

Homeschooling Residency Verification

Welcome to the West Seneca Central School District!

We are looking forward to working with you as members of the West Seneca School community! The Board of Education, administration, and support staff are all committed to assisting parents in complying with the home school regulations established by the New York State Commissioner of Education. We encourage you to join us in fulfilling the District's Mission "to provide a diversified educational program that will produce literate, caring, ethical responsible, and productive citizens who are capable of adapting to change."

RESIDENCY VERIFICATION PACKET

Per the New York State Department of Education guidelines, please complete this Residency Verification packet and submit it to our District Administration Office at:

1397 Orchard Park Rd, West Seneca, NY 14224 Attn: Pupil Personnel Services Department Or by email at: rstefanik@wscschools.org

The following items are required to complete the verification of residency and compulsory age:

- Proof of Residency and Supporting Documentation
 - > ONE (1) Proof of Residency:
 - Documentation of Purchase of Home in District: Town Tax Bill, Current Mortgage Statement, Current Signed Lease Agreement, HUD Papers or Closing Statement
 - If you do not have the residency documentation shown above please provide a Notarized Statement from your Landlord accompanied by their Proof of Ownership (Town Tax Bill, Mortgage Statement).
 - TWO (2) additional proofs of Supporting Documentation which may include the following:
 - Car registration, utility bill, bank statement, payroll stub, government benefit document
- o Child's Birth Certificate (Original with raised seal)

WEST SENECA CENTRAL SCHOOL DISTRICT

HOMESCHOOLING RESIDENCY VERIFICATION

School Year		rade	Date of Registration	
Student's Name				
Address				
Student's Date of Bi	rth F	Place of Birth	Dominant Language	
			ES □ NO Special Education: □ YES □ NO	
•			Entry Date to U.S.	
Last School/District	Attended			
	RAC	IAL AND ETHIC IDEN	<u>ITIFICATION</u>	
Is the student Hispa	nic, Latino, or of Span	ish origin? ☐ YES	□NO	
Please select at least	t one race from the fo	llowing racial group	S.	
☐ American/Indian or Alaskan Native		☐ Asian	☐ Black or African American	
☐ Native Hawaiian/	☐ Native Hawaiian/Pacific Islander		☐ Multiracial	
		CONTACT INFORM	ATION	
CONTACT 1:				
Primary Residential	Parent/Guardian			
Address				
Home #	Cell #	Work #	Email	
Relationship	Dominate L	anguage	Legal custody of student ☐ YES ☐ NO	
CONTACT 2:				
Primary Residential	Parent/Guardian	·		
Address				
Home #	Cell #	Work #	Email	
Relationship	Dominate L	anguage	Legal custody of student ☐ YES ☐ NO	
District reserves its ricost of educating a st period that any non-r I hereby certify that t West Seneca Central	ght to recover from parer udent (as established by t resident student is enrolle the student listed on this r School District boundarie stand that I must immedia	ets, persons in parental the New York State Edu ed in the District's school residency form actually s. I further certify that	rform could constitute a crime. I understand that the relations or other responsible parties the entire actual cation Department), plus related costs, for the entire ols without authorization and/or under false pretenses. resides at the address specified above, within the all information I provided on this residency form is true if the residency of the student changes from the	
(Signature of Parent/Guardian)			(Date)	