

Student Residency Questionnaire

Please complete and return the following questionnaire to the Office of the Registrar of the Ballston Spa Central School District, 70 Malta Avenue, Ballston Spa, New York 12020 within twenty (20) calendar days. If a question does not apply, place "N/A" (not applicable) next to the question.

Student Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth

Current Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date student first began living at this address		

List all places of residence for the last five (5) years (attach additional sheets if necessary):

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date student first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date student first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date student first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date student first began living at this address		

PARENT / GUARDIAN INFORMATION

Father

Attach proof of residence (e.g. copy of: driver's license, deed lease, income tax form, etc.)

If father is deceased, state the date of death and list below the last address of the student's father.
Date

Current Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date father first began living at this address		

List all addresses for the last five (5) years (attach additional sheets if necessary):

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date father first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date father first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date father first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date father first began living at this address		

Mother

Attach proof of current residence (e.g. copy of: driver's license, deed lease, income tax form, etc.)

If mother is deceased, state the date of death and list below the last address of the student's mother.
Date

Current Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date mother first began living at this address		

List all addresses for the last five (5) years (attach additional sheets if necessary):

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date mother first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date mother first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date mother first began living at this address		

Previous Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>		
Telephone Number (at this address)	Date mother first began living at this address		

The student currently resides with (check the appropriate box)?

- Mother With both mother and father
- Father With neither mother nor father

Does the student presently reside with just one parent (e.g. Mother or Father): NO YES

If YES, then complete the following questions:

1. Name of parent with home the student resides:

2. Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree? NO YES *If yes, attach a copy hereto as it pertains to the student's custody.*

3. Submit proof of the custodial parent's residence (i.e. driver's license, deed, lease, etc.).

4. Does the student presently reside with a person or persons other than one or both of his/her parents?
 NO YES *If yes, complete the following:*
 - a. The name(s) of such person(s)

 - b. How did the student come to reside with such person? Attach copies of all documentation relating thereto (i.e. judicial award of guardianship).

 - c. Does the student now, or has the student during the past year, received financial or other support from his mother and/or father? NO YES *If yes, state the dates, approximate dollar amount or other support received each week.*

 - d. Does the student receive financial or other support from the non-parental person or persons with whom (s)he resides? NO YES *If yes, state the dates, approximate dollar amount or other support received each week.*

- e. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of either parent? NO YES *If yes, give the particulars, including the name of the individual who is the insured under the plan or insurance contract.*

- f. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of the non-parental person or person with whom (s)he resides. NO YES *If yes, give the particulars, including the name of the individual who is the insured under the plan or insurance contract.*

- g. If the student is emancipated (living on his/her own) please complete the following:

- i. Has student lived with his mother and/or father parents for a period of time within the last six months? NO YES *If yes, list all dates between which the student lived with his mother and/or father.*

From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>

- ii. Does the student now or has the student during the past year received financial or other support from his mother and/or father? NO YES *If yes, state the dates, approximate dollar amount or other support received each week.*

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- iii. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of either parent? NO YES *If so, give the particulars, including the name of the individual who is the insured under the plan or insurance contract.*

IV. Is the student listed as an exemption on anyone's State and federal tax return?

NO YES

If so, specify the person and attach the portion of the federal tax form confirming this information. Attach copies of that portion of the student's mothers' and fathers' completed state and federal income tax forms for the last two years stating and listing their dependent exemptions.

[Empty box for providing exemption details]

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

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

7. Has the student registered to vote in any primary or general election within the past year?

NO YES

8. Has the student voted in any special election or public school district vote within the past year?

NO YES If yes, state the place at which the student voted.

[Empty box for providing voting location]

9. Is the student now employed or has the student been employed during the last year?

NO YES If yes, state for each employment:

Employer Address

[Employer Address fields: Street, City, State, Zip]

[Employment details fields: Starting Date of Employment, Ending Date of Employment, Average Weekly Wages]

10. Has the student attended any other public, private, parochial or other school before his/her request for admission to this school district? NO YES

If yes, give the name(s), address(es) telephone number(s) and dates of attendance.

[Empty box for providing school name]

Name of School

[School address fields: Street, City, State, Zip]

[School contact fields: Telephone Number, FAX Number, Dates of Attendance]

Name of School			
Street	City	State	Zip
Telephone Number	FAX Number	Dates of Attendance	

Name of School			
Street	City	State	Zip
Telephone Number	FAX Number	Dates of Attendance	

Name of School			
Street	City	State	Zip
Telephone Number	FAX Number	Dates of Attendance	

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

If yes, for each of the items list the relevant file number, the State, county, city and town where the student is receiving such benefits from and attach hereto copies of the notice received by or on behalf of the student indicating the student's eligibility for each item.

- a. Aid to families with dependent children
- b. Medicaid
- c. Home relief
- d. Food stamps
- e. Unemployment compensation
- f. Workers Compensation
- g. Disability benefits
- h. Social security
- i. Other public assistance, specify:

I understand that statements made in this affidavit will be relied upon by the Ballston Spa Central School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here)

Student: _____
Signature Date

Student's Father _____
Signature Date

Student's Mother _____
Signature Date

Person with whom student resides _____
Signature Date

Person with whom student resides _____
Signature Date

Sworn to before me this _____ day of _____, _____
(month) (year)

Notary Public