



Last Name	First Name	Date of Birth	School	Grade

Has anything changed? (Phone #, Marital Status, Custody, etc.) Yes  No

If yes, please complete below:

New Emergency Contacts	New Telephone #s	Marital Status	Parent having custody

Proof of Residence:

Deed/Tax Bill	<input type="checkbox"/>	Affidavits	<input type="checkbox"/>
3 proofs	<input type="checkbox"/> 1 <sup>st</sup> proof	<input type="checkbox"/> 2nd proof	<input type="checkbox"/> 3 <sup>rd</sup> proof
Immunization/Physical* (Only if student left the country for more than 6 months)	<input type="checkbox"/>		
Out of District School Records (if attended)	<input type="checkbox"/>		

### IMPORTANT NOTICE

**TAKE NOTICE** that the document(s) you are filing with the **Lawrence Public Schools** will be filed and become part of the official records of the school district. Knowingly filing a document(s) which contain false statements, with the intent to mislead and defraud the school district, is a violation of Section 175.35 of the NYS Penal Law. This is a **class E felony** punishable by a maximum fine of \$5,000 (Sec. 80.00 (1)) and incarceration for a period of time not less than 1 year or less, but not to exceed four years (Sec. 70 (2), (e), (4)).

#### In matters involving School District Residency:

Your children must reside in the Lawrence Public School District in order to legally attend the schools of the district. Your address and residency status will be verified and if found to be different than that provided to the district will be deemed as having filed a false document with a public official and an attempt to defraud the district. The Lawrence Public Schools will prosecute anyone found guilty of violating this law to the fullest extent permitted by law.

I hereby acknowledge that I have read and understand the above notice as it applies to the following document(s) I am filing with the Lawrence Public Schools:

All registration documents

**Signature Required: Must be signed in the presence of a school employee**

\_\_\_\_\_  
(Student's name)

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Parent's/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Witness to above Signature (School Employee)

#### For Office Use Only:

Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stop:	Route:	Time:
#4 School only	CPSE	Regular	PPS
Grammar School:			
Route:			
Sign:			

Verified address \_\_\_\_\_

Investigator

Director of Central Registration & Transportation

Date