AFFIDAVIT FORM AFFIDAVIT (TO BE COMPLETED BY NON-CUSTODIAL PARENT/GUARDIAN OF STUDENT TO WHOM CUSTODIAL PARENT HAS TRANSFERRED CUSTODY)

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR FOR PERJURY IN THE THIRD DEGREE AND/OR FILING A FALSE INSTRUMENT. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION OR TRANSPORTATION CHARGES. TUITION CHARGES MAY EXCEED \$10,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE.

STATE OF NEW YORK)

) SS COUNTY OF SUFFOLK)

I, _____, being duly sworn, depose on this _____ day of ____, 20___, and say:

1. With full understanding of the requirements for enrollment, I hereby request that ________ (Name of Student) be admitted to the schools of the Lindenhurst Union Free School District as a resident.

2. I further understand that, if the student is not found to be a legitimate resident of the Lindenhurst Union Free School District, I will be legally responsible for paying for the student's annual tuition and transportation charges. Such charges will be retroactive to the first day of the student's admission. Tuition will be billed at the District's <u>annual</u> tuition rate and will be retroactive to the first day of the student's day of the student's admission. (Check one) \Box Yes \Box No

3. I am the ______ (parent, guardian, custodial parent, non-custodial parent) of the student named above.

4. I reside at ______.

5. The student ______ (does/does not) reside with me at this location. This residence ______ (is/is not) the student's only and actual permanent residence.

6. The student has resided with me since ______.

7. The student intends to reside with me until (enter date) ______.

8. The student is living arrangement is: (Circle One) Permanent Temporary

If temporary, please explain why: _____

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

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

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

Address	Dates	Person(s) with whom the student resided

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

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:

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)

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

Will the student's custo	odial pare	ent be consulted regarding major medical decisions relating to the
student? (Check One)	U Yes	□ No

Will the student's custodial parent be consulted regarding major educational decisions relating to the student? (Check One) \Box Yes \Box 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.

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.

<u>NOTE</u>: 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 <u>my</u> 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

DATE

NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS

_____DAY OF _____, 20____

NOTARY

NOTARY