

Burnt Hills – Ballston Lake Central School

Student Residence Questionnaire

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 / Guardian name (circle) Parent Guardian _____

Residence address & phone number:

Street

Phone

City, State, Zip

Email address

Date when parent / guardian first began living at this address _____

Parent / guardian's previous residence address:

Street

City, State, Zip

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

7. Parent / Guardian name (circle) Parent Guardian _____

Residence address & phone number:

Street

Phone

City, State, Zip

Email address

Date when parent / guardian first began living at this address _____

Parent / guardian's previous residence address:

Street

City, State, Zip

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

8. Student presently resides with:

_____ Parent(s)

_____ Guardian(s)

_____ Neither

Single parents ONLY, please answer questions 9 - 12

9. Name of Parent/Guardian 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/guardian'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 parents/guardians, please complete the following:

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)/guardian(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/guardian?

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.

19. What is the name, mailing address & telephone number of the public, private, parochial or other school attended by the student before his/her request for admission to this school district (if applicable)?

Name of School	Phone
Street	City, State, Zip

Please indicate the dates between which the student attended the above-mentioned school:

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.