

MENANDS UNION FREE SCHOOL DISTRICT
19 WARDS LANE
MENANDS, NEW YORK 12204

REQUEST FOR TRANSPORTATION 2017-2018 SCHOOL YEAR

The request listed below is to be completed and returned to the Menands Union Free School District Office by April 1, 2016. Please give all information asked for and any other information or comments you wish to make.

I understand transportation will only be provided on the days Menands School is in session.

I hereby request transportation to and from school for the following:

	Grade in 2016-2017	School Student Will Attend	School Opening Time - A.M.	School Closing Time - P.M.
<u>Name of Student</u>				

NO TRANSPORTATION NEEDED

(Please check box if transportation is not requested and sign/date below.)

COMMENTS: _____

Date: _____

Signature of Parent: _____

Address: _____

Phone: _____

**Menands Union Free School District - Student Information Sheet
2017-2018 School Year**

Student ID _____ Teacher _____ Grade _____ Gender _____
 Student Name _____ Birthday _____
 Physical Address: _____ Home Phone _____

Hispanic: Y N _____ Country of Birth: _____ Home Language _____ Years in US Schools: _____ Date of Entry into the US: _____	Race: _____ — American Indian — Asian — Black — Native Hawaiian — White
Bus Information: AM Bus Number: _____ PM Bus Number: _____	

Mother

Name: _____ Employer: _____ Active Military Y N _____ Has Custody: Y N _____
 Home Phone: _____ Day Phone: _____ Cell Phone: _____

Father

Name: _____ Employer: _____ Active Military Y N _____ Has Custody: Y N _____
 Home Phone: _____ Day Phone: _____ Cell Phone: _____

2nd Parent Mailing Information

Parent Name: _____
 Address: _____

Parent or Guardian Emails (List as many as are appropriate)

E-Mail: _____

Emergency Contacts: Please list 2 adults other than parents who could be contacted in case of a medical emergency.

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Physicial Information

Preferred Hospital: _____ Dr. Name: _____ Dr. Phone: _____
 Dentist Name: _____ Dentist Phone: _____

Medical Alert: Please list all pertinent information, ie. food allergies, bee sting, asthma, diabetes, etc.

Other Information

Adults Authorized to pick up my child (other than parent): _____

Siblings: _____

Other Adults living with Student: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Registration Questionnaire

Date: _____

Student's Name _____ Grade _____ Gender _____

The answer you give below will help the district determine what services you or your child may be able to receive 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 certificate. 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)

_____ In a shelter

_____ with another family or person because of loss of housing as a result of economic hardship (sometimes referred to as "doubled-up")

_____ In a hotel/motel

_____ In a car, park, bus, train, or campsite

_____ Other temporary living situation (Please describe): _____

_____ In permanent housing (house or apartment)

Custody Papers

(If applicable: Most recent court order. It must clearly state who has physical/legal custody of the child and must have judge's signature)

Custody Issues _____

Second Parent Mailing: Yes _____ No _____

Name of last school attended/length of time at last school/dates/reason for leaving.

_____ Did your child attend pre-K

_____ Length of time in pre-K

_____ IEP (Individualized Education Plan) from previous school district

_____ ESL

_____ Other support services _____

_____ Medical Needs _____

AFFIDAVIT OF RESIDENCY - MENANDS UNION FREE SCHOOL DISTRICT

STATE OF NEW YORK

COUNTY OF _____

_____ being duly sworn, deposes and says:

(Name of Owner/Renter/Parent/guardian –Circle appropriate titles)

1. I reside at (legal residence) _____

Telephone number: _____

2. Names of all residents at above address:

Relationship to owner/renter

_____	_____
_____	_____
_____	_____
_____	_____

3. I make this affidavit for the purpose of establishing residency within the Menands Union Free School District. The student(s) belongings are kept at this address, they sleep at this address, and for all intents and purposes live at this address.

4. If the child's/children's other parent does not reside at the same location, then provide the following information:

_____	_____	_____
(Other Parent's Name)	(Address)	(Telephone Number)

COMPLETE EITHER 5A OR 5B

5A. In support of the above, as a home owner, I have attached a mortgage document and two of the following proofs of my residency.

___ Property tax bill ___ Water tax bill ___ Driver's license/photo ID ___ Electric bill ___ Bank statement

5B. In support of the above as a renter, I have attached the most recent copy of my lease listing all the residents in the apartment/home and two of the following proofs of my residency. Place a check in front of each item attached.

___ Rent Receipt ___ Driver's license/photo ID ___ Electric bill ___ Bank statement

If you are a renter, complete the following:

Landlord's name _____ Landlord's phone number _____

By signing this affidavit, I am stating that the information that I provided above is accurate and truthful. If the information provided above changes, Menands School must be notified immediately. Should the District discover that this student is not living at this address, he or she will immediately be withdrawn as a student of the Menands School District and that I may be responsible for tuition payment, transportation costs, and other fees.

Sworn to me this _____

day of _____, 2017.

(Notary Public)

(Signature of Owner/Renter/Guardian)