

STUDENT RESIDENCY AFFIDAVIT

STATE OF NEW YORK }

COUNTY OF _____ } SS.:

TOWN/VILLAGE/CITY OF _____

BEFORE ME, the undersigned notary public, duly commissioned and qualified in the for the town/village/city and state aforesaid, and before the undersigned competent witnesses, personally came and appeared

Parent/Guardian

Who after being duly sworn, did depose and state that he/she executed this affidavit to formally acknowledge that

Name(s) of Child(ren)

Is residing with (him/her) at:

Address

He/She states that we live with:

Homeowner

at the above mentioned address, and that the relationship, between the parent and the homeowner is:

Relationship

He/She further deposes and testifies that the above names student(s) has no other residence/domicile in the state of New York other than the address shown on this affidavit.

NOTE: FALSIFICATION OF THE INFORMATION PROVIDED ABOVE WILL RESULT IN THE FOLLOWING:

- 1. Reassignment of the student(s) to their correct school district.

WITNESSES:

Print Name

Parent/Guardian Signature

Signed on this _____ day of _____ (Month) 20__

Notary Signature

Notary Number _____
Commission Expires: _____