

**AFFIDAVIT FORM "D"**

**PARENTAL AFFIDAVIT**

(TO BE COMPLETED BY PARENT OF STUDENT WHO HAS TRANSFERRED CUSTODY TO ANOTHER ADULT)

NOTE: GUARDIAN OF STUDENT MUST ALSO COMPLETE AFFIDAVIT FORM "C".

**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. SUCH 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\_\_\_\_, say:

1. The name of the individual who has custody and control of my child is \_\_\_\_\_

(Hereinafter referred to as "Guardian").

2. 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 resident.

3. I further understand that, if the student is not found to be a legitimate resident of the South Country Central School District, I will be legally responsible for paying for the student's annual tuition and transportation expenses incurred by the District as a result of my false statements. Such tuition will be billed at the District's annual tuition rate and will be retroactive to the first day of the student's admission. (Check one)  Yes  No

4. I am hereby informed that the District will make unannounced home visits and utilize any other legal means available for the purposes of residency identification. (Check One)  Yes  No

5. I reside at \_\_\_\_\_.

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

7. The student has resided with his/her guardian since \_\_\_\_\_ (Enter Date).

8. The student intends to reside with his/her guardian until \_\_\_\_\_ (Enter Date).

9. This living arrangement is temporary: (Check One)  Yes  No

The living arrangement will be temporary because \_\_\_\_\_ (Enter Date).

The living arrangement will continue until \_\_\_\_\_ (Enter Date).

10. Describe the reasons why the student lives with a guardian: \_\_\_\_\_

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11. Former addresses where the student has lived:

Address	Dates	Person(s) with whom the student resided

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

14. Does the student spend nights, weekend, holidays, or vacations elsewhere?

(Check One)  Yes  No If so, please explain: \_\_\_\_\_

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15. What is the student's relationship to you? \_\_\_\_\_.

16. Do you intend to continue residing at the address indicated above? (Check One)  Yes  No

17. Do you have other children? If so, please provide the following information:

Child's Name	Date of Birth	School/Grade


18. 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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19. If the child's guardian has children, please provide the following information:

Child's Name	Date of Birth	School/Grade

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

(Check One)  Yes  No

Will you be consulted regarding major medical decisions relating to the student?

(Check One)  Yes  No

Will you be consulted regarding major educational decisions relating to the student?

(Check One)  Yes  No

21. How often will the student see you? \_\_\_\_\_.

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

23. What percentage of financial support will be made by the guardian? \_\_\_\_\_.

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

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**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.**

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DATE

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NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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NOTARY

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DATE

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NOTARIZED SIGNATURE

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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NOTARY