

**Byram Hills School District
10 Tripp Lane
Armonk, New York 10504**

Change of Address within the District

If you are a family already residing in the District, and have had a change of address within the District, please complete the following packet and return it to:

District Office
10 Tripp Lane
Armonk, NY 10504

Sincerely,

Mr. Kelly E. Seibert
Assistant Superintendent for Business & Management Services

Attachments

If you have questions please contact:
Mary Jones
Phone: 914-273-4198 Ext. 5950/ Fax: 914-273-4199
majones@byramhills.org

**Byram Hills School District
10 Tripp Lane
Armonk, New York 10504**

Proof of Residency Checklist

Proof of residency in the Byram Hills School District is required from all families with children attending schools within the District. The documentation needed is listed below.

All applicable material must be submitted to the District's Business Office.

✓ **Proof of Residency (See Requirements to Verify Residency)**

- Executed copy of lease, deed or tax bill
- Proof of Residency Form (Form B **), including the street address with the name of the parent/guardian registering the student
- Two documents showing proof of residency (such as: tax forms/returns, utility bills, driver's license, car registration, etc.)

For District Use Only
Initial and Date

Family Name: _____ Phone #: _____

Email Address: _____

Residency approval will be based on receipt and approval of the above information/forms.

<p>Please bring or send back proof of residency to: Byram Hills CSD Attn: Mary Jones 10 Tripp Lane Armonk, NY 10504 914-273-4198 Ext. 5930 majones@byramhills.org</p>
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**** Form B has to be notarized.**

Byram Hills School District

Registration Form

HOUSEHOLD INFORMATION

Family's Last Name _____ Today's Date _____

Residence Type (choose one): Lease Own Rent Other: _____

Household Residence Address: _____

Household Mailing Address, if different from residence address: _____

Primary Household Phone: _____ Is this a Cell Phone? YES NO

Language Spoken at Home _____

Have **any** of your children previously attended a Byram Hills school or received special services from the School District?

YES NO If YES, Last school year/ date of attendance _____

Address at the time, **if different** than current address _____

RESIDING "IN HOUSEHOLD" – PARENT/GUARDIAN #1

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

RESIDING "IN HOUSEHOLD" – PARENT/GUARDIAN #2

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

RESIDING "OUTSIDE THE HOUSEHOLD" – PARENT/GUARDIAN

First Name _____ Last Name _____

Salutation Mr. Mrs. Ms. Dr. Other _____ Gender: Male Female

Relationship to Student: Mother Father Other _____

Out of Household Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Custodial Parent/Guardian?: Yes No

Is parent full-time, active-duty member of US Armed Forces or National Guard? Yes No If Yes, Entry Date _____

BYRAM HILLS SCHOOL DISTRICT
10 TRIPP LANE
ARMONK, NEW YORK 10504

FORM B

PROOF OF RESIDENCY FORM

(required for all children)

Parent(s) or Guardian(s) Name: _____

Address: _____

Record all children, residing in the district, WHO WILL BE ENROLLING in Byram Hills Schools						
Child's Name	Sex M/ F	Child's DOB	School(s) Previously Attended	Current Grade (If entering between Sept. and June)	Last Grade Completed (If entering July or August)	District Use Only: Student ID

OTHER CHILDREN LIVING AT HOME					
Record all Preschool & Non-school Age children/School-Age NOT attending Byram Hills Schools					
Child's Name	Sex M/ F	Child's DOB	Current School (if applicable)	Grade as of ___/___/___	District Use Only: Student ID

Only children who are bona fide residents of the Byram Hills School District are permitted to attend its schools and/or utilize District resources. If false representation of residency is made, the family may be billed for tuition from the date of entry.

I certify that I am the parent or guardian¹ of (list all names) _____

and reside at the address listed above. I have attached a copy of my tax bill, contract of sale, closing statement, lease or other documentation of ownership or tenancy. I have also provided (*or will be providing in a timely manner*) at least two other forms of documentation for proof of residency (examples: current tax forms, current utility bill, current car registration, etc.).

Signature of Parent/Guardian

Subscribed to and sworn before me this
_____ day of _____, 20____

Notary Public Signature
Commission expires on:
(Seal/Stamp)

¹If someone other than a natural parent is attempting to register a student, approval from the Superintendent's office may be required. In such case, satisfactory documentation will be required showing that responsibility for the child's care, custody, expenses, and educational decision-making have been assumed.

²Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available.



BYRAM HILLS SCHOOL DISTRICT

10 Tripp Lane, Armonk, New York 10504
Office: 914-273-4198 Fax: 914-273-4199

REQUIREMENTS TO VERIFY RESIDENCY

Education Law (Section 3202.1) states that the residency of the parent is the official residency of the student.

Parents need to present Form B along with the documents below to the school Registrar. If these documents are not available, the parent will need to meet with the Assistant Superintendent for Business.

Please note that documentation requirements will be waived for unaccompanied, undocumented and homeless children. Such children will be admitted first, with documentation to be collected after enrollment, and as available.

TO VERIFY RESIDENCY AT THE TIME OF REGISTRATION OR FOR CHANGE OF ADDRESS:

For Homeowners:

Notarized Affidavit (Form B)

AND

Either
a or b

- a. A tax receipt
- b. A signed closing statement, not a signed contract to purchase.

AND

Any *two* of the following documents:

Utility bills
Driver's License
Car registration

Auto insurance
Voter's registration card.

For Renters:

Notarized Affidavit (Form B) or Notarized Letter of Landlord (request form)

AND

A signed lease

AND

Any *two* of the following documents:

Utility bills
Driver's License
Car registration

Auto insurance
Voter's registration card.

In addition, when parent(s) and student(s) live with a friend or family member, the following is required:

1. Notarized Affidavit or letter of district resident family member or friend, stating names of the student(s)' parent(s) and student(s).
2. Two documents (see above for homeowner or renter) verifying the residency for each, the friend or family member, and the parent of the student.

NEW or RE- ACTIVATED REGISTRANT (VOTER)	CURRENT INFORMATION (PLEASE PRINT CLEARLY)						
	Last Name:		First Name:		MI	Jr/ Sr	Date of Birth
	House #		Street Name		Apt #	City	State Zip
	Phone #			Gender			
	()			<input type="checkbox"/> M or <input type="checkbox"/> F			
	GENERAL QUALIFICATIONS:						
• I am a citizen of the United States.							
• I am (or will be) 18 years old or more on the date of the election.							
• I have lived in this school district for at least 30 days before this election.							
• This is my signature or mark on the line below. • <i>The above information is true.</i>							
Registrant Signature					Date:		

UPDATE VOTER INFORMATION	YOUR CORRECT OR CURRENT INFORMATION (PLEASE PRINT CLEARLY)						
	Last Name:		First Name:		MI	Jr/ Sr	Date of Birth
	House #		Street Name		Apt #	City	State Zip
	INCORRECT INFORMATION ONLY AS IT APPEARS IN THE REGISTRATION BOOK:						
	PRINTED IN BOOK AS - Last Name:		PRINTED IN BOOK AS - First Name:		MI	Jr/Sr	
	House #		Street Name		Apt#	City	State Zip
	Date of Birth			PAGE #		LINE #	
Registrant Signature					Date:		

DELETE OR REMOVE VOTER	DELETE (REMOVE) VOTER:				<input checked="" type="checkbox"/> REASON BELOW	
	PAGE #:		LINE #:		<input type="checkbox"/> Moved out of District	
	Last Name:				<input type="checkbox"/> Duplicate	
	First Name:			Date of Birth	<input type="checkbox"/> Voter Deceased	
	Info Source: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member:				<input type="checkbox"/> Other: _____	
Source Signature					Date:	

****For Official use only****

Check if applicable:

- County BOE Permitted Registrant to Vote (name not found in our books).
- Change the Registrant's Poll Place: From: _____ To: _____

Inspector Signature: 	Print Name:	Date
District Clerk's Authorization: 	Date:	****PRINT SCHOOL DISTRICT NAME:****