North Shore School District Affidavit Form FORM A AFFIDAVIT OF PARENT WITH WHOM CHILD WILL BE LIVING

STATE OF NEW YORK)			
() ss: COUNTY OF			
(Name of Parent)		, being duly sworn, deposes	s and says:
1. I reside at(House No.) (Street)	(City)	(State) (Zip Code)	(Tel. No.)
2	is my		and he/she has
2(name of child/ren)	(son/dauş	ghter)	, and no she has
lived with me since	·		
4. Parent's statement on whether he/s full-time basis: 5. Statement explaining the reason(s			
6. Parent's statement about who will	provide the child with foo		cessities:
7. Statement about the nature of the peducation:	parent's responsibility for a	all matters relating to the ch	nild's
8. Statement about the nature of the particle.	parent's responsibility for i	matters relating to the child	's medical

Form A - page 2

9. Statement describing any other locations at which the child lives. Indicate the length of time the child
is at the other address and provide an explanation. If the child does not live at any other address, so
indicate.
10. Statement of any other relevant facts:
11. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that
the above-named child may be admitted to the schools of the North Shore Central School District as a
District resident. I further understand if the child is found not to be a legitimate resident of the North
Shore School District that THE CHILD WILL BE IMMEDIATELY DISCHARGED AND THAT I
WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED FOR THE SCHOOL
DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$20,000 PER YEAR, PER
CHILD, retroactive to the first day of the child's admission. I also realize that theft of governmental
services is a crime punishable under State Penal Law and that a false statement in connection with this
application will also submit me to criminal prosecution. I have been informed that the school district
has the right to make unannounced home visits for the purposes of residency verification. (initial)
(initial)
WHEREFORE, it is respectfully requested that you recognize me as the custodial parent of the
above named child and recognize his/her actual and only domicile to be my residence as set forth above.
Signature of Parent
STATE OF NEW YORK)
) ss.: COUNTY OF)
)
On this day of, 20,
before me personally came, to me personally known and known to me to be the same
person described in and who executed the foregoing
instrument, and he/she acknowledged to me that he/she executed the same.
ne/she executed the same.
Notary Public

FORM B AFFIDAVIT OF PARENT WITH WHOM CHILD WILL NOT BE LIVING

STATE OF NE	EW YORK)					
COUNTY OF) ss:)					
(Name of	E Daront)		, being	duly sworn	, deposes an	d says:
(Name of	rarent)					
1. I am the	ationship to child/ren)	of				·
(Rela	ationship to child/ren)	(Name	of child(ren))			
2. I reside at						
_	(House #) (Stree	et)	(City)	(State)	(Zip Code)	(Tel.No.)
3. Statement o	f the reason(s) why the	e child is not livin	ng with me:			
1 Lhava aslaa			to be the	nustadian/m	uardian (aire	olo ono) of the
	1					
above-named c	child(ren) and to assum	ne responsibility i	for their custody	y because:_		
5. Relationshi	p of child/ren to custoo	dian/guardian				
6. The child/re	en's current living add	ress				
	(2)	(61.)	(3)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(T	
(House No.)	(Street)	(City)	(State	e) (Zip Code	e) (Te	l.No.)
7. The anticipa	ated duration of this ar	rangement is: Per	rmanent T	emporary _	Indefin	ite
To terminat	e on	Please expl	ain:			
8. Do vou reli	nquish custody, contro	ol and support of	the above-name	ed child to the	he custodian	 1?
Does this inclu		11				
Does tills mela		aisians nantainina	to the child's a	ducation?	VEC	NO
•	the right to make dec	distons pertaining	to the child's e	cuucation?		NO
•	health and welfare?					NO
•	the obligation of fina	ancial support?			YES	NO
•	provision of food,	clothing and oth	er necessities	?	YES	NO

Form B - page 2

9. Will the above-named child/ren be taken as a tax deduction on your tax return? YESNO		
10. Who will provide medical insurance for the child/ren?		
11. Statement of any other relevant facts:		
12. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY , so that my child/ren may be admitted to the schools of the North Shore Central School District as a district		
resident. I further understand if my child is found not to be a legitimate resident of the North Shore		
School District that THE CHILD WILL BE IMMEDIATELY DISCHARGED AND THAT I WILL		
BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED FOR THE SCHOOL DISTRICT'S		
ANNUAL TUITION RATE OF APPROXIMATELY \$20,000 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 State Penal Law and that a false statement in connection with this application will also		
submit me to criminal prosecution.		
(initial)		
(initial)		
WHEREFORE, it is respectfully requested that you recognize as the custodian and caretaker of my child/ren and recognize his/her actual and only domicile to be that of the custodian.		
Signature of Parent		
STATE OF NEW YORK)		
On this day of, 20, before me personally came, to me personally known and known to me to be the same person described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.		
Notary Public		

FORM C AFFIDAVIT OF CUSTODIAN/GUARDIAN

STATE OF NEW YORK)			
COUNTY OF) ss:			
		being duly swor	n, deposes and says:
(Name of Custodian/Guardian)		_, = = = = = = = = = = = = = = = = = = =	n, depende and suys.
1. I reside at(House #) (Street)			
(House #) (Street)	(City)	(State)	(Zip) (Phone)
2(Name of Child/ren)	is my		and he/she
(Name of Child/ren)	(Child/ren's Relat	ionship to Custodian/Gua	ardian)
has lived with me since(Date)	<u>-</u> -		
3. Statement explaining the duration of t terminated on a specific date and/or a cer		-	
4. Custodian/guardian's statement wheth permanently, on a full-time basis:			
5. Statement explaining the reason(s) for	the child living with the	custodian/guardiar	and not the parent:
6. Custodian/guardian's statement about and all other necessities:		_	with food, clothing
7. Statement about the nature of the cust child's education:	odian/guardian's responsi	bility for all matte	rs relating to the
8. Statement about the nature of the customedical care:	odian / guardian's respons	ibility for matters	relating to the child's

Form C - page 2

9. Statement describing any other locations at which the child lives. Indicate the length of time the child
is at the other address and provide an explanation. If the child does not live at any other address, so
indicate.
10. Statement of any other relevant facts:
11. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY , so that
the above-named child may be admitted to the schools of the North Shore Central School District as a
District resident. I further understand if the child is found not to be a legitimate resident of the North
Shore School District that THE CHILD WILL BE IMMEDIATELY DISCHARGED AND THAT I
WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED FOR THE SCHOOL
DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$20,000 PER YEAR, PER
CHILD, retroactive to the first day of the child's admission. I also realize that theft of governmental
services is a crime punishable under State Penal Law and that a false statement in connection with this
application will also submit me to criminal prosecution. I have been informed that the school district
has the right to make unannounced home visits for the purposes of residency verification
(initial)
WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of the above named child and recognize his/her actual and only domicile to be my residence as set forth above.
Signature of Custodian/Guardian
STATE OF NEW YORK)
STATE OF NEW YORK)
COUNTY OF)
On this day of, 20, before me personally came, to me
personally known and known to me to be the same person described in and who executed the foregoing
instrument, and he/she acknowledged to me that he/she
executed the same.
Notary Public

FORM D OWNER AFFIDAVIT FOR PARENT/GUARDIAN/CUSTODIAN

STATE OF NEW YORK)				
) ss: COUNTY OF)				
		heing duly s	sworn, depose	es and save
(Name of Parent/Guardian/Custodian)		, oung duly s	worn, acpose	os una says.
1. I understand that this statement is being made U that may b	NDER THE I	PENALTIES the schools of	OF PERJUR` f the North Sl	Y, in order nore Central
School District as a district resident. Relationship t				
_		(Parent/Guardian/	Custodian)	
2. I swear/affirm that these statements are true unfiling of a false instrument and the theft of services are crimes punishable under New York State Law. this affidavit may subject me to criminal prosecution	from a govern I further acknowledge	mental agenc	y such as a so	chool district
3. I am the legal owner of(House #) (Street)	(City	(Stat	e) (Zip Code)	(phone)
STATEMENT AND (3) MY MOST RECENT F (CURRENT [present or previous month])Utility Voter Registration Card; Driver's license or non-dr Tax Returns; Moving Company Statement.	bills, such as a	gas, electric, v	water, cable;	telephone bill;
4. I reside at(House No.) (Street)	(City)	(State)	(Zip Code)	(phone)
(House No.) (Street)	(City)	(State)	(Zip Code)	(pilone)
5. The above-named child/ren resides at (No.) (Street	et)	(City)	(State) (Zi	(phone)
6. The following names include <u>ALL PERSONS</u> (relationship to the above-named child/ren:	including chil	dren) living a	t this address	and their
1.	7.			
2.	8.			
3.	9.			
4.	10.			
5.	11.			
6.	12.			

Form D - page 2

7. I have been informed that t purposes of residency verificat	he school district h ion. This investiga	nas the right to conduct an investigation for ation may include home visits
		(initial)
	ding but not limited	rill rely on the representations herein and I agree to d to, tuition expenses and attorney's fees, for any
	(mitiai)	
		SIGNATURE OF PARENT IF OWNER/LESSOR
State of New York County of)	
County of) 55	
On this day of	, 20	, before
On this day of me personally came		to me
personally known and known	to me to be the san	me
person described in and who	executed the forego	oing
instrument, and he/she acknow	wledged to me that	t
he/she executed the same.		
Notary	Public	

FORM E AFFIDAVIT IF PARENT IS A RENTER/NON-OWNER

STATE OF NEW YORK)	
COUNTY OF) ss:	
(COUNTY OF	
, being duly sworn, deposes and say	s:
(Name of PARENT if Renter/Non-Owner)	
1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that may be admitted to the schools of the North Short (Name of child/ren)	
(Name of child/ren) Central School District as a district resident. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecut	
2. I am the of (Name of child/ren)	
(Parent/Guardian/Custodial Parent) (Name of child/ren)	
3. I rent and reside at (House No.) (Street) (City) (State) (Zip) (Photo	ne)
4. I have resided at this address since and intend to reside at this address until	ess
5. The above-named child/ren resides at	_
(π) (Street) (City) (State) (Zip) (Thole)	
6. This is my actual and only permanent domicile, lives w	vith
(name of child/ren) me and said address is his/her actual and only permanent domicile.	
7. Specify the exact nature of the rental property, including the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)	
8. I have attached a true copy of the lease/rental agreement for the above-property . If no agreement exists, specify the terms of the lease/rental, including the rent and duration of the agreement.	ıt
9. I have been informed that the school district has the right to conduct an investigation for purposes of residency verification. This investigation may include home visits	_

Form E - page 2

10. The following names include <u>ALL PERSONS</u> (a relationship to the above named child(ren).	adults and children) living at this address and their
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.
11. My last address was where my children and I lived with:	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
12. I understand that it is my responsibility to hav Owner's Affidavit and that my child(ren) will not this Affidavit.	A A V
13. I have attached THREE (3) CURRENT (putility bill, such as gas, electric, water, cable; telephonon-driver's ID; insurance bill; automobile registration	ne bill; voter registration card; driver's license or
14. I further understand that the school district w to bear legal responsibility, including but not limit any inaccuracy of such representations.	
Chata a CN and Wards	Signature of Renter/Non-owner
State of New York) ss.: County of)	
County of)	
On this day of, 20, befme personally came, 1	ore to me
personally known and known to me to be the same person described in and who executed the foregoing	
instrument, and he/she acknowledged to me that he/sh	ne
executed the same. (Notary Public)	_

FORM F AFFIDAVIT OF OWNER/LESSOR/LANDLORD OF PROPERTY

TATE OF NEW YORK)
OUNTY OF) ss:
, being duly sworn, deposes and says
(Name of Owner/Lessor/Landlord)
. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that may be admitted to the schools of (Name of child/ren)
ne North Shore Central School District as a district resident. I swear/affirm that these statements are transfer the penalties of perjury, and I understand that the filing of a false instrument and the theft of ervices from a governmental agency such as a school district are crimes punishable under New York tate Law. I further acknowledge that making false statements in this affidavit may subject me to riminal prosecution.
. I am the legal owner of
(address) nd I reside at
(address) (phone #)
. My tenants and
(name of parent/guardian/custodian) (names of child/ren)
re domiciled at
. I have attached true copies of the following: (1) DEED, (2) A CURRENT MORTGAGE TATEMENT, and (3) the MOST RECENT PROPERTY TAX BILL OR TAX RECEIPT.
The terms and conditions of said tenancy are as follows: (Rent, etc., - Attach Lease). If no lease, explainly.
. I have been informed that the school district has the right to conduct an investigation for
urposes of residency verification. This investigation may include home visits.

Form F - page 2

	ERSONS (including the children) living at this address and their
relationship to the above named child(ren 1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.
bear legal responsibility, including but inaccuracy of such representations.	SIGNATURE OF OWNER/LESSOR/LANDLORD
STATE OF NEW YORK) ss.:	
COUNTY OF	
On this day of personally came personally known and known to me to person described in and who executed instrument, and he/she acknowledged he/she executed the same.	to me to be the same If the foregoing
Notary Public	