

WILLIAM FLOYD UNION FREE SCHOOL DISTRICT

RESIDENCY AFFIDAVIT

(FOR STUDENT NOT LIVING WITH BIOLOGICAL OR ADOPTIVE PARENT OR COURT APPOINTED GUARDIAN)

Student's Name: _____ Student's Date of Birth ("DOB"): _____

Name(s) and Address of Person(s) With
Whom Above-Named Student is Living: _____

Instructions for Completing this Form: Truthfully answer the questions below. Your answers to these questions will be used by the William Floyd Union Free School District (the "District") to aid the District in determining whether or not the above-named student is entitled to attend District schools as a resident of your home. If you do not understand a question, leave it blank and ask for clarification from a school representative before completing and signing this form.

1. Please explain the circumstances under which the above-named Student is living with you.

2. Does the Student live with you exclusively? Yes No

(Please explain):

3. Is this Student's living arrangement with you temporary or permanent?

4. How long has the Student lived with you?

5. Do you have authorization to make health care/medical treatment decisions for the Student?

Yes No

If yes, submit documentation for this authorization, or explain below the circumstances under which you obtained authorization to make health care/medical treatment decisions for this Student: _____

If no, who makes health care/medical treatment decisions for this Student?

6. Do you have authorization to make educational decisions and other parental decisions for the Student?

Yes No

If yes, please submit documentation for this authorization, or explain below the circumstances under which you obtained authorization to make educational decisions and other parental decisions for this Student: _____

If no, who makes educational decisions and other parental decisions for this Student?

7. Do you provide any financial support for the above-named Student?

Yes No

If yes, please check the applicable boxes below, and explain the nature and extent of the financial support you provide. Be sure to include any limitations on your obligations and/or commitment to provide for the Student's financial support in each category:

- **Food**

Yes; I provide food for this Student at my expense, with the following limitations (if applicable). If any other person provides food for this Student at that person's expense, identify that person, and explain that person's role in providing food for this Student: _____

No; I do not provide food for this Student at my expense.

- **Clothing and Other Necessities**

Yes; I provide for this Student's clothing and other basic necessities at my expense, with the following limitations (if applicable). If any other person provides clothing and other basic necessities for this Student at that person's expense, identify that person, and explain that person's role in providing such clothing and/or necessities for this Student: _____

No; I do not provide for this Student's clothing or other basic necessities at my expense.

• **Shelter/Housing**

Yes; I provide for this Student's shelter/housing at my expense, with the following limitations (if applicable). If any other person provides shelter/housing for this Student at that person's expense, identify that person, and explain that person's role in providing shelter/housing for this Student: _____

No; I do not provide for this Student's shelter/housing at my expense.

• **Health Care/Medical Treatment**

Yes; I provide for this Student's health care/medical treatment at my expense, with the following limitations (if applicable). If any other person provides health care/medical treatment for this Student at that person's expense, identify that person, and explain that person's role in providing health care/medical treatment for this Student: _____

No; I do not provide for this Student's health care/medical treatment at my expense.

8. If you file an income tax return, do you claim the above-named Student as a dependent on your tax return(s)?

Yes No

Affidavit Attesting to the Foregoing Responses to the Questions Presented

State of New York)
) SS:
County of Suffolk)

I, _____, am a resident of _____, County of _____, State of New York, and do hereby certify, swear, depose and declare: that I am competent to provide the foregoing responses to the questions presented; that my responses are based on my personal knowledge, unless otherwise stated; and that my responses are true and correct to the best of my knowledge.

I understand that my responses to the questions presented and the statements made by me in this affidavit will be relied upon by the William Floyd Union Free School District for the purpose of evaluating the above-named Student’s legal entitlement to attend District schools, tuition-free as a resident pupil. I swear/affirm that these statements are true under the penalties of perjury, and I understand that filing of a false instrument and the theft of services from a governmental agency such as the District are crimes punishable under New York State Law. I further understand that making false statements in this affidavit may subject me to criminal prosecution.

I agree that if I knowingly or recklessly provide any false or misleading responses or statements herein that cause the District to erroneously conclude that the above-named Student to whom my statements pertain is a resident of the District, that the Student will be excluded from further attendance in the District’s Schools, and I may be obligated to pay or contribute to the District’s annual tuition, retroactive to the first day of the Student’s fraudulent enrollment.

Signature

Print Name

Sworn to before me this
____ day of _____, 201__.

Notary Public