

STATEMENT OF A RESIDENT OF THE
NEW YORK MILLS UNION FREE SCHOOL DISTRICT
SUPPORTING THE ADMISSION OF _____ AS A
RESIDENT APPLYING FOR TUITION-FREE ATTENDANCE

FORM 2

(Please Print)

NOTICE: This statement is only for use by the person with whom the student is claimed to reside within the School District.

1. Student's Name: _____

2. Date of Birth: _____

3. Grade Level: _____

4. Current Address: _____

(Street)

(Town, State & Zip)

(Telephone)

5. Mother's Name: _____

6. Mother's Address: _____

(Street)

(Town, State & Zip)

(Telephone)

7. Father's Name: _____

8. Father's Address: _____

(Street)

(Town, State & Zip)

(Telephone)

9. If parents are divorced, please state custody arrangements: _____

10. Length of time you have resided at current address: _____

(Years)

(Months)

(Weeks)

11. Student's previous addressed (list most recent first):

(1) _____
From To (Street)

(Town, Start & Zip)

(2) _____
From To (Street)

(Town, Start & Zip)

(3) _____
From To (Street)

(Town, Start & Zip)

12. Relationship with student (e.g. Mother, Father, Stepmother, Stepfather, Adoptive Father, Adoptive Mother, Legal Guardian, Legal Custodian, Other). _____

If student does not claim residency with Mother or Father,
please answer the following questions.

13. Basis of relationship with student.

(a) Legal guardianship of student? _____ Yes _____ No
If yes, attach copy of Court papers.

(b) Legal custody of student? _____ Yes _____ No
If yes, attach copy of Court papers.

(c) Other legal control over student, e.g.
adoption, court-ordered placements,
surrender, abandonment? _____ Yes _____ No
If yes, attach copy of Court papers or
provide explanation.

(d) Other relationships with student? _____ Yes _____ No
Please explain.

14. When did the student begin to live with you? _____

15. How long will the student reside with you? _____
(Date)

16. Will the student live with you during school vacations? _____ Yes _____ No
If not, where do you expect the student to reside during that time? _____

17. Who will claim the student as a dependent for income tax purposes? _____
18. During the time the student will reside with you, who is responsible for:
- (a) Receiving and responding to academic and other reports concerning the student?

 - (b) Authorizing medical treatment for the student?

 - (c) Payment for medical treatment for the student?

 - (d) Releasing records for the student?

 - (e) Providing other necessary consents for the student?

 - (f) Expense of student's room and board?

 - (g) Expenses of clothing and other necessities?

19. Will there be any period of time when this student will not live with you while attending the School District? _____ Yes _____ No
If yes, please state here the student will reside and for how long: _____

20. What are the circumstances which brought this student to reside with you? _____

21. Other comments that would assist the School District in acting on the application of the student. _____

By my signature below, I assume full responsibility for all matters relating to the student's education and medical care, except as otherwise stated herein.

Date: _____

(Signature)

Date: _____

(Witness)

NOTICE: Signing this statement is a representation that the information provided is correct and true and made under the penalty of perjury.

Sworn to before me this _____

day of _____, 20____

NOTARY PUBLIC