

**PARENT'S AFFIDAVIT**

**FORM C**

\_\_\_\_\_  
**STUDENT'S NAME (Print last name, first name)**

STATE OF NEW YORK )

)ss:

COUNTY OF NASSAU )

\_\_\_\_\_, being duly sworn, deposes and says:  
(NAME OF PARENT)

1. I am the parent of the above named Child/Ward who resides at \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS OF PERSON IN CUSTODIAL RELATIONSHIP).

2. I RESIDE AT \_\_\_\_\_ (ADDRESS OF PARENT).

3. The reason(s) why the Child/Ward is not living with me are the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have asked the custodial parent/guardian named below to assume responsibility for the custody and control of my Child/Ward because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. How long do you intend for this living arrangement to continue (Be specific). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you relinquish custody and control of your Child/Ward to the custodian named below including the right to make decisions pertaining to the child's health welfare, and education of the child, and including obligation to financial support?

YES

NO

**ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

**FORM C**

7. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of the SCHSD as a district resident. I further understand if my child is found not to be a legitimate resident of the Sewanhaka District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 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 the State Penal Law and that a false statement in connection with this application will also subject me to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize \_\_\_\_\_ (NAME OF CUSTODIAN) as the custodian and caretaker of my Child/Ward and recognize his/her actual and only address to be that of \_\_\_\_\_ (NAME OF CUSTODIAN) who lives at \_\_\_\_\_ (ADDRESS OF CUSTODIAN)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
SIGNATURE OF PARENT

Sworn to before me

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC

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