

Cairo-Durham Central School District

Change of Residency

Dear Parent/Guardian,

To change a student's residency within our school district, we require the documentation listed below. The documentation is required in order to continue enrollment for your child/ren in the Cairo-Durham School District.

1. **Proof of Residency** - The following forms of documentary evidence will be considered, they must contain the parent(s)/guardian(s) name & physical address:
 - Deed or lease to house or apartment.
 - A statement by a third-party landlord, owner or tenant from whom the parent(s)/guardian(s) lease from or live with (either sworn or unsworn).
 - Such other statements by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district.
 - Pay Stub.
 - Income tax form.
 - Utility bill (i.e., gas, oil, electric, telephone, cable).
 - Membership documents such as library cards-based upon residency.
 - Voter registration document.
 - Official driver's license, learner's permit or non-driver ID.
 - State or other government issued ID.
2. **Attached Residency Questionnaire.**
3. **Attached Request for Transportation.**

These forms **must be** submitted to the Registrar's Office in order for the change in residency and bus transportation to take place. Change of residency will take place at the District Registrar's office by appointment only located at:

Registrar's Office
(Located in the High School Guidance Department)
Cairo-Durham High School
1301 Rt. 145, Cairo, NY 12413
Phone: (518) 622-8543 ext. 56010 Fax: (518) 622-8856
registration@cairodurham.org

Your cooperation is greatly appreciated.

Sincerely,

Douglas Morrissey
Registrar Director

NOTE TO SCHOOLS/LOCAL EDUCATIONAL AGENCIES: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is NOT required to submit proof of residency and other required documents that may be part of the registration packet.

Enrollment Form - Residency Questionnaire

Name of Local Educational Agency: _____

Name of School: Cairo Durham Central School District

Name of Student: _____

Last

First

Middle

Date of Birth: _____

Gender: () Female () Male

Grade: _____

Student ID# _____

Address: _____

Home Phone: _____

Cell Phone: _____

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 box.)

- In a shelter
- With another family or other person because of loss of housing or 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

Print name of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Signature of Parent, Guardian or Student
(for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

Cairo-Durham Central School District
Transportation Department
Request for Transportation

Please check which school your child needs transportation to/from:

C-D Elementary School

C-D Middle School

C-D High School

Student Name: _____

Date of Birth: _____ **Gender:** Female Male **Grade:** _____

Father's Name: _____ Home # _____

Cell # _____ Work # _____

Mother's Name: _____ Home # _____

Cell # _____ Work # _____

Mailing Address: _____

Physical Address: _____

Bus Pick Up Location:

Please Describe: i.e., exact street address, color of house, etc.

AM Pickup: _____

PM Drop-off: _____

Do you plan to send your student to a babysitter on a regular basis? Yes No

If yes, please provide and attach exact location and weekly schedule to this form.

For Emergency Purposes, it is important that the information being requested on this form be returned to the school your child is attending as soon as possible. If you have any questions or concerns, please contact the Transportation Dept at 622-2236.

Parent/Guardian Signature

Office Use Only:

Student ID: _____

Start Date: _____

Bus Rt. _____

AM Pick Up Time: _____

PM Drop Off Time: _____