

RAVENA-COEYMANS-SELKIRK CSD • PO Box 100, 15 Mountain Road, Ravena, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-4561

Name of owner or lease holder	do herby certify that the following p	people
Parent(s)/guardian(s):		
Children:	DOB:	
	DOB:	
	DOB:	
	DOB:	
have taken up residency with me at:		
as of	Street (& Unit if applicable) City, State, Zip	
Date shared residency started		

I further state that my home is the actual, sole and legal residence of the aforementioned. I have been advised, and do understand, that to make a false statement regarding the true, actual and legal residence and living arrangements of the above family, as described in the foregoing statement **is a violation of law.**

In order to establish your residency within the di each column, showing the physical address and o	strict, please provide a clear copy of one document from owner/lease holder's name:
Residency Proof 1	Residency Proof 2
🗌 Mortgage Statement	Driver's License with Current Address
🗌 Signed Lease Agreement	Vehicle Registration or Insurance ID Card
🗌 Purchase Contract	🗌 Utility, Phone, or other Bill (past 30 days)
🗌 House Deed	\Box Document issued by federal, state, or local agency
□ School or Property Tax Bill or Receipt	🗌 Voter Registration Card
🗆 Notarized Landlord Affidavit	

To wit: a violation of the Penal Law of the State of New York Section 210.35 is a Class A Misdemeanor.

	Notary Public: SWORN TO BEFORE ME THIS		
Signature of owner or lease holder	Day of	, 20	

To Parent(s)/Guardian(s): Should it be determined that misinformation was provided for the purpose of attending Ravena Coeymans Selkirk Central Schools, you may be billed for reimbursement of tuition and/or be excluded from attending Ravena Coeymans Selkirk Central Schools.

I affirm that the information provided in this form is truthful and accurate.

Signature of Parent/Guardian

Inquiry • Collaboration • Risk-Taking • Participation • Empathy