

Uniondale UFSD: Office of Central Registration Services
1060 Cornelius Court Uniondale NY 11706
516 918 - 1059: Office Fax 516 918-2336

CUSTODIAN'S AFFIDAVIT*
STUDENT'S NAME (Print last name, first name)

*This affidavit should be completed by all persons in a custodial relationship with the child.

STATE OF NEW YORK)

COUNTY OF)

_____ (NAME OF CUSTODIANS), being duly sworn, deposes and says:

1. I live at _____ (FULL ADDRESS OF CUSTODIAN).

2. The above named Child/Ward is my _____ (CHILD'S RELATIONSHIP TO CUSTODIAN) and he/she has lived with me since _____ (DATE).

3. The reason(s) why the Child/Ward is living with me and not the parent are as follows:

4. Who will provide the child with food, clothing and all other necessities:

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

6. Who will be responsible for the matters which relate to the Child/Ward's education? Be specific, (e.g. signing permission slips, course selection sheets, or attending parent conferences):

(OVER)

7. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that my child/ward may be admitted to the schools of the UUFSD as a district resident. I further understand if my child/ward is found not to be a legitimate resident of the Uniondale School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$16.600 PER YEAR PER CHILD retroactive to the first day of my child/ward's admission. I also realize that theft of governmental services is a crime punishable under 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 or perform surveillance for purposes of residency verification. WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of the aforementioned 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 CUSTODIAN

SIGNATURE OF CUSTODIAN

Sworn to me this
_____ day of _____, 2017

Sworn to me this
_____ day of _____, 2017

NOTARY PUBLIC

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