LINDENHURST PUBLIC SCHOOLS

Transfer of Guardianship

STATE OF NEW YORK }
} ss:
COUNTY OF _____}

TO WHOM IT MAY CONCERN:

This is to certify that I, _____ residing at _____.
Guardian's Full Name **Street Address**

Lindenhurst, NY 11757, do hereby exercise parental control and accept responsibility for the health, welfare, and education of:

_____ from _____
Student's Full Name **Parent's Full Name**

I further certify that the child permanently resides at the above address.

- **That the applicant is living with me because _____**
  _____
  _____
- **That I pay for all day-to-day expenses with regard to the applicant.**
- **That I _____ claim _____**
  (do/do not) **(the applicant)**
  on my federal and state tax return. This information is subject to the reporting requirements of the Internal Revenue Service, and a penalty may be imposed if this is not properly reported
- **That the applicant spends the weekends _____**

  _____

Attach these required documents as they apply:

- **Duly executed court documents indicating legal guardianship, along with legal guardian's photo ID.**
- **Duly executed adoption documents along with the adoptive parent's photo ID.**
- **Duly executed court custody documents along with the custodian's photo ID.**

I understand that any false statement made by me in connection with the registration of this child or children may subject me, not only to criminal prosecution, but also to civil liability for money damages (such as tuition) to the Lindenhurst School District. I further agree and promise that in the event that any of the information I have provided the School District should change, I will notify the School District immediately. I further understand that this form may be sent to the Lindenhurst Village Hall and/or Babylon Town Hall for the purpose of verifying residency.

Sworn to before me this

_____ Day of _____200__.

_____
(Notary Pubic)

Print Name: _____

Signature: _____

Address: _____

_____

Telephone: _____