

Affidavit of Parent

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) SS:

Notice: This statement should be completed by the parent, who is living outside the Phoenix Central School District, but who's child is residing with a person living within the Phoenix Central School District.

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\_\_\_\_\_, being duly sworn, deposes and says:  
Name of parent

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
Relationship to student Name of student

2. I reside at (Address of parent): \_\_\_\_\_  
\_\_\_\_\_

3. Check the one that applies: Yes I do..  No, I do not..   
Have legal custody of the student. (Attach court/custody papers if parents are separated/divorced)

4. If the other parent has legal custody, identify that person by name, address and telephone number, and provide a notarized statement from that parent indicating consent to the current living arrangement.

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

5. The student is currently residing with \_\_\_\_\_, at the following address:

\_\_\_\_\_

6. The students relationship to the person with whom he/she is currently residing is:

\_\_\_\_\_

7. The student began living at the current residence on \_\_\_\_\_ and will continue to reside there until: \_\_\_\_\_

8. Why is the student living at the current location? \_\_\_\_\_

\_\_\_\_\_

9. Will the student reside in your home during weekends, holidays or any other times during his/her stay at the current location? \_\_\_\_\_

\_\_\_\_\_

10. Who will claim the student as a dependent for Income Tax purposes? \_\_\_\_\_

\_\_\_\_\_

11. During the time the student resides at the current location, who is responsible for:

a. Receiving and responding to academic and other reports concerning the student?

\_\_\_\_\_.

b. Making decisions regarding the student's education?

\_\_\_\_\_.

c. Authorizing medical treatment for the student?

\_\_\_\_\_.

d. Payment for medical treatment of the student?

\_\_\_\_\_.

e. Releasing records for the student?

\_\_\_\_\_.

f. Providing other necessary consents for the student?

\_\_\_\_\_.

g. Expense of student's room and board?

\_\_\_\_\_.

h. Expenses of clothing and other necessities?

\_\_\_\_\_.

12. Will you provide any other financial assistance to the student? Yes  No

If yes, what is the nature and amount of the assistance?

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

13. Other Information that would assist the school district in acting on the application of this student.

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

I understand that this affidavit has been completed to establish the student as a resident, living within the Phoenix Central School District [the "District"] boundaries. As a result of the representations made by me in this affidavit, the District may admit the student to its schools on a tuition free basis. If any such representations are untrue, the District may be damaged, at least in the amount of tuition it should have received for the education of the student.

Therefore, I certify that all the information provided on this affidavit is true and accurate.

I understand that:

If I provide false information on this affidavit to the Phoenix Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);

If I provide false information on this affidavit to the Phoenix Central School District with the intent to defraud the Phoenix Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and

I may be prosecuted on criminal charges for such false information.

\_\_\_\_\_  
Signature

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public