



**Alden Central School District
Residency Verification**

13190 Park Street, Alden, NY 14004
Phone: (716) 937-9116, ext. 4200
Fax: 1-888-955-7890
www.aldenschools.org



Residency Verification

- (1) Please complete the attached Residency Verification Packet.
- (2) Provide copies of birth certificates for each student.
- (3) Two (2) forms of proof of residency are required; these can include the following:

Proofs from Current Year	Proofs from the Last 30 Days
<ul style="list-style-type: none"> · Driver's License · Voter Registration Card · Property Tax Bill 	<ul style="list-style-type: none"> · Utility Bill · House Deed · Sale Contract · Notarized Landlord Affidavit · Real Estate Statement · Lease Agreement · Homeowner's Agreement · Current Rent Receipt · Mortgage Statement · Bank Statement

- (4) Submit your Residency Verification Packet to:

CENTRAL REGISTRAR: Dorothy Szymanski
 LOCATION: Alden High School - 13190 Park Street - Alden, NY 14004
 Room #236 (High School - 2nd floor - 1st door on left before entering Library)
 HOURS: 7:30 am - 3:00 pm

If you have any questions, please contact the Central Registrar at (716) 937-9116, ext. 4200 or e-mail dszymanski@aldenschools.org

Alden Central School District

Residency Verification

Date _____

Student Information	Last Name _____		First Name _____		Middle Name _____		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:		
	Grade _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 -		
	Last School Attended / District: _____					Grade at previous school: _____		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____/____/____	
1						Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			

Student Information	Last Name _____		First Name _____		Middle Name _____		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:		
	Grade _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 -		
	Last School Attended / District: _____					Grade at previous school: _____		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____/____/____	
2						Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			

Student Information	Last Name _____		First Name _____		Middle Name _____		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:		
	Grade _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 -		
	Last School Attended / District: _____					Grade at previous school: _____		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____/____/____	
3						Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			

Student Information	Last Name		First Name		Middle Name		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:	
									STUDENT ID # 1401 -	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		Date of Arrival in USA if not a Citizen ____/____/____	
4	Last School Attended / District:				Grade at previous school:		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language spoken: English Other _____	
							Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White			

Student Information	Last Name		First Name		Middle Name		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:	
									STUDENT ID # 1401 -	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		Date of Arrival in USA if not a Citizen ____/____/____	
5	Last School Attended / District:				Grade at previous school:		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language spoken: English Other _____	
							Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White			

Student Information	Last Name		First Name		Middle Name		Date of Birth ____/____/____ Month Day Year		OFFICE USE ONLY:	
									STUDENT ID # 1401 -	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		Date of Arrival in USA if not a Citizen ____/____/____	
6	Last School Attended / District:				Grade at previous school:		Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language spoken: English Other _____	
							Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White			

Parent/ Guardian	Household Surname :				
	Last Name	First Name	Middle Name	Home Phone	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone	
				Work Phone	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			E-mail Address	
				Street Address	
				City, State, Zip Code	
1	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Please circle county: Erie Genesee Wyoming other:	
	Residential Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address (if different than street address)	
				City, State, Zip Code	

Parent/ Guardian	Last Name	First Name	Middle Name	Home Phone	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone	
				Work Phone	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			E-mail Address	
				Street Address	
				City, State, Zip Code	
	2	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Please circle county: Erie Genesee Wyoming other:
Residential Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address (if different than street address)		
			City, State, Zip Code		

Sign below verifying all information in this packet is accurate.

X _____
Parent/Guardian Signature

Date