

7. Who will be responsible for the matters which relate to the Child's/Ward's education. Be specific. (e.g. signing permission slips, course selection sheets, or attending parent conferences):

8. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that _____ (Child/Ward's name) may be admitted to the schools of the _____ School District as a district resident. I further understand that theft of governmental services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also subject me to criminal prosecution. I have been informed that the school district may make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of the aforementioned Child/Ward and recognize his/her actual and only address to be that of _____ (NAME OF CUSTODIAN) who lives at _____ (ADDRESS OF CUSTODIAN).

Print Name

Print Name

SIGNATURE OF CUSTODIAN

SIGNATURE OF CUSTODIAN

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

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

Notary Public

Notary Public

7. Do you relinquish custody and control of your Child/Ward to the custodian named below including the right to make decisions pertaining to the child's health, welfare, and education of the child, and including obligation to financial support?

YES

NO

8. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that my child may be admitted to the schools of the _____ School District as a district resident. I further understand if my child is found not to be a legitimate resident of the District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$ _____ PER YEAR, PER CHILD, retroactive to the first day of my child's admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also subject me to criminal prosecution. I have been informed that the school district may make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize _____ as the custodian and caretaker of my Child/Ward (NAME OF CUSTODIAN) and recognize his/her actual and only address to be that of _____ (NAME OF CUSTODIAN) who lives at _____ (ADDRESS OF CUSTODIAN).

Print Name

Print Name

SIGNATURE OF PARENT

SIGNATURE OF PARENT

Sworn to before me this

Sworn to before me this

___ day of _____, 20__

___ day of _____, 20__

Notary Public

Notary Public