

AFFIDAVIT OF RECEIVING PARTY

STATE OF NEW YORK)
COUNTY OF ONONDAGA) SS:

NOTICE: This statement should be completed by the person (other than the student's parent) with whom the Student is claimed to reside within the School District.

_____, being duly sworn, deposes and says:
[Name of District Resident]

1. Student's Name: _____

2. Date of Birth: _____

3. Grade Level: _____

4. Current Address: _____
 (Street)

 (Town, State & Zip)

 (Telephone)

5. Mother's Name: _____

6. Mother's Address: _____
 (Street)

 (Town, State & Zip)

 (Telephone)

7. Father's Name: _____

8. Father's Address: _____
 (Street)

 (Town, State & Zip)

 (Telephone)

9. Length of time you have _____

10. resided at current address: (Years) (Months) (Weeks)
 Length of time student has _____
 resided at current address: (Years) (Months) (Weeks)

11. Student's previous Addresses (list most recent first):

(1) _____
 From To (Street)

 (Town, State & Zip)

(2) _____
 From To (Street)

 (Town, State & Zip)

(3) _____
 From To (Street)

 (Town, State & Zip)

12. Relationship with Student (e.g. Mother, Father, Stepmother, Stepfather, Adoptive Father, Adoptive Mother, Legal Guardian, Legal Custodian, Person in Parental Relation, Other).

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If Student does not claim residency with Mother or Father, please answer the following questions.

13. Basis of Relationship with Student.

(a) Legal guardianship of Student? _____ Yes _____ No
 If yes, please attach copy of Court papers.

(b) Legal custody of Student? _____ Yes _____ No
 If yes, please attach copy of Court papers.

(c) Other legal control over Student, e.g. adoption, court-ordered placement, surrender, abandonment? _____ Yes _____ No

If yes, please attach copy of Court papers or provide explanation: _____
_____.

(d) Other relationship with student? _____ Yes _____ No

Please explain: _____
_____.

14. When did the Student begin to live with you? _____
(Date)

15. How long will the Student reside with you? _____
(Date)

16. Will the Student live with you during school vacation? _____ Yes _____ No

If not, where do you expect the Student to reside during that time?

_____.

17. Who will claim the Student as a dependent for Income Tax purposes?

18. During the time the Student will reside with you, 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 Student?

 - (e) Providing health insurance for Student?

 - (f) Releasing records for the Student?

(g) Providing other necessary consents for the Student?

(h) Expense of Student's room and board?

(i) Expenses of clothing and other necessities?

19. Will there be any period of time when this Student will not live with you while attending the School District? _____ Yes _____ No

If yes, please state where the student will reside and for how long:

20. What are the circumstances which brought this student to reside with you?

21. Please provide any other comments that would assist the School District in acting on the application to enroll this Student.

By my signature below, I assume full responsibility for all matters relating to the student's education and care, including medical, except as otherwise stated herein.

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 Lyncourt Union Free 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 Lyncourt Union Free School District, with the intent to defraud the Lyncourt Union Free 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, and may be
liable for tuition and other costs.**

(Signature)

Sworn to before me this _____
day of _____, 20__.

Notary Public