

GUARDIAN AFFIDAVIT

STATE OF NEW YORK)
)ss.
COUNTY OF SUFFOLK)

[] , being duly sworn, deposes and says:
(Name of Guardian)

1. That [] has established their
(Student Name)
permanent residence in my home at []
(Address of Guardian)

[] as of [] .
(Address of Guardian) (Date student became a resident)

2. I am the [] of the property identified on the Suffolk County Tax Map as:
(Tenant/Owner)
District [] Section [] Block [] Lot [] .

Attached are two forms of proof of residency.

3. That I make this affidavit knowing that the Smithtown Central School District is relying
on this statement in admitting the child of []
(Parent Name)
as a student on a non-tuition basis.

4. That I exercise parental control and accept responsibility for the health, welfare and
education of []
(Student Name)

5. That the student is living with me because []
[]
(Provide reason with an explanation)

6. That I [] claim [] on my
(Do/Do not) (Student Name)

Federal and State Tax Return.

7. The student spends their weekends and holidays at

(Address of where the student lives on weekends and holidays)

8.

pays for the students day to day expenses.

(Parent or individual having custody & control)

9. I understand that any false statement made by me in connection with the registration of this child may subject me, not only to criminal prosecution, but also to civil liability for money damages to Smithtown Central School District.

10. I further agree and promise that in the event that any of the information I have provided the School District should change, I will notify the School District immediately.

11. I further understand that this form may be sent to the Smithtown Town Hall for the purpose of verifying residency.

(Signature of Guardian)

(Telephone # of Guardian)

Sworn to before me on

this _____ day of _____, 20 .

NOTARY PUBLIC