



Central Administrative Offices
77 Landau Avenue, Floral Park, NY 11001-3603

Regina M. Agrusa
Superintendent of Schools

Stacey Popkin
Transportation Supervisor
(516) 488-9821
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SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
REGISTRATION FORM FOR TRANSPORTATION SERVICES

If this is the first time that you are filing an application for transportation services with the Sewanhaka Central High School District, it is your obligation to provide the District with proof of residency. This information is required with your first application.

Transportation applications must be submitted and/or postmarked by April 1, 2026.

After the application is completed, please return it to:
Sewanhaka Central High School District
Mrs. Stacey Popkin
(516) 488-9821
Central Administrative Offices
77 Landau Avenue
Floral Park, NY 11001

ALL TRANSPORTATION APPLICATIONS THAT ARE INCOMPLETE WILL BE RETURNED.

INSTRUCTIONS:

1. All Applicants **MUST** complete Sections 1 through 8 of the registration form, sign the bottom of page 2 and have the document notarized. Attach copy of birth certificate, baptismal certificate or other proof of date of birth. (See page 2, Section 2 "Verification of Age" for a list of other acceptable documents).
2. **DIVORCED OR SEPARATED PARENTS** **with** current Custody Order submit a copy of the Court Order or divorce papers: **without** a Custody Order, **must** complete Affidavits Forms C and Form D. Form D is for the non-custodial parent. **Form D will not be required prior to admission in cases where the non-custodial parent is uncooperative, cannot be located, is out of the country or is unavailable for other valid reasons.**
3. **FOSTER PARENTS** complete Sections 1 through 8 of the registration form and submit a copy of BSW-241 or DSS-2999 form. The DSS social worker (legal guardian) should also **SIGN THE APPLICATION.**
4. **LEGAL GUARDIANS OR LEGAL CUSTODIANS** complete Sections 1 through 8 of the registration form and attach a certified copy of the Court Order.
5. **PERSON IN PARENTAL RELATIONSHIP (PERSONS OTHER THAN CHILD'S PARENTS WITHOUT A COURT ORDER)**, complete Sections 1 through 8 of the registration form and **must** complete Affidavits Forms C and D. **Form D will not be required prior to admission in cases where the parent(s) are uncooperative, cannot be located, are out of the country, or unavailable for other valid reason.**

RESIDENCY INFORMATION:

HOMEOWNERS: Must provide proof of ownership such as a recent mortgage statement, tax bill or deed **AND** a utility bill or some other documentation establishing physical presence, including but not limited to the types of documentation listed in Section 1 "Verification of Residency" (see below). No additional documentation is required.

RENTERS: Complete Form A and submit a copy of a recent utility bill **AND** residential lease or other documentation establishing physical presence, including but not limited to the types of documents listed in Section 1 "Verification of Residency" (see below). Have the owner/landlord complete Form B. (You may instead submit an affidavit from a third party relating to your physical presence in the District Form E).

1. VERIFICATION OF RESIDENCY

The District will consider other documentation and/or information establishing physical presence in the District including, but not limited to, the following:

- Pay stub with home address in the District;
- Income tax form;
- Utility or other bills;
- Membership documents (e.g., library cards) based upon residency;
- Voter registration document(s);
- Official driver's license, learner's permit or non-driver identification with home address in the District;
- State or other government-issued identification;
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child including, but not limited to judicial custody orders or guardianship papers.

2. VERIFICATION OF AGE

A certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth will be used to determine a child's age. If either of these documents is available no other form of evidence may be used to determine a child's age. If these documents are not available, a passport may be used to determine a child's age. If none of these documents are available, the District may consider other documentary evidence in existence, two years or more, except an affidavit of age. Such other evidence may include but not be limited to, the following:

- Driver's license;
- State or other government issued identification;
- School photo identification with date of birth;
- Consulate identification card;
- Hospital or health record;
- Military dependent;
- Identification card;
- Documents issued by federal, state, or local agencies (e.g., local social service;
- Federal Office of Refugee Retirement);
- Court orders or other court-issued documents;
- Native American tribal document or records from non-profit international aid agency and voluntary agencies.

Is the student classified with a disability?
IEP (Circle) Yes or No
504 (Circle) Yes or No

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
A NATIONAL DISTRICT OF EXCELLENCE
ELMONT, FLORAL PARK, H. FRANK CAREY,
NEW HYDE PARK & SEWANHAKA
REGISTRATION FORM

OFFICIAL USE ONLY
Application received
Registrar's Signature

BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR OTHER ACCEPTABLE PROOF OF DATE OF BIRTH
MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. I am requesting permission based upon my legal residence to have the following child transported to:

Student's Name: (Last, First, Middle) _____ Date of Birth _____ Grade _____ Sex _____

2. Are you: _____ Parent(s) (If there has been a divorce, refer to instruction sheet)
(Check One) _____ Legal guardian (Court Appointed)
_____ Person in parental relationship
_____ Foster parent(s)
_____ Never married

3. Mother/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

- Father/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

4. IF THE STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT OR LEGALLY APPOINTED GUARDIAN, GIVE THE ADDRESS AND TELEPHONE NUMBER OF ANY LIVING NATURAL PARENTS/GUARDIANS IN SPACES BELOW.

NOT APPLICABLE _____ (Check)

Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____
Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____

5. Student's previous address, if in New York:

Street _____ Town _____ Telephone # _____
Name of Parent/Guardian at that previous address _____

HAS THE STUDENT EVER ATTENDED A SEWANHAKA CHSD SCHOOL? YES _____ NO _____
IF YES, WHICH SCHOOL _____

List the name, birth date, school and grade of all school age children who live with you:

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

6. **THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS** Not applicable _____ (Check)
Has student participated in Interscholastic Athletics: Yes _____ No _____ (Check One)
If YES, Level: JHS _____ JV _____ V _____ Intramural _____

7. Is the student a **FOSTER CHILD**. YES or NO. (Circle One)
If YES School District of Origin _____
Foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999

8. **THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN AN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT.** Not applicable _____ (Check)

- a) Why is the child not living with his/her natural or adoptive parent? _____

- b) Does the student live in your home exclusively? Yes _____ No _____ (Check One)
- c) Is this a temporary or permanent relationship? _____
- d) How often will the natural parents see the child? _____
- e) What percentage of financial support will be made by the natural parents? _____
- f) What percentage of financial support will be made by you? _____

Under PENALTIES OF PERJURY, the statements contained in this application are true and are made to induce the Sewanhaka Central High School District to admit the above named student as a resident of the District. I understand that the student's admission to the District are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges during the period of the student's attendance (approximately \$14,407 annually). I also understand that it is my responsibility to notify the school of any change in the student's living arrangements and/or any other circumstances affecting this application. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date

Date

PRINT:Name of Mother/Guardian/Person in Parental Relationship

PRINT Name of Father/Guardian/Person in Parental Relationship

Signature of Mother/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Signature of Father/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Notary Public

Notary Public

RENTER'S/NON-OWNER'S AFFIDAVIT

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says:
(NAME OF PARENT/GUARDIAN/CUSTODIAL PARENT)

- 1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my Child/Ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the Sewanhaka Central High School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR, PER CHILD, RETROACTIVE to the first day of admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.
2. I am the PARENT/GUARDIAN/CUSTODIAL PARENT of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)

With my Child/Ward, and

- 1. 5.
2. 6.
3. 7.
4. 8.

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS)

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

- 3. My last address was _____ where I lived with
1. 5.
2. 6.
3. 7.
4. 8.

(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS)

I began living at _____ on _____
(CURRENT ADDRESS) (DATE)

My living arrangement is governed by (CHECK APPROPRIATE BOX):

- [] a formal lease [] other

The terms and conditions of my tenancy/occupancy are as follows (specify rent, etc.):

MONTHLY RENT: _____

DURATION OF TENANCY: _____

Sworn to before me
This _____ day of _____, 20__

PRINT NAME

NOTARY PUBLIC

SIGNATURE OF RENTER/NON-OWNER

OWNER'S/LANDLORD'S AFFIDAVIT
(This form may be submitted sworn or unsworn)

STUDENT'S NAME (Print last name, first name)

(NAME OF LANDLORD, RELATIVE, OTHER)

1. I understand that this statement is made in order that the above mentioned Child/Ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident.

I am the legal owner or leaseholder authorized to rent the property at: _____

I am the relative/other than landlord/providing a room/apartment. I live at: _____, which is located within the boundaries of the Sewanhaka Central High School District.

The terms and conditions of said tenancy/occupancy are as follows: (Specify rent, space occupied, etc.)

2. To the best of my knowledge the above-mentioned property is the current residence of _____ and the child/ward named above.

(NAME OF PARENT/GUARDIAN)

3. The following names include all school age children seeking to enroll:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

This statement is submitted unsworn.

This statement is sworn to under penalty of perjury.

Sworn to before me
this _____ day of _____, 20 _____

PRINT NAME

NOTARY PUBLIC

SIGNATURE OF OWNER/LANDLORD/OTHER

CUSTODIAL PARENT/GUARDIAN or PERSON IN PARENTAL RELATIONSHIP AFFIDAVIT

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says: (NAME OF CUSTODIAN(S))

1. I live at _____ (FULL ADDRESS OF CUSTODIAN)

2. The above named (child/ward) is my _____ and he/she has lived with me since _____ (CHILD'S RELATIONSHIP TO CUSTODIAN) (DATE)

3. The reason(s) why the (child/ward) is living with me and not the parent(s) are as follows: _____

4. Who will provide the child with food, clothing and all other necessities? _____

5. How long do you intend for this living arrangement to continue? (Be specific): _____

6. Who will be responsible for matters which relate to the child's/ward's education? Be specific, (e.g. signing permission slips, course selection sheets, or attending parent conferences): _____

7. Describe how you obtained custody and control of the child/ward: _____

8. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that my child/ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand if my child/ward is found not to be a legitimate resident of the Sewanhaka Central High School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR PER CHILD retroactive to the first day of my child's/ward's admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of the aforementioned child/ward and recognize his/her actual and only address to be that of _____ (NAME OF CUSTODIAN)

as the custodian who lives at _____ (ADDRESS OF CUSTODIAN)

Print Name

Print Name

SIGNATURE OF CUSTODIAN

SIGNATURE OF CUSTODIAN

Sworn to before me this _____ day of _____, 20__

Sworn to before me this _____ day of _____, 20__

NOTARY PUBLIC

NOTARY PUBLIC

PARENT'S AFFIDAVIT
(NON-CUSTODIAL)

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says:
(NAME OF PARENT)

1. I am the parent of the above named Child/Ward who resides at _____
(ADDRESS OF PERSON IN CUSTODIAL RELATIONSHIP)

2. I reside at _____
(ADDRESS OF PARENT)

3. The reason(s) why the Child/Ward is not living with me are the following: _____

4. I have asked the custodial parent/guardian named below to assume responsibility for the custody and control of my Child/Ward because: _____

5. How long do you intend for this living arrangement to continue (Be specific). _____

6. Do you relinquish custody and control of your Child/Ward to the custodian named below including the right to make decisions pertaining to the child's health welfare, and education of the child, and including obligation to financial support?
 YES NO

7. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand if my child is found not to be a legitimate resident of the Sewanhaka District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR, PER CHILD**, retroactive to the first day of my child's admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize _____
(NAME OF CUSTODIAN)

as the custodian and caretaker of my Child/Ward and recognize his/her actual and only address to be at _____

(ADDRESS OF CUSTODIAN)

Print Name

Print Name

SIGNATURE OF PARENT

SIGNATURE OF PARENT

Sworn to before me
this _____ day of _____, 20____

Sworn to before me
this _____ day of _____, 20____

NOTARY PUBLIC

NOTARY PUBLIC

THIRD PARTY AFFIDAVIT ATTESTING TO PHYSICAL PRESENCE

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says:
(NAME)

I am submitting this affidavit in support of the application to have the following student(s) registered in the Sewanhaka Central High School District:

Full Names:

by _____
(Insert name(s) of person(s) in parental relation)

who resides at _____

I hereby state that the above-named individuals are physically present at this address and reside there on a full-time basis. I recognize that the Sewanhaka Central High School District will rely upon this representation when considering the request to register and admit the above-named individuals to school.

My statement is based upon the following: (Indicate basis of knowledge of physical presence).

SIGNATURE

DATE

ADDRESS

Sworn to before me
this _____ day of _____, 20_____

Notary Public