

WILLIAM FLOYD UNION FREE SCHOOL DISTRICT

PARENTAL AFFIDAVIT
REGARDING STUDENT RESIDENCY

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

Instructions for Completing this Form: Truthfully complete this form and answer the questions presented. The information you provide 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 child is entitled to attend District Schools as a District resident. If you do not understand a question or any part of this form, leave it blank and ask for clarification from a school representative before completing and signing this form.

I _____, depose and say:
Name of Parent/Legal Guardian

I am the _____ of the above-named child. I reside
at _____
Address

The above-named child is not currently living with me because: _____

For the reason(s) stated above, the above-named child is currently living with: _____
_____, who is/are the _____
_____ [describe the person(s) relationship to child], and who reside(s) at: _____

I expect this living arrangement to continue in effect until: _____

While your above-named child lives with the person(s) named above:

1. Will you continue to make health care and/or medical treatment *decisions* for this child?

Yes No

If yes, please explain the nature and extent of your anticipated involvement in making health care and/or medical treatment *decisions* for this child: _____

2. Will you continue to make educational *decisions* and/or other parental *decisions* for the child?

Yes No

If yes, please explain the nature and extent of your anticipated involvement in making educational and/or other parental *decisions* for this child: _____

3. Will you continue to provide any *financial support* for this child?

Yes No

If yes, please check the applicable boxes below, and explain the nature and extent of the financial support you expect to provide:

- **Food**

Yes; I will provide food and/or reimburse my child's custodian(s) for food expenses, as follows: _____

No; I will not continue to provide food and/or reimbursement for food expenses for this child.

- **Clothing and Other Necessities**

Yes; I will continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things, as follows: _____

No; I will not continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things.

• **Shelter/Housing**

Yes; I will reimburse my child's custodian(s) for the cost of providing housing to my child, as follows: _____

No; I will not contribute to the cost of my child's shelter/housing.

• **Health Care/Medical Treatment Expenses**

Yes; I will continue to pay for the cost of my child's 1) health care; and/or 2) medical insurance; and/or 3) medical treatment, as follows: _____

No; I will not continue to pay for the cost of my child's 1) health care; 2) medical insurance; or 3) medical treatment.

4. If you file an income tax return, do you expect to claim the above-named child as a dependent on your future tax return(s)?

Yes No

If yes, please explain: _____

Affidavit Attesting to the Foregoing Responses to the Questions Presented

State of _____)
) SS:
County of Suffolk)

I _____, am a resident of _____, County of _____, State of _____, 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 child’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 child to whom my statements pertain is a resident of the District, that the child will be excluded from further attendance in the District’s Schools, and I will be obligated to pay the District’s annual tuition, retroactive to the first day of the child’s fraudulent enrollment.

Print Parent’s Name

Signature of Parent

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

Notary Public