commissioner of Education within thirty days of the date of this determination, in accordance with Section 310 of the Education Law. If you wish to obtain appeal procedures, please contact the Office of Counsel, New York State Education Department, State Education Building, Albany, New York 12234, or by calling the appeals coordinator at (518) 474-8927.

Sincerely yours,

[INSERT NAME OF SCHOOL DISTRICT]

AFFIDAVIT OF LEGAL RESPONSIBILITY

(TO BE USED BY PARENTS WHO ARE HAVE SURRENDERED LEGAL CUSTODY)

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I (We), _____, being duly sworn, say:

1. I (We) are the natural parent(s) or legal guardian(s) of _____.
(Name of Student)
(If the legal guardian, please attach documents which prove legal guardianship.)

2. I(We) reside at: _____

Telephone No. _____

3. The reason why _____ is not living with me (us) is:
(Name of Student)

4. I(We) hereby relinquish all parental rights and responsibilities for my(our) child,
_____ to _____,
(Name of Child) (Name of Individual[s])

and including but not limited to the right to make decisions pertaining to the health, welfare
education of my(our) child. This individual(s) resides at:

_____ Telephone No. _____

5. The reason(s) for relinquishing all parental rights and responsibilities for my(our) child is(are) as follows:

6. My(Our) child's current address and living arrangement is:

7. Please explain the initial duration of this living arrangement, as well as expected duration:

8. Please describe any other location(s) where your child lives, including the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

9. I(We) provide and will continue to provide the following support for the above-named child:

<input type="checkbox"/> Medical	<input type="checkbox"/> Automobile Insurance
<input type="checkbox"/> Dental	<input type="checkbox"/> Food
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Clothing
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Other (specify) _____

10. Please provide any other relevant facts:

I(We) affirm that we will remove the above-named child from my(our) federal and state income tax, which is subject to confirmation by the District.

I(We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury so that my child(ren) may be admitted to the Schools of the [INSERT NAME OF SCHOOL DISTRICT]. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me
this ___ day of _____, 20__

NOTARY PUBLIC

6. Please indicate who provides the support for the above-named child (e.g., room, food, clothing, health and dental insurance, other insurance, other necessities):

7. Please provide any other relevant facts and attach any relevant documents:

I(We) hereby affirm that I(we) accept and assume full parental rights and responsibilities (care, custody and control) for the above-named child, including but not limited to full responsibility for all matters relating to the child's education (parent conferences, discipline, truancy, vandalism) and medical care.

I(We) will be financially responsible for damage, defacement and/or destruction of school buildings and property and any other legal matters that may arise pertaining to this child.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Custodian)

(Signature of Custodian)

Subscribed and sworn to before me
this ___ day of _____, 20__

NOTARY PUBLIC

6. My means of support is:

(Please attach a copy of your pay stub or other proof of means of support.)

7. I am receiving the following financial assistance from my parent(s)/legal guardian(s) (e.g., health insurance, dental insurance, car insurance, monthly checks, clothes, food, etc.):

8. Please provide any other relevant facts regarding your status as an emancipated minor:

I affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Student)

Subscribed and sworn to before me
this ___ day of _____, _____

NOTARY PUBLIC

5. The reason(s) for relinquishing all parental rights and responsibilities for my(our) child is(are) as follows:

6. My(Our) child's current address and living arrangement is:

7. Please explain the initial duration of this living arrangement, as well as expected duration:

8. Please describe any other location(s) where your child lives, including the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

9. I(We) provide and will continue to provide the following support for the above-named child:

_____ Medical	_____ Automobile Insurance
_____ Dental	_____ Food
_____ Life Insurance	_____ Clothing
_____ Health Insurance	_____ Other (specify)_____

10. Please provide any other relevant facts:

I(We) affirm that we will remove the above-named child from my(our) federal and state income tax, which is subject to confirmation by the District.

I(We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury so that my child(ren) may be admitted to the Schools of the [INSERT NAME OF SCHOOL DISTRICT]. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me
this ___ day of _____, 20___

NOTARY PUBLIC

5. Does the above-named child live at any other location? _____
If so, please indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

6. Please indicate who provides the support for the above-named child (e.g., room, food, clothing, health and dental insurance, other insurance, other necessities):

7. Please provide any other relevant facts and attach any relevant documents:

I(We) hereby affirm that I(we) accept and assume full parental rights and responsibilities (care, custody and control) for the above-named child, including but not limited to full responsibility for all matters relating to the child's education (parent conferences, discipline, truancy, vandalism) and medical care.

I(We) will be financially responsible for damage, defacement and/or destruction of school buildings and property and any other legal matters that may arise pertaining to this child.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Custodian)

(Signature of Custodian)

Subscribed and sworn to before me
this ___ day of _____, 20__

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AFFIDAVIT OF EMANCIPATION (STUDENT)

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, say:
(Name of Student)

1. I was born on _____ and am over the age of sixteen.
(Date of Birth)
(Please attach a copy of your birth certificate or other proof of age, if a new enrollee.)

2. I currently reside at: _____
_____ Telephone No. _____

(Please attach a rent stub or statement from person with whom you are living.)

3. I am not currently living with my parent(s)/legal guardian(s) because:

4. Name, Address and Telephone Number of parent(s)/legal guardian(s):

5. Please describe your current relationship with you parent(s)/legal guardian(s),
e.g., when last seen, contacted, knowledge of whereabouts, etc.):

6. My means of support is:

(Please attach a copy of your pay stub or other proof of means of support.)

7. I am receiving the following financial assistance from my parent(s)/legal guardian(s) (e.g., health insurance, dental insurance, car insurance, monthly checks, clothes, food, etc.):

8. Please provide any other relevant facts regarding your status as an emancipated minor:

I affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Student)

Subscribed and sworn to before me
this ___ day of _____, _____

NOTARY PUBLIC