

29 East Oneida Street
 Baldwinsville, NY 13027
 Registration: 315-638-6050 / Fax: 315-638-6406

Superintendent's Determination	
Approval Granted: YES / NO	
Date: ____/____/____	Initials: ____

Residency Affidavit – Part I – PARENT/GUARDIAN

To be completed by Parent, Guardian, or Person in Parental Relation of Student(s)

NOTICE: Students who are homeless may, but are NOT REQUIRED to complete this form. These students are protected under McKinney-Vento Act and are eligible for immediate or continued enrollment. If you think you are homeless, or are living doubled-up, please call the BCSD Liaison as soon as possible at 315-638-6050 to review your case.

1. NAME OF PARENT/GUARDIAN/PERSON IN PARENTAL RELATION SEEKING ADMISSION OF STUDENT(S) (Print)

Parent/Guardian Name: _____
 Current Address (Street): _____
 City, State, Zip: _____
 Previous Address (Street): _____
 City, State, Zip: _____
 Home Phone Number: _____
 Work Phone: _____ Cell Phone: _____

2. RESIDENT/PROPERTY OWNER/LEASE HOLDER INFORMATION (Print)

Resident/Property Owner Name: _____
 Address (Street): _____
 City, State, Zip: _____
 Home Phone Number: _____
 Work Phone: _____ Cell Phone: _____ Own ___ Rent ___

3. ALL STUDENTS RESIDING IN THE HOME REGISTERING FOR ENROLLMENT (Print)

NAME (First/Last)	Relation to Resident/Owner/Lease Holder	Date of Birth	Grade

4. ALL PARENTS/GUARDIANS RESIDING IN THE HOME REGISTERING STUDENTS FOR ENROLLMENT (Print)

NAME (First/Last)	Relation to Resident/Owner/Lease Holder

5. A. REASON FOR THIS SHARED HOUSING ARRANGMENT: (Please be specific)

B. DATE YOU MOVED INTO THIS RESIDENCE: _____

6. HOW LONG DO YOU ANTICIPATE SHARING HOUSING:

____ Less than 6 months ____ More than 6 months ____ Permanently

Please read and sign the statement below as part of the Affidavit process in the presence of the NOTARY.

STATEMENT

I certify that all the information provided on this affidavit is true and accurate. I also understand that:

- If I provided any false information on this affidavit, I may be committing the crime of perjury in the third degree (which is a Class A Misdemeanor);
- If I provided false information on this affidavit with the intent to defraud the Baldwinsville Central School District, I may be committing the crime of perjury in the second degree (a Class E Felony); and
- I may be prosecuted on criminal charges for such false information.

The undersigned further understands that the Baldwinsville Central School District reserves the right to request additional information and to investigate the facts and circumstances involving this Affidavit for the purpose of establishing the legal residence of the student(s) for school purposes.

Signature: _____
Parent/Guardian/Person in Parental Relation to Student(s)

Date: _____

PLEASE PROVIDE ONE BCSD PROOF OF RESIDENCY WITH ADDRESS SHOWN (As stated in this Affidavit):

- Driver License (*Must show one other form of ID*)
- Utility/Service Invoice
- BCSD Property Tax Invoice
- Other _____

State of New York
County of Onondaga

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
by _____, proved to me on the basis of satisfactory evidence to
be the person who appeared before me.

Notary Public

3/2013

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Superintendent's Determination	
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Date: ____/____/____	Initials: ____

Residency Affidavit – Part II – RESIDENT

(To be completed by Resident Property Owner/Lease Holder)

NOTICE: Students who are homeless may, but are NOT REQUIRED to complete this form. These students are protected under McKinney-Vento Act and are eligible for immediate or continued enrollment. If you think you are homeless, or are living doubled-up, please call the BCSD Liaison as soon as possible at 315-638-6050 to review your case.

1. RESIDENT, PROPERTY OWNER/LEASE HOLDER INFORMATION (Print)

Resident/Property Owner Name: _____
 Address (Street): _____
 City, State, Zip: _____
 Home Phone Number: _____
 Work Phone: _____ Cell Phone: _____ Own ___ Rent ___

2. NAME OF PARENT/GUARDIAN/PERSON IN PARENTAL RELATION SEEKING ADMISSION OF STUDENT(S) (Print)

Parent/Guardian Name: _____
 Current Address (Street): _____
 City, State, Zip: _____
 Previous Address (Street): _____
 City, State, Zip: _____
 Home Phone Number: _____
 Work Phone: _____ Cell Phone: _____

3. ALL STUDENTS RESIDING IN THE HOME REGISTERING FOR ENROLLMENT (Print)

NAME (First/Last)	Relation to Resident/Owner/Lease Holder	Date of Birth	Grade

4. ALL PARENTS/GUARDIANS RESIDING IN THE HOME REGISTERING STUDENTS FOR ENROLLMENT (Print)

NAME (First/Last)	Relation to Resident/Owner/Lease Holder

5. A. REASON FOR THIS SHARED HOUSING ARRANGMENT: (Please be specific)

B. DATE THEY MOVED INTO THIS RESIDENCE: _____

6. HOW LONG DO YOU ANTICIPATE SHARING HOUSING:

____ Less than 6 months ____ More than 6 months ____ Permanently

Please read and sign the statement below as part of the Affidavit process in the presence of the NOTARY.

STATEMENT

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- I may be prosecuted on criminal charges for such false information.

The undersigned further understands that the Baldwinsville Central School District reserves the right to request additional information and to investigate the facts and circumstances involving this Affidavit for the purpose of establishing the legal residence of the student(s) for school purposes.

Signature: _____
Resident Property Owner/Lease Holder

Date: _____

PLEASE PROVIDE ONE BCSD PROOF OF RESIDENCY WITH ADDRESS SHOWN (As stated in this Affidavit):

- Driver License (*Must show one other form of ID*)
- Utility/Service Invoice
- BCSD Property Tax Invoice
- Other _____

State of New York
 County of Onondaga

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
 by _____, proved to me on the basis of satisfactory evidence to be
 the person who appeared before me.

 Notary Public