

**WHITE PLAINS CITY SCHOOL DISTRICT
RESIDENCY AFFIDAVIT**

In the matter of the Investigation of the Residence Status of:

Name(s)

Pursuant to Section 3202 of the Education Law

STATE OF NEW YORK

ss.:

COUNTY OF WESTCHESTER

Name of Legal Owner/Tenant being duly sworn, deposes and says:

1. I am the owner/tenant or corporate officer of the owner/tenant of property within the WHITE PLAINS CITY SCHOOL DISTRICT, located at:

2. Living with me at the address described above are:

_____ and the person or persons as follows:

a. _____ Age: _____ b. _____ Age: _____

c. _____ Age: _____ d. _____ Age: _____

3. How long will the above persons be living in your home? _____

4. What circumstances brought them to reside with you? _____

5. Telephone number where the family listed in #2 above can be reached.

Home: _____ Cell: _____

To the best of my knowledge and information, the persons named above are residents of the described premises.

6. The foregoing statements are made by me on the knowledge that the information I have given will be used by the WHITE PLAINS CITY SCHOOL DISTRICT in making determinations based on the accuracy of statements.

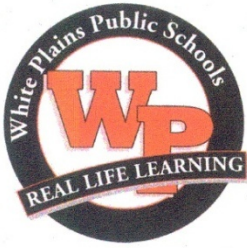
A RECENT TELEPHONE BILL OR CON EDISON BILL and A SIGNED LEASE OR CLOSING STATEMENT/DEED OF THE LEGAL OWNER/TENANT MUST BE RETURNED WITH THIS AFFIDAVIT.

Under **PENALTIES OF PERJURY**, the statements in this application are true. I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Sworn to before me this
_____ day of _____, 20____.

(Notary Public)

(Signature of Legal Owner/Tenant)



WHITE PLAINS PUBLIC SCHOOLS
Student Information Center
500 North Street
White Plains, NY 10605
(914) 422-2040 ♦ (914) 422-2114 (fax)
lorraineweatherhogg@wpcsd.k12.ny.us

Anne Lillis
Assistant Superintendent
for Pupil Services

Lorraine Weatherhogg
Administrative Assistant

WHITE PLAINS CITY SCHOOL DISTRICT

Student Residency Questionnaire

Parent/Guardian's Name: _____

Current Address: _____

Telephone Number: _____

Please list the students attached to this family:

1. _____ DOB: _____ 2. _____ DOB: _____

3. _____ DOB: _____ 4. _____ DOB: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have documents normally needed, such as proof of residency, school records, immunizations, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (please describe): _____
- ☐ In permanent housing

Signature of Parent, Guardian, or Student (for
unaccompanied homeless youth)

Date