

Regulation

STUDENTS

7019.2

PARENT/GUARDIAN AFFIDAVIT

STATE OF NEW YORK }
COUNTY OF _____ } SS.:

_____, being duly sworn, deposes and says:
[Name of Parent/Guardian]

1. I am the _____ of _____.
[Relationship to Student] [Name of Student]

2. I reside at _____
[Address of Parent/Guardian]

3. [Check the one that applies] _____ I do _____ I do not
Have physical legal custody of the Student. (Please provide court order or agreement if
one exists. The District will not condition enrollment upon receipt of either document.)

4. If the other parent/guardian has physical legal custody, identify that person by name,
address and telephone number, and provide a notarized statement from that individual
indicating consent to the current living arrangement.

5. The Student is currently residing with _____ at the following address:

6. The Student's relationship to the person with whom he/she is currently residing is:

7. The Student began living at the current residence on _____ and will
continue to reside there until _____

8. Why is the student living at the current location?

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9. Will the Student reside in your home during weekends, holidays or any other times during his/her stay in the current location? Explain.

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

11. During the time the Student resides at the current location, 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. Releasing records for the Student?

F. Providing other necessary consents for the Student?

G. Expense of Student's room and board?

H. Expenses of clothing and other necessities?

12. Will you provide any other financial assistance to the Student? _____ yes _____ no
If yes, what is the nature and amount of the assistance? _____

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- 13. Please provide any other information that would assist the School District in acting on the application to enroll this Student. _____

I certify that all the information provided on this affidavit is true and accurate.

I understand that:

- A. If I provide false information on this affidavit to the Vernon-Verona-Sherrill School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);**
- B. If I provide false information on this affidavit to the Vernon-Verona-Sherrill School District with the intent to defraud the Vernon-Verona-Sherrill School District, I may be committing the crime of perjury in the second degree (a class E felony); and**
- C. 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

Vernon-Verona-Sherrill School District

Adopted: 3/94 Readopted: 07/01/09 Rescinded: 01/28/19

Approved by the Superintendent: 01/28/19