



Bay Shore Union Free School District
 Steven W. ... Superintendent of Schools
 www.hayshoreschools.org

CARD OF STUDENT FREEMAN'S UNION LOCAL PRECISE ACTION
 75 WEST PERKAL STREET, BAY SHORE, NEW YORK, 11706
 Phone (631) 700-2554 FAX (631) 707-5133

ROBERT A. TORRES
 Director of Student Services
 and Central Registration

Note: You may utilize either the Owner/Landlord Affidavit or the Owner/Landlord Statement.
 The completion of both is not required.

OWNER/LANDLORD STATEMENT

1. My name is _____

2. I am the owner of the property _____

In the Bay Shore Union Free School District _____

I can be reached at the following phone number:

3. _____ is a tenant and has been a tenant at the above premises since _____, 20____. A copy of this tenant's lease is in my possession and is attached hereto.

In the event the tenant does not have a written lease, the pertinent terms of said lease are as follows:

a. Circle one of the following: I am the owner of the property. I am the landlord.

b. Rental amount: \$ _____ per _____.

4. I do do not believe that _____ has been a tenant at the above premises.

5. I understand that this document will be submitted to and filed with the Bay Shore Union Free School District and that the Bay Shore Union Free School District will submit this statement when considering the request to register _____ and _____ at the following school and individual:

 (Owner/Landlord)



Bay Shore School District
Steven J. Mahoney, Ed.D., Superintendent
www.bayshoreschools.org

OFFICE OF STUDENT SERVICES / CENTRAL REGISTRATION
75 WEST PERKAL STREET, BAY SHORE, NEW YORK, 11706
TELEPHONE 516-968-2121 FAX (516) 968-2100

ROBERT A. TOPP
Director of Student Services
and Central Registration

THIRD PARTY RESIDENCY DECLARATION

I _____
residing at _____
am submitting this declaration of residence to the Bay Shore School District Superintendent personally
verify the residence of _____
and their child(ren) _____
_____ who live at _____
They have lived at this address since _____

I have first-hand knowledge of their residence because

I understand that this document will be turned over and kept in the Bay Shore School District
file and that the Bay Shore School District will use the contents of this document to be
factual and true as I have completed them. I am delivering this document, so I have first-hand
knowledge about the statements I have made. Any false statement made on my part may result in
me receiving fines imposed by law.

Signature

Date



Bay Shore Union Free School District

Steven J. Maloney, Ed. D. - Superintendent of Schools

STUDENT SERVICES / CENTRAL REGISTRATION

75 WEST PERKAL STREET, BAY SHORE, NEW YORK 11706

TEL: (609) 398-2554 FAX: (609) 398-1755

www.bayshoreregions16.org

Robert A. Torres
Director of Student Services
and Central Registration

REGISTRATION AFFIDAVIT

The following persons (list ALL the people who live at the address shown below):

[Redacted area for listing names of persons living at the address]

reside at [Redacted] () Bay Shore () Brightwaters

which is within the boundaries of the Bay Shore Union Free School District (the School District). As such, the student(s) to be registered is (are) eligible to receive a tuition-free education based on legal residence.

I affirm that I am the parent or guardian solely and/or primarily responsible for the student(s) to be registered.

I understand that it is my responsibility to immediately inform the School District of Central Registration should there be any change in residence or guardianship.

In the event the School District determines that the above person(s) do(es) not reside at or has (have) relocated from the address listed above, I understand that the student(s) will be removed from enrollment and will no longer be permitted to attend school in this School District. Furthermore, I understand that I am to immediately inform the School District of any change in residence or guardianship may be necessary to allow for each student's education.

I hereby affirm that the student(s) do(es) not have any disciplinary action pending against them from any school prior to being subjected to any disciplinary action.

I attest that I have read and fully understand contained herein, that this statement is true and accurate and will be relied upon by the Bay Shore Union Free School District in determining eligibility for registration.

I understand that any misstatement, misrepresentation or omission made in the registration process may subject me to civil and/or criminal liability under the law.

WITNESSED BY CENTRAL REGISTRATION
Witnessed by:
Date: 20

Signature of Parent or Legal Guardian

PRINT Parent or Legal Guardian's name

Torres Torres



Bay Shore Union Free School District

Student Services (Central Registration)

ROBERT A. TORRELLI
Director of Student Services
and Central Registration

RESIDENCY QUESTIONNAIRE

Name of Students: _____

Address: _____
() Brightwaters, NY 11718
() Bay Shore, NY 11706

Phone: () _____

The answer you give below will help the District determine the services you or your child are entitled to 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 certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

WHERE IS THE STUDENT CURRENTLY LIVING?

PLEASE CHECK ONE (1):

- In a shelter
- With another family or person because of loss of housing, income, or other resources (sometimes referred to as a "double up")
- In a hotel
- In a car, park, bus, train or campsite
- Other temporary living situation. Please describe _____
- Permanent housing

PRINT Parent, Guardian Name or
Student (for unaccompanied homeless youth)

SIGNATURE Parent, Guardian Name or
Student (for unaccompanied homeless youth)

DATE