

Syosset Central School District

Registration Office

99 Pell Lane, Syosset, NY 11791

Custodial Affidavit

(To Be Completed By The Guardian of The Student)

1. My name is _____
2. I am the _____ (State Relationship to Student) of

(Name of Student)
3. I reside at _____
(Address)
4. With full understanding of the requirements for enrollment, I hereby request that
_____ (Student's Name)
be admitted to the schools of the Syosset Central School District.
5. The **Student** listed in item (2) [Does] [Does NOT] reside with me at this location.
6. My residence listed in item (3) above [IS] [IS NOT] the student's only and actual permanent residence.
7. The student has resided with me since _____/_____ (month/year).
8. The student will to reside with me until the following date: _____.
9. This living arrangement is temporary:
 - a. NO
 - b. YES, because: _____
 - c. Explain the duration of the living arrangement: (Permanent, Indefinite, Terminated upon a Specific Date/Action/Event)

10. State a full and detailed reason why the student is living with you:

11. Does the student spend nights, weekends, and/or holidays elsewhere?
 - a. NO
 - b. YES, because: _____

12. State, describe, and explain any OTHER location(s) where the student lives and the length of time the student is at the other address:

13. The students' food, clothing, health, and other necessities are provided by:

14. Do you assume full responsibility for the education, medical, and health care of the student?

a. YES

b. NO, because: _____

15. Health insurance and health care costs are provided to the student by:

16. What type and percentage of financial support will you be providing for the student:

17. What other financial support will be provided for the student and by whom?

18. Other additional facts relevant to the student's custody:

19. Who is to be notified for issues pertaining to the student's health, welfare, and education:

a. Name: _____

b. Address: _____

c. Phone and Email: _____

d. Relationship to the student: _____

My signature below confirms that the statements contained on this form are true. I understand it is my responsibility to notify the school of any changes and/or change of circumstances that affect the accuracy of this application.

(Signature)

(Date)

Notary Public: _____

Sworn to before me this day of _____

(Notary Public)

Please be advised: Any persons who provide willfully false information regarding residence may be subject to criminal penalties. In addition, if it is determined that a registrant's child resides outside of the district, the district may take legal action to collect