



If temporary, the living arrangement will be terminated on (enter date):\_\_\_\_\_.

9. Describe the reason(s) why the student lives with you:

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10. Former address(es) where the student has lived:

<b>Address</b>	<b>Dates</b>	<b>Person(s) with whom the student resided</b>

11. The student (does/does not) live at another address. (Check One)  Yes  No  
If the student lives at another address, indicate the address and circumstances

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12. Food, clothing, and other necessities are provided to the student by \_\_\_\_\_.

13. Does the student spends nights, weekend, holidays, or vacations elsewhere?  
(Check One)  Yes  No

If so, please explain:

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14. Does the students have siblings? If so, please provide the following information:

Child's Name	Date of Birth	School/Grade

15. What, if any, court orders have been made with respect to the child's guardianship or custody?  
(Attach a copy of all such orders)

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16. Do you assume full responsibility for the education and medical care of the student?  
(Check One)  Yes  No

Will the student's custodial parent be consulted regarding major medical decisions relating to the student? (Check One)  Yes  No

Will the student's custodial parent be consulted regarding major educational decisions relating to the student? (Check One)  Yes  No

17. How often will the student see his custodial parent? \_\_\_\_\_

18. What percentage of financial support will be made by the custodial parent? \_\_\_\_\_

19. What percentage of financial support will be made by you? \_\_\_\_\_

20. How often will student see custodial parent?

21. Who will claim the student on his/her tax return? \_\_\_\_\_

22. Please state any other facts relevant to the child's custody. \_\_\_\_\_

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**Please attach these pertinent documents, if applicable:**

\_\_\_\_\_ **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.**

**NOTE: THE FOLLOWING STATEMENT, SIGNATURE REQUIREMENT, AND NOTARIZATION REQUIREMENT APPLY TO ALL SECTIONS OF THIS FORM. NO APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED SIGNATURES.**

The school retains the right to temporarily delay completion of the student's registration pending evaluation of the facts presented in this form or any other required form.

The statements contained in this form are true. I understand the statements in this application are subject to verification by the school district and that false statements could subject me to tuition and/or transportation charges. I also understand it is my responsibility to notify the school of any changes and/or circumstances affecting the accuracy of this application.

**I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF THE STATE OF NEW YORK AND MAY BE REFERRED TO THE OFFICE OF THE DISTRICT ATTORNEY.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY