



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT  
Central Registration  
P O Box 902  
Jordan, NY 13080  
315-689-8500 ext. 5076

**NOTIFICATION OF DISTRICT RESIDENT TO BE HOME SCHOOLED**

School Year: September 20 \_\_\_\_ to June 20 \_\_\_\_

Student Name: \_\_\_\_\_  
Complete Legal Name of Student (Last, First, Middle)

Home Address: \_\_\_\_\_  
Street City State Zip

Grade (as of Sept. 20 \_\_\_\_ ): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male / Female  
(circle one)

\_\_\_\_\_  
Name of Parent/Legal Guardian Telephone Number

**Ethnicity/Race:**

Please select one or more of the following racial groups that apply to your child (must select at least one):

- American Indian/Alaskan Native  Black or African American  
 Native Hawaiian/Other Pacific Islander  Asian  White

Is your child Hispanic, Latino or of Spanish origin?  Yes  No

(Hispanic, Latino or of Spanish origin means a person of Cuban or South American, or other Spanish culture or origin, regardless of race.)

**Proof of Residency (must provide one):**

- Mortgage Commitment  Lease or Rental Agreement  Current Utility Bill  
 Recent Property or School Tax Bill  Current Pay Stub

**I hereby certify that the information above is true and accurate and is without falsehood stated or implied.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS**