

Miller Place Union Free School District

Miller Place, New York 11764

5150.E

Board of Education Policy

SCHOOL ADMISSIONS - AFFIDAVITS

Affidavit To Substantiate Residency

State of New York)

)ss:

County of Suffolk)

I, _____ being duly sworn depose and say:
Full Legal Name – Please Type or Print Legibly

That I am the legal resident of _____
Full Address – Please Type or Print Legibly

and am a resident of the Miller Place Union Free School District.

I further depose and say that _____
Full Legal Names of All Children Seeking Admission – Please Type or Print Legibly

now fully and legally reside with me at said address and that to my knowledge this is their actual, only, and legal residence address.

Further, that this affidavit is made for the express purpose of substantiating the residency of the above in the home of the deponent.

Further, that I understand that permission for the children named above to attend the schools of the District is totally based upon continuation of residency within the boundaries of the school district and that the school authorities are hereby authorized to make periodic checks at our home to ascertain this residency. I further understand that if the aforementioned residency is at any time changed, or if the school authorities are not permitted into my home for the purpose of making investigation to ascertain residency, permission to attend the schools of the District will be revoked.

Further, that I understand and agree that if false information is knowingly filed, the school district will seek to recover tuition costs for the period for which the children named above were granted admission on the basis of this affidavit; said filing shall be grounds for a civil action against me for any monies due to the school district.

Further, that I swear that I have supplied the information in this affidavit, that to my knowledge the same is complete, accurate, and true, and that I have read and understood the pre-printed provisions of this affidavit.

Notary:

Signature of Deponent

Sworn to me this _____ day of _____.

Notary Public

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Landlord's Affidavit of Occupancy

(In lieu of Deed, Rental Agreement, or Lease)

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

I, _____ being duly sworn depose and say:
Full Legal Name – Please Type or Print Legibly

That I am the landlord for

Full Address – Please Type or Print Legibly

and that said premises are being occupied by _____,
Full Legal Name of Parent /Guardian/Occupant– Please Type or Print Legibly

the parent, and _____, the children of
Full Legal Name(s) of School-Age Children Residing At Premises Listed Above

said parent. To my knowledge, the above parties occupy the premises as their actual, only, and legal residence address.

Further, I understand that this affidavit is a public record, that knowingly falsifying same is offering a false instrument for filing, and that such an act is punishable under the Criminal Laws governing fraud. I understand and agree that if false information is knowingly filed, and the school district is unable to recover tuition and collection costs for the children granted admission on the basis of this affidavit, said filing shall be grounds for a civil action against me for any moneys due to the school district.

Further, I swear that I have supplied the information in this affidavit, that to my knowledge the same is complete, accurate, and true, and that I have read and understood the pre-printed provisions of this affidavit.

Signature of Deponent*

Title if Real Estate Agency or Corporation – Please Type or Print Legibly

Street Address

State

Zip Code

Notary:

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

* Signature to be witnessed by a Notary Public if Landlord occupies the same premises and is not an employee or official of a realty company or corporation. Signature of individual property owners not occupying the premises may be witnessed by other than a Notary Public. Company or corporation official's signature over title and company name need not be witnessed.

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7. Statement establishing who provides the child with food, clothing, and all other necessities.

8. Custodial statement assuming full responsibility for all matters relating to the child's education and medical care.

9. Statement of any other relevant facts. _____

Notary:

Signature of Custodian

Sworn to me this _____ day of _____.

Notary Public

* Where applicable, this affidavit must be executed individually by each custodian.

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7. Statement describing any other location(s) where the child lives. Indicate the length of time the child resides at the other address and provide an explanation. If the child does not reside at any other location, so indicate.

8. Statement confirming that parent has relinquished full care, custody, and control of the child to the custodian, including the right to make decisions pertaining to the health, welfare, and education of the child.

9. Statement of any other relevant facts. _____

Notary:

Signature of Parent

Sworn to me this _____ day of _____.

Notary Public

* Where applicable, this affidavit must be executed individually by each parent.

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Notary:

Signature of Student

Sworn to me this _____ day of _____.

Notary Public

* Depending on the nature of the relationship, the District may request an affidavit from the student’s parents (see Appeal of Deborah V., 29 Educ. Dept. Rep. 176).

Adopted:					
Reviewed:	12/22/2010	12/10/2014	11/14/2018	12/11/2019	01/24/2024
Revised:	01/26/2011	01/28/2015	12/12/2018	01/29/2020	02/28/2024