

9. Will the above-named child/ren be taken as a tax deduction on your tax return? YES _____ NO _____

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)

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)
) 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.

Notary Public

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)
) 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.

Notary Public

7. 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. _____
(initial)

8. I further understand that the school district will rely on the representations herein and I agree to bear legal responsibility, including but not limited to, tuition expenses and attorney’s fees, for any inaccuracy of such representations. _____
(initial)

SIGNATURE OF PARENT IF OWNER/LESSOR

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.

Notary Public

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10. The following names include **ALL PERSONS** (adults and 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.

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 have the Owner of the above-property submit an Owner's Affidavit and that my child(ren) will not be admitted into the District's schools without this Affidavit. _____
(initial)

13. I have attached **THREE (3) CURRENT (present or previous month)** of the following: utility bill, such as gas, electric, water, cable; telephone bill; voter registration card; driver's license or non-driver's ID; insurance bill; automobile registration; tax return; and/or moving Company Statement.

14. I further understand that the school district will rely on the representations herein and I agree to bear legal responsibility, including but not limited to, tuition expenses and attorney's fees, for any inaccuracy of such representations. _____
(initial)

Signature of Renter/Non-owner

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.

(Notary Public)

