



East Greenbush Central School District

ADMINISTRATION CENTER

29 Englewood Avenue, East Greenbush, New York 12061

Phone (518) 207-2535

April 8, 2022

Dear Parents/Guardians,

Thank you for your interest in the East Greenbush Central School District's Pre-K program. We are excited to announce Pre-K will be available in three (3) locations for the 2022-2023 school year:

Donald P. Sutherland Elementary: 4 John Street Nassau, NY

Genet Elementary: 29 Englewood Ave East Greenbush, NY

Red Mill Elementary: 225 McCullough Place Rensselaer, NY

Each location will enroll 18 students. The program will run Monday- Friday 8:15 am to 2:15 pm. Transportation will NOT be provided.

Students will be chosen by a public lottery on April 11, 2022. Selected students will need to register with the District by May 2, 2022 by completing this Registration packet and returning it to the District Clerk at the Administration Center, 29 Englewood Ave. East Greenbush, NY 12061, either by mail, in person, or by emailing Pangburnje@egcsd.org.

If assistance is needed to complete the packet, please contact Jeanne Pangburn at 518-207-2535

A School and Community Working Together

PRESCHOOL REGISTRATION- REQUIRED DOCUMENTS

STEP 1:

One of the following:

A. Deed or Mortgage statement

If you are not the owner of the house, but live with the owner, such as a grandparent of the child, the Homeowner needs to provide a copy of their deed or mortgage statement along with a notarized letter attesting to you and your student(s) living arrangement.

B. Lease

If you rent an apartment or house, your child's name must appear on the lease or lease application. If the child's name is not listed, then in addition to the lease, you must also bring a **NOTARIZED** letter from the landlord stating that the child lives at that address. The letter must include the landlord's name and phone number.

C. Contract to Build/Buy a Home

STEP 2

IN ADDITIONS TO THE ABOVE, TWO (2) MORE PROOFS OF RESIDENCY (NAME & ADDRESS SHOWING) ARE REQUIRED. Any two of the following are acceptable:

- a. Bank account and/or credit union statement
- b. Paycheck stub
- c. Automobile and/or homeowners/renters insurance policy
- d. Automobile registration (*NOTE: a driver's license is NOT acceptable*)
- e. Telephone, cable and/or utility bills

STEP 3

Required Documents:

- Child's birth certificate (**original** with seal)
- ~~Most recent custody paper, if applicable or EGCS D affidavit of custody~~
- Adoption papers
- Court ordered assignment
- Social Services assignment or agency assignment
- Proof of district residency (see STEP 1 & 2)
- Proof of child's immunizations

Documents must be current and original. Printouts from online accounts will be accepted if they show the name and address of the resident and have a current date.

Additional information:

A health physical must be provided in order to attend school. The exam must have been performed within New York State (or 50 miles from State line), within the past 12 months. If a physical has not been performed, you are allowed 30 days from the start of school to obtain one. The Health Certificate/Appraisal Form is provided for your doctor's use. Please remember, however, that the most current immunization records are absolutely required in order to register.

Required Student Immunizations:

Under New York State's Immunization law, students may not attend school unless they provide acceptable written proof (including dates) of immunizations that have been prepared by a physician. Section 2164 of the New York State Public Health Law requires that all preschool children receive the following:

- 4 doses of Diphtheria, Tetanus & Pertussis
- 3 doses of Oral Polio
- 1 dose of Measles, Mumps, Rubella (MMR)
- 3 doses of Hepatitis B
- 1 dose of Varicella
- 1-4 doses of Hib
- 1-4 doses of PCV

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. 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.

HOUSING QUESTIONNAIRE

Name of LEA: East Greenbush Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Address: _____ 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 ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, 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.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

FOR OFFICE USE ONLY
 Entering _____
 Student ID _____



EAST GREENBUSH CENTRAL SCHOOL DISTRICT
PRESCHOOL REGISTRATION

Parent/Guardian Please Circle
Student Ethnicity
 Asian Black Hispanic White
 American Indian Pacific Islander

Student's Name: _____ Last _____ Middle _____ First _____ Gender M / F Initial Entry Date _____

Date of Birth: _____ Place of Birth (Town/City) _____ (State) _____ Home Phone _____

Home Street Address: _____ Number _____ Street _____ Town _____ State _____ Zip Code _____

Mailing address: (if different) and/or PO Box: _____
 What is the primary language spoken at home? _____

Your answer below, for the living situation, will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.
 Where is the student living? (Please check one) Permanent Housing Shelter With another family (doubled up) Hotel/Motel Car, park, bus, train or campsite
 Other Temporary living situation (please describe) _____

Is this child in foster care or under supervision of Social Services? YES / NO If foster, is the DSS-2999 form provided? YES / NO
 *****PLEASE FILL IN ALL THE PARENT/GUARDIAN INFORMATION BELOW (Please print clearly) *****

Parent/Guardian Relationship NAME- Parent One:	Complete PO Box and/or Street Address	Parent or Guardian's Birthplace & Year	Occupation	Name & Place of Employment	Telephone Numbers (Print clearly please)
					Home: _____ Work: _____ Cell: _____
Parent One Email Address:					
Name: Parent Two:					Home: _____ Work: _____ Cell: _____
Parent Two Email Address:					

Brothers/Sisters Names	Gender	Date of Birth	Grade	Residence (if away from home)	Remarks

SIGNATURE of Parent/Guardian _____ Date: _____

Student Verification Form

Student Name: _____

Preschool

STUDENT INFORMATION

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Resides with: _____ (options: Guardian 1, Guardian 2, Guardian 1 & 2 (same household), Joint custody (different households))

School Messenger Alerts_ For unscheduled early closings of other notification- via phone call/text- NO EXT

1. _____ 2. _____ 3. _____

GUARDIAN 1 INFORMATION- RELATIONSHIP TO STUDENT _____

NAME: _____ EMAIL: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

GUARDIAN 2 INFORMATION- RELATIONSHIP TO STUDENT _____

NAME: _____ EMAIL: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACTS—In case of emergency and if parents cannot be reached, call the following...

1. Name\Phone: _____

2. Name\Phone: _____

Doctor Name\Phone: _____

Dentist\Phone: _____

Policies and Permissions

**** Web/News Permission (Circle): Yes or No**

Web/Newspapers Permission: Permission to have student's name and/or picture to appear in District website, and/or in newspapers (i.e. Honor rolls, Special Recognition articles, etc.)

My signature on this form indicates I have reviewed the following four District policies (available online: egcsd.org/parentinformation) with my child: 1) computer Use Agreement 2) Attendance 3) code of conduct 4) Pesticide Notice

Signature of parent or guardian: _____ **Date:** _____

Active Duty Military Disclosure Form

If the parent or guardian of an East Greenbush CSD student is on Active Duty in the Armed Forces, please complete the following information below (only one form per household). If there is no parent or guardian on Active Duty Military status, do not return this form.

This form is used to identify a student with one or more parent or guardian who is a member of the Armed Forces and on Active Duty. The Armed Forces are the Army, Navy, Air Force, Marine Corps, the Coast Guard, or full-time National Guard. Active duty means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned.

Date parent or guardian first entered Active Duty service: _____

Date parent or guardian ended Active Duty service: _____

Please list all children in household.

Student Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIAL

East Greenbush Central School District
HEALTH REGISTRATION FORM



(Necessary for Registration to be filled out by Parent/Guardian)

Name: _____ Gender: M F Grade: _____
Last First MI

Date of Birth: _____ Place of Birth: _____

Last School Attended: _____

If previously in East Greenbush School, where? _____ When _____

PLEASE SUPPLY PROOF OF IMMUNIZATION
Acceptable records are certificates of immunization or a signed or stamped statement attesting to required immunizations from a physician or health facility.

HEALTH HISTORY

A. Were there any problems noted during pregnancy, at birth, or during early infancy? YES _____ NO _____
If yes, please explain _____

B. Check if your child has had any of the following conditions:

Chicken Pox _____	Bladder Infection _____	Operations _____
German Measles _____	Ear Conditions _____	Broken Bones _____
Measles _____	Ear Infections _____	Serious Injuries _____
Rheumatic Fever _____	Frequent Colds _____	Asthma _____
Scarlet Fever _____	Sore Throats _____	Allergies: _____
Scarlatina _____	Night Sweats _____	Food _____
Whooping Cough _____	Contact with TB _____	Drugs _____
Pneumonia _____	Diabetes _____	Other _____
Kidney Infection _____	Epilepsy _____	Reactions _____
Enuresis _____	Convulsions _____	Emotional Problems _____
(bedwetting) _____	Heart Disease _____	Other _____
	Heart Murmur _____	

If you checked any of the above, please give details and instructions for any care your child may need while attending school. For example, ear infection-frequency, severity, etc.

*****PLEASE COMPLETE BOTH SIDES*****

C. Check if you have any concerns regarding your child's:

Speech _____	Behavior _____	Growth _____
Learning Ability _____	Vision _____	Other _____
Attention Span _____	Hearing _____	

If you have checked any of the above, please explain:

D. Was your child ever hospitalized? _____ When _____ Where _____

For what reason(s) _____

CURRENT STATUS

A. Does your child take medication regularly? Yes No

If yes, for what condition _____

What is the medication? _____

B. All newly entering students must have a physical exam done within New York State (or 50 miles from the State line), within the past 12 months.

Please check your preference:

A physical has already been completed by _____
I will supply the school with documentation.

I will schedule a physical with my child's primary physician to be done in the next 30 days.

Please schedule my child for a school physical.

C. When did your child have their last dental exam? Date: _____

By whom _____ Work done _____

D. Has your child ever been seen by a specialist (for example, eye, ear, allergist, orthopedic, psychological, etc.)?

Yes No If yes, please give name, date and details: _____

OTHER CHILDREN:

Name(s) and Age(s): _____

PARENT/GUARDIAN ONE

NAME: _____

Address: _____

PARENT/GUARDIAN TWO

NAME: _____

Address: _____

Phone (H): _____ (W) _____ Phone (H) _____ (W) _____

*** All health information will be shared with staff that has a legitimate need to know***

(Parent/Guardian Signature)

(Date Signed)

****FOR SCHOOL USE ONLY****

Source of Immunization information _____

Medical Exemption _____ (Attach copy)

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes:

BMI _____ kg/m²

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done Hypertension: No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated >5 µg/dL				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			<input type="checkbox"/> Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <ul style="list-style-type: none"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riffery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: 					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS			
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



East Greenbush Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian:

Due to the recent changes in federal guidelines, East Greenbush Central School District is required to collect and record the ethnic identity of students in the East Greenbush Central School District in accordance with the 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

Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The East Greenbush Central School 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 on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page and return to the registrar. Thank you!

East Greenbush Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION



All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, gender, citizenship, disability, or immigration status.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):
/ /

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of 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 [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central 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 original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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

BLACK: 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

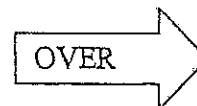
Date

Relationship to Student (please check one box below):

Mother Father Guardian

Other (Specify):

See reverse for important message:
Parents/Guardians
Confidentiality Procedures and Regulations





EAST GREENBUSH CENTRAL SCHOOL DISTRICT

District Registrar

Administration Center -- 962 Luther Road

East Greenbush, New York 12061

Phone: (518) 207-2062 Fax: (518) 207-2069

Dear Parent;

Attached you will find an East Greenbush Central School District affidavit of custody to be completed and notarized by both parents. This document is in lieu of custody papers. Please complete it immediately in order to finish the registration process for you child. If you have custody papers please provide us with those also. Without all necessary paperwork filed your child will not be able to start school with us in September. Custody information is imperative to the school district.

You may return the affidavit to either my office or the school in which your child began the registration process.

If you have any questions please feel free to call me.

Thank you.

East Greenbush Central School District
AFFIDAVIT OF CUSTODY
MUST HAVE NOTARIZED SIGNATURES BY BOTH PARENTS
WHO ARE NOT LIVING TOGETHER AND DO NOT HAVE CUSTODY PAPERS

State of New York
County of Rensselaer

We are the parents of _____
(Name of Student/Students)

1. Mother's name _____
Address _____
Phone numbers _____
Home _____ Cell _____ Work _____

2. Father's name _____
Address _____
Phone numbers _____
Home _____ Cell _____ Work _____

3. We have joint custody of _____
(Student/Student's name)

The living arrangement with each of us is as follows;
(Specify the days, weeks or other times when the child lives with the mother, and with father.)

4. We agree to designate ___ Mother(s) or ___ Father(s) residence which is within the East Greenbush School District as _____ residence for purposes of school attendance.
(Student/Student's Name)

5. The statements made herein are true and are made for the purpose requesting the East Greenbush C.S.D. to admit _____ as a resident student
(Student/Student's Name)
on a tuition free basis.

We understand that providing misleading or false information about residency is a criminal offense.

- if we provide false information on this affidavit to the East Greenbush Central School District we may be committing the crime of perjury in the third degree (a class A misdemeanor);
- if we provide false information on this affidavit to the East Greenbush Central School District with the intent to defraud the East Greenbush Central School District, we may be committing the crime of perjury in the second degree (a class E felony); and
- We may be prosecuted on criminal charges for such false information.
- We certify that all the information provided on this affidavit is true and accurate.

We agree to notify the East Greenbush Central School District in writing if at anytime during our child/children's attendance there is any change in the facts set forth above.

Mother

Father

Sworn to before me this _____ day of _____, 20____

Sworn to before me this _____ day of _____, 20____

Notary Public - State of New York

Notary Public - State of New York