VALLEY STREAM SCHOOL DISTRICT 24

75 Horton Avenue, Valley Stream, New York 11581-1499
(516) 434-2825 • FAX: (516) 256-0163

Dr. Unal Karakas
Superintendent of Schools

June 5, 2025

Dear Parents/Guardians,

As we gear up for summer your assistance is crucial in updating and verifying your child's school records. According to Board of Education Policy 5110, our district is required to request updated records for every child entering the third and fifth grades in Valley Stream Union Free School District Twenty-Four.

As the parent/guardian of a student entering third and/or fifth grade, we ask that you return the enclosed forms along with current proof of residency to the respective school's building office your child is currently attending.

You will find an **updated records packet** enclosed with this letter, or you can access it on our District website at valleystreamschooldistrict24.org for printing. In case you're unable to print the packet at home, kindly contact your school's main office to schedule a pickup time. The packet will be made available to you at the door.

The dates and times to drop off updated records at each building will be as follows:

July 17th:	9:00 AM – 1:00 PM
July 24th:	9:00 AM – 1:00 PM
July 30th:	9:00 AM – 1:00 PM
August 7th:	9:00 AM – 1:00 PM and 5:00 PM – 7:00 PM
August 14th:	9:00 AM – 1:00 PM

Please refer to the instructions provided in the enclosed packet. **Additionally, forms must be notarized where indicated.** Should you have any questions, please contact your building principal.

We thank you in advance for your cooperation in this process and appreciate all your support!

Warmly,

Dr. Unal Karakas
Superintendent of Schools

Valley Stream UFSD Twenty-Four
75 Horton Avenue
Valley Stream, NY 11581

DR. UNAL KARAKAS
SUPERINTENDENT OF SCHOOLS

NEWVILLE ROBERTS
RESIDENCY OFFICER
516-872-5694

ALL NECESSARY FORMS MUST BE RETURNED IN PERSON TO YOUR CHILD'S HOME SCHOOL.

Note: The District retains the right to temporarily delay completion of this records update pending evaluation of the facts presented in any portion of this application.

UPDATE OF RECORDS INSTRUCTIONS

IF YOU ARE THE CHILD'S NATURAL PARENT:

The following documents **MUST** be presented at the time of records update, along with proper forms:

1. Child's **ORIGINAL** birth certificate.
2. **IF YOU OWN A HOME**, you must attach your **ORIGINAL** house deed, **AND** your current mortgage statement or current realty tax receipt, **PLUS** one of the following: LIPA bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy or car insurance policy. **Affidavit Forms "A" and "B" must be attached**.
3. **IF YOU ARE RENTING OR LEASING** an apartment or home, submit your lease or rental agreement and completed **Affidavit Form "C."** Provide the school with **TWO ORIGINALS** of the following: LIPA bill, cable/satellite bill, telephone bill, car insurance policy, voter registration card. Your landlord **MUST** complete **Form "B"** and submit required proof of ownership as listed in item #2 above.
4. **IF YOU ARE RENTING, BUT DO NOT HAVE A WRITTEN RENTAL OR LEASE AGREEMENT**, or are otherwise residing in a district resident's home, complete **Affidavit Form "C," PLUS** two additional proofs of residency from item 4. Your landlord **MUST** complete **Form "B"** and submit required proofs of ownership, as listed in item #2 above.
5. **ALL** residency affidavits **MUST** be notarized.
6. Parent, guardian, or custodian **MUST** produce a **VALID** photo ID.
7. It is <u>not</u> necessary to bring your child to drop off updated records packets. If possible, please have the children stay at home.
8. IF YOU ARE THE CHILD'S GUARDIAN, YOU MUST COMPLETE AFFIDAVIT FORM "D."

<u>ALL RECORDS PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."</u>

We thank you for your cooperation in making the updating of records a smooth process for all involved.

VALLEY STREAM UFSD TWENTY-FOUR
Updated Records Information

FORM A

Office Use Only			
School _____	**ID#** _____	**RM#** _____	**Dem.**

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. SUCH TUITION CHARGES MAY EXCEED $12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

Pupil's Name _____ **Date of Birth** _____

Age ___ **Grade** ___ **Gender** _____ **Language Spoken** _____

Present Address _____ **Own/Rent** _____

Phone Number _____ **Homeless** Indicate Yes/No

Child Resides With ( ) both parents ( ) parent only ( ) guardian

( ) foster parent ( ) custodial agreement on record

PARENTS: **Status** ( ) Married ( ) Divorced ( ) Separated ( ) Never Married

Parent/Guardian's Name _____ **Date of Birth** _____

Address _____ **Email** _____

Home Phone _____ **Cell Phone** _____

Employer's Name _____ **Business Phone** _____

Parent/Guardian's Name _____ **Date of Birth** _____

Address_____ **Email** _____

Home Phone Number _____ **Cell Phone** _____

Employer's Name _____ **Business Phone** _____

If Homeless indicate Y or N

Foster Parent/Guardian or Stepparent

Name _____ **Date of Birth** _____

Home Phone Number _____ **Relationship** _____

Employer's Name _____**Business Phone** _____ **Cell Number** _____

If the child is a foster child, list agency_____

Emergency Contact Information

Neighbor/Relative Name _____ **Phone Number** _____

Address_____

Physician's Name _____**Phone** _____

All other children in family

Name	Gender	Date of Birth	Current Grade/School

You may list any additional information on the back of this form

SIGNATURE REQUIREMENT AND NOTARIZATION REQUIREMENT APPLY TO ALL SECTIONS OF FORM A. NO APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED SIGNATURES.
THESE STATEMENTS CONTAINED IN THIS APPPLICATION ARE TRUE. I UNDERSTAND THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION BY THE DISTRICT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES, AND/OR CIRCUMSTANCES AFFECTING THIS APPLICATION.

STATE OF NEW YORK}
}SS:
COUNTY OF }

Sworn to before me

this _____ **day of** _____**, 20**__**.**

_____
Parent/Guardian Signature

NOTARY PUBLIC _____

Supplement To Form A

Additional Information

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

For Office Use

_____

Pupil's Name _____
Assigned to Grade _____ Teacher _____
Date of Entry _____

Proof of Residence:

[ ] House Deed [ ] Duly Executed Lease Agreement [ ] Real Estate Closing Statement
[ ] Contract of Sale of Home [ ] Nassau County Tax Bill [ ] Homeowner's Insurance Bill
[ ] Utility Bill [ ] Mortgage Statement [ ] Driver's License
[ ] Court Order or Judicial Decision [ ] IRS Tax Form, Federal or State [ ] Notarized Affidavit from the landlord (Form B) and notarized affidavit from non-owner/renter (Form C)

Proof of Age:

[ ] Birth Certificate [ ] Baptismal Certificate [ ] Visa [ ] Other

Verification of Birth Date: Pending [ ] Approved [ ]

Follow-Up:

[ ] Health [ ] Census [ ] Screening [ ] Records Request
[ ] Permanent Record [ ] Pupil Folder [ ] Supt's. Letter [ ] Rolodex

To the Parent/Guardian:

The Valley Stream School District 24 is required to collect and record the ethnic identity of the students in the District in accordance with federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. The District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form, a student records officer from the school or district will be required to identify the group to which the student appears to be, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

VALLEY STREAM SCHOOL DISTRICT TWENTY-FOUR

Student's name: Last _____ First _____ Middle Initial ___
Date of Birth_____/____/_____Grade _____

DIRECTIONS TO PARENT / GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM CAREFULLY BEFORE YOU RESPOND.

For question one (1) place One check [V] mark in the box that best describes your child.

1. **Is the student Hispanic, Latino, or Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.**

   [ ] YES, Hispanic

   [ ] NO, Not Hispanic

2. **Select one or more races from the following five racial groups and check** All **groups that apply to your child; checking at least One box:**

   [ ] AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.

   [ ] ASIAN: A person having origins in any of the origins of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

   [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

   [ ] BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

   [ ] WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other _____ **Date** _____

Relationship to Student [ ] Parent [ ] Guardian [ ] Other (Specify) _____

STUDENT RESIDENCE QUESTIONNAIRE

Name of Student _____ Sex____ M F
Last First Middle

Date of Birth___/___/_____ Age _____ Social Security# _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answer to this residency information helps determine the services the student may be eligible to receive.

Does the child lack a fixed regular and adequate nighttime residence? Yes _____ No _____

If you answered YES to the above question, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

( ) In a motel, hotel, trailer park, campground due to lack of alternative adequate living Accommodations
( ) In an emergency or transitional shelter
( ) With more than one family in a house or apartment due to loss of housing or economic hardship.
( ) Moving from place to place
( ) In a place not designed for ordinary sleeping accommodations such as a car, park or campsite, abandoned building, bus or train station.

Name of Parent(s)/Legal Guardian(s)__ _____

Address _____ Phone #_____

Presenting a false record or falsifying records is an offence under Section 37.1 of Penal Code and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

VS#24

OWNER'S AFFIDAVIT
FORM B

_____
STUDENT'S NAME (PLEASE PRINT)

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. SUCH TUITION CHARGES MAY EXCEED $12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

_____, Social Security # _____, being duly sworn, deposes and says:
Owner's Name

1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____(Name of Child) may be admitted to the schools of the Valley Stream Union Free School District 24 as a District resident.

2) I am the legal owner of _____(Address).
PRODUCE TWO ORIGINALS FROM THE FOLLOWING: DEED, MORTAGE STATEMENT OR TAX BILL
The terms and conditions of said tenancy are as follows: (Rent, etc.)
_____
_____
_____
ATTACH COPY OF LEASE

3) To the best of my knowledge the above-mentioned property is the current residence of _____ (Name of parent/guardian) and the Child/Ward named above.

4) The following names include ALL other persons living at this address:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

STATE OF NEW YORK}
}SS:
COUNTY OF }

_____
Signature of Owner

Sworn to before me
this _____ day of _____, 20__.

NOTARY PUBLIC _____

RENTER'S/NON-OWNER'S AFFIDAVIT
FORM C

_____
STUDENT'S NAME (PRINT NAME)

_____, Social Security # _____, being duly sworn, deposes and says:
Owner's Name

1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (Name of Child/Ward) may be admitted to the schools of the Valley Stream Union Free School District 24 as a District resident. I further understand that if my child/ward is found not to be a legitimate resident of Valley Stream Union Free School District 24, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE. SUCH TUITION CHARGES MAY EXCEED $12,000 PER YEAR, PER CHILD, RETROACTIVE TO FIRST DAY OF ADMISSION.** I also realize that theft of governmental services is a crime, punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for the purposes of residency verification.

2) I _____, AM THE (PARENT/GUARDIAN/CUSTODIAL PARENT/STEP-PARENT) of the above-named Child/Ward. I reside at (**state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)**

_____
_____
_____

with my Child/Ward and **(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS)**

1) _____ 5) _____
2) _____ 6) _____
3) _____ 7) _____
4) _____ 8) _____

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

3) My last address was _____ where I lived with (**LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS**):

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

4) I commenced residency at _____ (CURRENT ADDRESS) on _____ (DATE). My living arrangement is governed by:

- a formal lease (**attach copy of lease and Owner's Affidavit – Form B**)
- other (**attach rental agreement and Owner's Affidavit – Form B)**

The terms and conditions of my tenancy are as follows (specify rent, etc.):

_____
_____
_____

_____
SIGNATURE OF RENTER/NON-OWNER

STATE OF NEW YORK)
)SS:
COUNTY OF)

Sworn to before me this _____day of _____, 20___

NOTARY PUBLIC _____

CUSTODIAL AFFIDAVIT
FORM D

_____
STUDENT'S NAME (PRINT LAST NAME FIRST)

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE, WILL BE-SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. SUCH TUITION CHARGES MAY EXCEED $12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

1._____(NAME OF CUSTODIAN),_____ (SS#)
Being duly sworn deposes and says:

2. I live at _____.
_____(FULL NAME OF CHILD) is my _____CHILD'S RELATIONSHIP TO CUSTODIAN) and he/she has been living with me since _____ (DATE).

3._____NAME OF CHILD) intends to reside with me for _____
_____(LENGTH OF TIME).

4. This living arrangement is_____Permanent _____Temporary. If temporary, the arrangement will be terminated on _____Please explain:_____
_____

5. Describe the reason(s) and purpose for surrendering the care, custody and control of the child to you._____
_____

6. Former address(es) where child has lived:

Street	City	State	Dates	With Whom

7. _____(NAME OF CHILD) does not live at any other address.

8. Food, clothing, and all other necessities are provided to _____(NAME OF CHILD) by _____.

9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, please explain: _____
_____

10. Does each parent intend to remain at his/her present address? Please explain:
_____

11.Where is each parent/guardian registered to vote? Parent/Guardian _____
Parent/Guardian _____

12. What court orders have been made with respect to the child's guardianship or custody? (ATTACH A COPY OF ALL SUCH ORDERS)
_____

13. If the guardian has any other children, supply the following information:

Name Age Address Relationship to Guardian School
_____
_____
_____

14. I _____(NAME OF CUSTODIAN) assume full responsibility for all matters relating to _____(NAME OF CHILD) education and medical care.

15. Statement of other relevant facts_____
_____

The questions "A" through "E" must be answered when application for admission is filed by persons other than a natural parent (GUARDIAN).

A)Why is the child not living with the natural or adoptive parents?_____
_____
B) Does the student live in your home exclusively?_____
C) How often will the parents see the child?_____
D) What percentage of financial support will be made by the natural parents? _____
E) What percentage of financial support will be made by you?_____

THE DISTRICT RETAINS THE RIGHT TO TEMPORARILY DELAY COMPLETION OF THIS RECORDS UPDATE; PENDING EVALUATION OF THE FACTS PRESENTED IN THIS OR ANY PORTION OF THIS APPLICATION.

I /WE SWEAR THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I /WE UNDERSTAND THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION BY THE SCHOOL DISTRICTAND THAT FALSE STATEMENTS WILL BE SUBJECT TO TUITION PAYMENT. I/WE ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES, AND/OR CIRCUMSTANCES AFFECTING THIS APPLICATION.

I/WE ALSO UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

I/WE ALSO UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

_____
PARENT'S SIGNATURE

_____
CUSTODIAN'S SIGNATURE

_____
DATE

_____
DATE

SWORN TO BEFORE ME THIS
_____DAY OF_____, 20___

SWORN TO BEFORE ME THIS
_____DAY OF _____, 20___

_____
NOTARY PUBLIC

_____
NOTARY PUBLIC