

AFFIDAVIT FORM "C"

CUSTODIAL AFFIDAVIT

(TO BE COMPLETED BY GUARDIAN OF STUDENT TO WHOM PARENT HAS TRANSFERRED CUSTODY TO)

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, _____, Social Security number _____, 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 South Country Central School District as a temporary resident.
2. I am the _____ (Parent/Guardian/Custodial Parent) of the student named above.
3. I reside at _____.
4. The student _____ (does/does not) reside with me at this location. This residence _____ (is/is not) the student's only and actual permanent residence.
5. The student has resided with me since _____ (Enter Date).
6. The student intends to reside with me until _____ (Enter Date).
7. This living arrangement is temporary: (Check One) Yes No

The living arrangement will be temporary because _____
_____.

The living arrangement will continue until (enter date) _____.

8. Describe the reasons why the student lives with you:

9. Former addresses where the student has lived:

Address	Dates	Person(s) with whom the student resided

10. 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:

11. Food, clothing, and other necessities are provided to the student by _____.

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

If so, please explain: _____

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

14. If you have children, please provide the following information:

Child's Name	Date of Birth	School/Grade

15. Do you assume full responsibility for the education and medical care of the student?

(Check One) Yes No

16. What percentage of financial support will be made by you? _____.

17. Please state any other facts relevant to the child's custody.

_____.

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

DATE

NOTARIZED SIGNATURE

NOTARIZED SIGNATURE

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

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

NOTARY

NOTARY