

QUESTIONNAIRE – STUDENT RESIDENCE WITHIN THE SCHOOL DISTRICT

Please complete and return the following questionnaire to the office of the Superintendent, including address and telephone number, within 10 calendar days. If a question does not apply, please place N/A (not applicable) next to the question.

1. Student's name. _____

2. Student's birth date. _____

3. Student's present age. _____

4. Student's present residence address and telephone number.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Date when student first began living at this address. _____

5. Student's previous residence addresses and telephone numbers.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when student lived at this address.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when student lived at this address. _____

6. Name of student's father. _____

7. Father's present residence address and telephone number.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Date when father first began living at this address. _____

If it is claimed that the father is a resident of the school district, attach the following: driver's license, vehicle registration, voter registration, extract of New York State tax return showing address, and any other relevant papers.

8. Father's previous residence addresses and telephone numbers.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when father lived at this address. _____

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when father lived at this address. _____

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

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of death: _____

10. Name of student's mother. _____

11. Mother's present residence address and telephone number.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Date when mother first began living at this address. _____

If it is claimed that the mother is a resident of the school district, attach the following: driver's license, vehicle registration, voter registration, and extract of New York State tax return showing address, and any other relevant papers.

12. Mother's previous residence addresses and telephone numbers.

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when mother lived at this address. _____

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Dates when mother lived at this address. _____

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

Street Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of death: _____

14. Does the student presently reside with his (check the appropriate response):

Mother

Father

Both mother and father

Neither mother nor father

15. Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree? yes no

If yes, attach a certified copy thereof as it pertains to the student's custody.

16. Does the student receive any of the following items? (check the appropriate responses)

Aid to families with dependent children _____

Medicaid _____

Home relief _____

Food stamps _____

Unemployment compensation _____

Workers' compensation _____

Disability benefits _____

Social Security _____

Other public assistance, specify. _____

For each item above that the student is receiving, state the dollar amount per week, relevant file number, the state, county, city and town where the student first qualified and attach hereto copies of the notice received by or on behalf of the student indicating the student's eligibility for each item and a copy of the student's last check.

17. Has the student lived with his parents or either of them for any period of time within the last six months? yes no If yes, list all dates between which the student lived with his parents or either of them. _____

18. Has the student received financial or other support from his parents during the past year?

yes no If yes, state the dates, approximate dollar amount or other support received each week. _____

19. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance? yes no If yes, give particulars, including the name of the individual who is the insured under the plan or insurance contract.

20. Attach a copy of the student's current driver's license, motor vehicle or motorcycle registration and insurance card.

21. Is the student listed as an exemption in anyone's state and federal tax return? yes no
If yes, specify the person and attach the portion of the federal tax form confirming this information.

22. Attach copies of that portion of both parents' completed state and federal income tax forms for the last three years stating and listing their dependent exemptions.

23. Attach copies of the student's completed state and federal income tax forms for the last three years if such tax forms had been filed.

24. Attach a copy of the student's Selective Service Registration Card.

Has the student registered to vote in any primary or general election within the past year?
25. yes no If yes, indicate the state, county, city, town or village in which the student is registered. _____

26. Has the student voted in any special election or public school district vote within the past year?
 yes no If yes, state the place at which the student voted. _____

27. Does the student reside with a person or persons other than his parents? yes no
If yes, state in full and complete detail how the student came to reside with such person, the name of such person and attach copies of all documentation relating thereto.

28. Does the student receive financial or other support from the person or persons referred to in question 27? yes no If yes, state the approximate dollar amount for other support received each week. _____

29. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance purchased by the person or persons referred to in question 27? yes no
If yes, give particulars. _____

30. Is the student or has the student been employed? yes no
If yes, please provide the following information:

Name and address of employer: _____

Starting date of employment: _____

Ending date of employment: _____

Average weekly earnings: _____

31. What is the name, mailing address and telephone number of the public, private, parochial or other school attended by the student before his request for admission to the school district?

32. Indicate the dates between which the student attended the schools referred to in question 31.

33. Specify the reasons why the student desires to attend this school district.

Signature of Student

Date

Signature of Student's Father

Date

Signature of Student's Mother

Date

Signature of Person with Whom the Student Resides

Date