Kenmore-Town of Tonawanda Union Free School District

Central Registration
44 Westfall Drive
Tonawanda, NY 14150
p. (716) 871-2090 / f. (716) 871-2092

CHILD(REN)'S NAME(S) _____

_____

_____

PARENT'S NAME _____

AFFIDAVIT OF CUSTODIAL PARENT CLAIMING RESIDENCY WITH A DISTRICT RESIDENT

This is a legal document. The information provided by you will be used by the Kenmore-Town of Tonawanda Union Free School District to determine whether the child(ren) are entitled to a free education (and/or transportation) in this District. **Every question must be answered or the Affidavit will not be considered.**

STATE OF NEW YORK)
COUNTY OF ERIE, SS:

I, _____, being duly sworn, depose and say:

1. I reside at _____, in the Kenmore-Town of Tonawanda Union Free School District, in the County of Erie, in the State of New York. My home and work telephone numbers are:

   Home: _____

   Work: _____

2. (a) I am the custodial parent of my child(ren). My child(ren) reside(s) with me at the following times (be very specific about the schedule, including days per week):
   _____
   _____
   _____

   (b) I declare that myself and the following child(ren) are full-time residents at the above address. Please include the child(ren)'s dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. My child(ren) have resided with me as set forth in Section 2 since _____, and it is my intention that this period of shared residency is expected to be:
   _____.
   Please note, the District reserves the right to request additional information and may at any time investigate the facts and circumstances involving the residence of you and your child(ren) for school purposes. In the event that it is determined that you and your child(ren) are not residents of the District, the child(ren) will be dismissed from school (and/or transportation).

4. The reason for this shared residency is:
   _____
   _____
   _____.

Complete Section 5 if applicable. If not, please write N/A here: _____

5. My child(ren) is/are not residing with their other natural parent as set forth in the custody agreement/order because:
   _____
   _____
   _____.

   I state herein that I ❑ will / ❑ will not (check one) claim the above-named child(ren) as a dependent for the current tax year.

   ❑ I support the above-named child(ren) entirely and without charge.

   OR

   ❑ I receive $ _____ toward the support of my above-named child(ren) per ❑ week / ❑ month / ❑ year (check one).

   OR

   ❑ I pay $ _____ toward the support of my above-named child(ren) per ❑ week / ❑ month / ❑ year (check one).

6. I hereby accept full responsibility for ALL aspects of my child(ren)'s care including, but not limited to, authorization to consent to any and all educational programs, *as well as consent to, and provide for, any and all health, medical, and safety needs for my child(ren).*

7. I understand and agree that if any of the statements made by me are willfully false, I may be subject to potential prosecution.

In order for this Affidavit to be complete and for the District to consider admission of the child(ren), the following documentary evidence must be attached:

(a) Parent / Guardian photo identification.
(b) District Resident Affidavit, completed and notarized.
(c) Two valid proofs of residency per the District policy.
(d) If applicable, copy of the separation agreement, divorce decree, or custody agreement containing custody information.

Please note that additional documentary evidence may be required after this Affidavit is reviewed.

The undersigned understands that this Affidavit is being submitted to the Kenmore-Town of Tonawanda Union Free School District (the "District") together with an Affidavit of the District Resident for the purpose of establishing the legal residence of the child(ren) for school purposes and inducing the District to admit the child(ren) to its school(s). The undersigned further understands that the information contained in this Affidavit will be relied on by the District.

The undersigned further understands that the conditional admission or past or future transportation of the child(ren) by the District does not constitute a determination binding on the District as to the question of residency.

It is understood that the District reserves the right to request additional information and may at any time investigate the facts and circumstances involving the residence of you and your child(ren) for school purposes. In the event that it is determined that you and your child(ren) are not residents of the District, the child(ren) will be dismissed from school (and/or transportation), and the undersigned hereby agrees to be responsible for payment in full of the tuition charge (and/or transportation costs), plus interest at the statutory judgment rate, and any other damages arising therefrom, including the cost incurred by the District to collect such charges, which cost shall include reasonable legal fees.

I understand and agree that if any of the statements made by me are willfully false, I may be subject to potential prosecution.

Dated: _____ _____

Signature of Custodial Parent / Person living with District Resident

_____

Printed Name of Custodial Parent

Sworn to before me this

_____ day of _____, 20_____

_____

Notary Public