

# Burnt Hills – Ballston Lake Central School

## Student Residence Questionnaire

**This form will be used to determine the residency status for potential student enrollees. Completion of this form does not guarantee that students will be permitted to enroll in the Burnt Hills-Ballston Lake Central School District.**

1. Student's name \_\_\_\_\_
2. Student's birth date \_\_\_\_\_
3. Student's present age \_\_\_\_\_
4. (a) Student's residence address & phone number within the BH-BL district.

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

(b) State date when student first began/will begin living at this address \_\_\_\_\_

(c) Owner of the property where the student resides: \_\_\_\_\_

(d) Does the owner of the property where the student presently resides claim a School Tax Relief (STAR) exemption or credit on the property as his/her primary residence? Please circle YES NO

(e) If student is residing in a temporary location please indicate if student

\_\_\_\_\_ is homeless\*\* \_\_\_\_\_ is not homeless

(\*\*If homeless, please complete form B.)

5. Student's previous residence address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

Date when student last lived at this address \_\_\_\_\_

6. Parent Name \_\_\_\_\_

Residence address & phone number:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email address

Date when parent first began living at this address \_\_\_\_\_

Parent's previous residence address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

If applicable, state the date of death and the last residence address of this Parent

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7. Parent Name \_\_\_\_\_

Residence address & phone number:

Street \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email address \_\_\_\_\_

Date when parent first began living at this address \_\_\_\_\_

Parent's previous residence address:

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If applicable, state the date of death and the last residence address of this Parent

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8. Student presently resides with:

\_\_\_\_\_ Parent(s)                  \_\_\_\_\_ Guardian(s)                  \_\_\_\_\_ Neither

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**Single parents ONLY, please answer questions 9 - 12**

9. Name of Parent with whom child resides: \_\_\_\_\_

10. Has the custody of the student been fixed by written separation agreement, judicial separation decree or final divorce decree? (circle one) YES NO

**If yes**, attach a copy hereto as it pertains to the student's custody **and** proof of the custodial parent's residence (i.e., driver's license, lease, utility bill, bank account statement)

11. Does the owner of the property where the student presently resides claim a School Tax Relief (STAR) exemption or credit on the property as his/her primary residence? (circle one) YES NO

12. Is the student covered under any medical, dental, automobile or other insurance? (circle one) YES NO

**If yes**, give particulars, including the name of the individual who is the insured under the plan or insurance contract. \_\_\_\_\_

**13. If the student resides with a person(s) other than parent(s), please complete #13 through #17:**

The name(s) of such person(s): \_\_\_\_\_

How the student came to reside with such person(s) and attach copies of all documentation relating thereto (i.e., judicial award of guardianship): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Does the student now, or has the student during the past year, receive financial or other support from his/her parent(s)? (circle one) YES NO

If so, state the dates, approximate dollar amount or other support received each week:

\_\_\_\_\_  
\_\_\_\_\_

15. Does the student receive financial or other support from the person or persons referred to in question 13? (circle one) YES NO

If so, state the approximate dollar amount of such support received each week: \_\_\_\_\_

16. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of either parent?

**If yes,** give particulars including the name of the individual who is the insured under the contract: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Is the student covered under any medical, dental, automobile, sickness, accident, health or other insurance of the non-parental person(s) with whom (s)he resides?

**If yes,** give particulars including the name of the individual who is the insured under the contract: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Does the student receive any of the following? (circle the appropriate responses)

- 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): \_\_\_\_\_
- j. For each of the items above that a student is receiving, state 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.

The district may require additional documentation necessary to verify residency. When requested to do so, registrants must provide information as set forth on attached Proof of Requirements. This information must be received by the Superintendent’s office in order to complete residency determination.

**I understand that statements made in this affidavit will be relied upon by the Burnt Hills-Ballston Lake 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.**

Parent / Guardian signature	Date	Parent / Guardian signature	Date
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Signature of person with whom student resides	Date	Signature of person with whom student resides	Date
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**Note: Please be advised that to make a false statement regarding residency is a violation of the law to wit: a violation of §210.35 of the NY Penal Law, which is a Class A misdemeanor and may be punishable by a fine of up to \$1,000, and/or up to one year of imprisonment.**