ELIGIBILITY TO ATTEND THE SCHOOL DISTRICT OF ALBANY

Current Home Address: _____ Phone Number: _____

Please circle:

☐ Yes ☐ No 1. Both parents are legal residents of the School District of Albany.

☐ Yes ☐ No 2. Custody parent is legal resident of the School District of Albany (MUST provide legal proof of custody.)

☐ Yes ☐ No 3. Legal guardianship is a legal resident of the School District of Albany (MUST provide legal proof of guardianship.)

☐ Yes ☐ No 4. Student is assigned by social services to a foster home which is located within the boundaries of the School District of Albany.

☐ Yes ☐ No 5. Student is a foreign exchange student and is assigned to a family which is a legal resident of the School District of Albany (this assignment is not to exceed one year.)

☐ Yes ☐ No 6. Student is attending a special education program in the School District of Albany under a 66.30 agreement with the school district of his/her residence.

☐ Yes ☐ No 7. Student is 18 years of age and living in the School District of Albany.

Please list the status of ***all*** children under the age of 19:

First Name/Middle Initial/Last Name	*Male / Female*	*Birth date*	*Are these children entering/leaving/staying in the District?*	*If your child is staying in the Albany District, with whom? (Mother, Father/Relative)*

Submit Completed Form to Albany Schools