Change of Address within the District

To effect a change of address within the District, please complete this packet and compile the required documentation and:

Scan to: majones@byramhills.org

<u>or</u>

Mail or bring to:

District Office
10 Tripp Lane
Armonk, NY 10504

If you have questions please contact:

Mary Jones
Phone: 914-273-4082 Ext. 5930/ 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.

For District Use Only
Initial and Date

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

    o   Executed copy of lease, deed or tax bill

    o   Proof of Residency Form (Form B **), including the street address with the name of the parent/ guardian registering the student

    o   Two documents showing proof of residency (such as: tax forms/returns, utility bills, driver's license, car registration, etc.)

Family Name: _____ Phone #: _____

Email Address: _____

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

> **Please bring or send back proof of residency to:**
> Byram Hills CSD
> Attn: Mary Jones
> 10 Tripp Lane
> Armonk, NY 10504
> 914-273-4082 Ext. 5930
> majones@byramhills.org

** Form B has to be notarized.

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.

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

For Homeowners:
- Notarized Affidavit (Form B)
- Property Tax Bill <u>OR</u> Closing Statement <u>OR</u> Deed
- Any <u>two</u> (2) of the following supporting documents: Utility bills, updated driver's license, auto registration, auto insurance, Voter's Registration Card

For Renters:
- Notarized Affidavit (Form B)
- Signed Lease
- Any <u>two</u> (2) of the following supporting documents: Utility bills, updated driver's license, auto registration, auto insurance, Voter's Registration Card

For Families living with friends or family:
- Notarized Affidavit (Form B)
- Notarized Affidavit of Homeowner *Click here for Homeowner Affidavit*
- Any <u>two</u> (2) of the following supporting documents: Utility bills, updated driver's license, auto registration, auto insurance, Voter's Registration Card

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

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**

In order for your child/children to attend the Byram Hills School District, you must be a resident of the School District. Section 210.45 of the Penal Law of the State of New York prohibits the making of a false written statement. Therefore, statements contained in your registration application must be true and accurate. If the School District determines that you are not a resident, your child/children will be excluded from attending the Byram Hills Schools. Further, you will be liable to the School District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.

I certify that I am the parent or guardian[1] 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)

[1]If 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.
[2]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.

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_____

CURRENT INFORMATION (PLEASE PRINT CLEARLY)

NEW or RE-ACTIVATED REGISTRANT (VOTER)

Last Name:	First Name:	MI	Jr/ Sr	Date of Birth

House #	Street Name	Apt #	City	State	Zip

Phone #	Gender
( )	❑ M or ❑ 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. •The above information is true.

Registrant Signature ✍: _____ **Date:** _____

YOUR CORRECT OR CURRENT INFORMATION (PLEASE PRINT CLEARLY)

UPDATE VOTER INFORMATION

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 (REMOVE) VOTER:

DELETE OR REMOVE VOTER

☑ **REASON BELOW**

PAGE #:		LINE #:		❑ Moved out of District
Last Name:				❑ Duplicate
First Name:		Date of Birth		❑ Voter Deceased

Info Source: ❑ Self ❑ Spouse ❑ Family Member: _____ ❑ 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:*****
✍		