HEMPSTEAD PUBLIC SCHOOLS
Central Registration
15 E. Marshall St, Hempstead, NY 11550
(516) 434-4160

Parental Affidavit

(Please fill out this form in its entirety and it must be notarized)

This document will certify that I, _____ am the parent or guardian of,
(*First and last name*)

Name of child	D.O.B	Male or Female
Name of child	D.O.B	Male or Female
Name of child	D.O.B	Male or Female
Name of child	D.O.B	Male or Female

I currently reside at:

_____
Address and Telephone Number

The Hempstead Union Free School District is the only school district where the above-listed children are eligible to attend based upon their residency in the Hempstead Union Free School District. I am responsible for the above-listed children as their parent/guardian/sponsor.

_____
Signature

Sworn to me before this _____
day of _____20_____

_____
Notary Public

Warning: This district will take legal action to collect tuition charges which may exceed $11,500 per year if a student is illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted. The district will investigate students' residence by home visits and other means.

Revised 25/26