FORM A

AFFIDAVIT OF PARENT WITH WHOM CHILD WILL BE LIVING

OUNTY OF)		
		_, being duly sworn, deposes and says:
(Name of Parent)		
I reside at(House No.) (Street)	(City)	(State) (Zip Code) (Tel. No.)
	is my	ughter) and he/she has
(name of child/ren)	(son/da	ughter)
ed with me since		
II-time basis: Statement explaining the reason(s) for t		· · · · · · · · · · · · · · · · · · ·
Parent's statement about who will provide		
Statement about the nature of the parent lucation:		

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 <u>\$20,000</u> 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 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.

Notary Public

FORM B

AFFIDAVIT OF PARENT WITH WHOM CHILD WILL NOT BE LIVING

ŚTATE OF NEW	/ YORK)					
COUNTY OF) ss:)					
				being dul	vsworn	denoses and	l savs.
(Name of Pa	urent)				<i>y</i> swom,	deposes and	1 Suy 5.
1 I am the		of					(a)
I. I am the(Relation	onship to child/ren)	(Name of child()	ren))			
2. I reside at							
2. I reside at	House #)	(Street)	(Cit	y)	(State)	(Zip Code)	(Tel.No.)
3. Statement of							
	24						
alt	61			•//			
4. I have asked							
above-named ch							
above-named en		o ussume resp			-		
17							
			ardian				
	's current liv		<u>^</u>				
(House No.)	(Street)		(City)	(State)	(Zip Code	e) (Te	I.No.)
		0.11		et Tom	0000000	Indefin	ite
_			nent is: Permaner				
To terminate	on		Please explain:				
9 Do you reline	wish custody	control and s	support of the abo	ove-named	child to t	he custodiar	1?
Does this includ		, control and s	support of the abo				
		nake decisions	pertaining to the	child's edu	ication?	YES	NO
	health and w		Portunning to the		********		NO
		n of financial	support?			YES	
	•			negotieg?			NO
•	provision of	i 100a, ciotni	ng and other ne	CESSINES!		100	

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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)

as the WHEREFORE, it is respectfully requested that you recognize _____ custodian and caretaker of my child/ren and recognize his/her actual and only domicile to be that of the custodian.

Signature of Parent

) ss.: COUNTY OF _____) ss.: STATE OF NEW YORK

On this _____ day of _____, 20___, before me , to me personally came 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)	••		
) ss COUNTY OF)	te.		
		, being duly swo	rn, deposes and says:
(Name of Custodian/Guardian)			
1. I reside at(House #) (Street)	(City)	(State)	(Zip) (Phone)
2(Name of Child/ren)	is my		and he/she
(Name of Child/ren)	(Child/ren's	Relationship to Custodian/G	uardian)
has lived with me since(Dat			
(Dai			
 4. Custodian/guardian's statement permanently, on a full-time basis:			
6. Custodian/guardian's statement and all other necessities:	about whether he/she inten	ds to provide the chil	d with food, clothing
7. Statement about the nature of the child's education:	e custodian/guardian's resp	ponsibility for all mat	ters relating to the
8. Statement about the nature of the medical care:	e custodian / guardian's res	ponsibility for matter	s relating to the child'

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 <u>\$20,000</u> 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 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

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.

) ss.:

Notary Public

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FORM D

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OWNER AFFIDAVIT FOR PARENT/GUARDIAN/CUSTODIAN

STATE OF NEW YORK)) ss:	
COUNTY OF)	
	, being duly sworn, deposes and says:
(Name of Parent/Guardian/Custodian)	
1. I understand that this statement is being made UN that may be may be Name of child/ren may be School District as a district resident. Relationship to	admitted to the schools of the North Shore Central
	(Parent/Guardian/Custodian)
2. I swear/affirm that these statements are true und filing of a false instrument and the theft of services fi are crimes punishable under New York State Law. I this affidavit may subject me to criminal prosecution	further acknowledge that making false statements in
3. I am the legal owner of(House #) (Street)	
(House #) (Street)	(City) (State) (Zip Code) (phone)
I have attached true copies of the following documen STATEMENT AND (3) MY MOST RECENT PI (CURRENT [present or previous month])Utility by Voter Registration Card; Driver's license or non-drive Tax Returns; Moving Company Statement. 4. I reside at	ROPERTY TAX RECEIPT, <u>AND</u> (4) Any <u>THREE</u> bills, such as gas, electric, water, cable; telephone bill; yer's ID; Insurance Bill; Automobile Registration;
(House No.) (Street)	(City) (State) (Zip Code) (phone)
5. The above-named child/ren resides at	
 (No.) (Street 6. The following names include <u>ALL PERSONS</u> (irelationship to the above-named child/ren: 	
1.	7.
2.	8.
3.	9,
4,	10.
5.	11.
6.	12.

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.

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

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.

)) ss.:

Notary Public

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

STATE OF NEW YORK)
) ss:
COUNTY OF)
, being duly sworn, deposes and says:
(Name of PARENT if Renter/Non-Owner)
1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order
thatmay be admitted to the schools of the North Shore (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 a
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 prosecution
2. I am the of
2. I am the of of (Name of child/ren)
3. I rent and reside at
(House No.) (Street) (City) (State) (Zip) (Phone)
4. I have resided at this address since and intend to reside at this address until
5. The above-named child/ren resides at (#) (Street) (City) (State) (Zip) (Phone)
(#) (Street) (City) (State) (Zip) (Phone)
6. This is my actual and only permanent domicile, lives with
(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.
9. I have been informed that the school district has the right to conduct an investigation for

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.

(initial)

Form E – page 2

10. The following names include <u>ALL PERSONS</u> (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:

l.	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.

	(m)	(lal)	90 - ₁₀	
State of New York)	Signa	ture of Renter/Non-owner	
County of) ss.:)	i.		
On thisday of me personally came personally known and known to person described in and who ex- instrument, and he/she acknown executed the same (Notai	o me to be the accuted the fore	, to me same egoing		

FORM F

AFFIDAVIT OF OWNER/LESSOR/LANDLORD OF PROPERTY

STATE OF NEW YORK
COUNTY OF)
(Name of Owner/Lessor/Landlord), being duly sworn, deposes and says:
 I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that may be admitted to the schools of
2. I am the legal owner of
(address) (phone #) 3. My tenants (name of parent/guardian/custodian) and (names of child/ren)
are domiciled at
4. I have attached true copies of the following: (1) DEED, (2) A CURRENT MORTGAGE STATEMENT, 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, explain why.

5. 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)

Form F - page 2

6. The following names include <u>ALL</u> <u>PERSONS</u> (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.	

7. 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 OWNER/LESSOR/LANDLORD

STATE OF NEW YORK

) ss.:) SS.:

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

Forms Revised September 2017