

Christopher McKay, *Director* Bureau of Non-Public School Payables

## STATEMENT OF PARENT IN SUPPORT OF HEALTH SERVICE CLAIM FOR A NEW YORK CITY RESIDENT CHILD

SCHOOL YEAR ENDING JUNE 30,			- PLEASE COMPLETE ALL DATE		
INFORMATION, IT WILL HELP TO ENABLE US TO PROCESS YOUR					
			VE ANY QUESTIONS, PLEASE		
	A STATE OF THE STA	UNIT AT (718)935-29	the same of the sa		
CLAIMING SCHOOL DISTRICT INFO	RMATION OF	FICIAL DESIGNATIO	N OR TITLE OF SCHOOL DISTRICT		
SCHOOL DISTRICT FEDERAL TAX					
11-2136917		NAS	SAU BOCES		
MAILING ADDRESS: NUMBER & ST	REET, CITY, STATE	, ZIP CODE			
71 CLINTON ROAD			446		
	Total Control of the			mage of community of the	
GARDEN CITY, NEW YO				- 2 CONTA	
FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME			TELEPHONE NUMBER (INCLUDE AREA CODE)		
LINDA REIDER MANCZ			(516) 396–2255		i inin
			A SIGNATURES	IGRADE	
STUDENT INFORMATION		L INFORMATION EX	FIRST NAME IN	IITIAL	
DATE OF BIRTH (MM/DD/YY)	STUDENT'S LAST!	AMINE	The state of the s		
	THE SOLIOON CHILL	LIC ATTEMPING			
NAME AND ADDRESS OF NON-PUR	SEIC SCHOOL GINLE	/ O A I LITO IN O			
PARENT/GUARDIAN STATEMENT	PRIN	T NAME OF PARENT	GUARDIAN BELOW	1 - 10 ( ) C - 100 ( )	
	1,		Parent/Guardian	1	
of the student named above	hereby affirm:				
1. That I am a legal reside	nt of New York Cl	ty residing at:			
				Community Indian Community Com	
PRINT HOME ADDRESS (NUM	MBER AND STREE	T, BOUROUGH, ZI	P CODE - PO BOXES ARE NOT ACC	EPTABLE)	
and intend to recide at this a	ddress throughou	if the school year r	eferred to above. In the event of a c	hange of residence	
to a location outside of New	York City, notice of	of such change will	l be furnished, in writing, to the Dep	artment of Education	
of the City of New York Non-	Resident Tuition	Unit. 65 Court Stre	et - Room 1503, Brooklyn, NY 11201	•	
2. That my child, named a	bove, is on the re	gister of the aforen	nentioned school for the school year	referred to above and	
was on the school's register	as of October 1st	of that year.			
AFFIRMED:	· · · · · · · · · · · · · · · · · · ·				
SIGNATURE OF PARENT/GUARDIA	N	NEW YOR	K CITY TELEPHONE NUMBER (INCLUDE AREA	CODE)	
Subscribed to me on					
DA	TE	SIGNATURE AND	TITLE OF NON-PUBLIC SCHOOL OFFICE	AL	
FOR NYC DOE USE ONLY	VERIFIED BY:			The state of the s	