DEER PARK UNION FREE SCHOOL DISTRICT

Office of Central Registration

300 Park Avenue
Deer Park, NY 11729

_____
STUDENT'S NAME (Print last name first)

GUARDIAN/CUSTODIAN AFFIDAVIT

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

_____, being duly sworn, deposes and says:
(GUARDIAN/CUSTODIAN NAME)

1. I understand that any false statements made herein are punishable as a Class-A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York, and that this statement is being made in order that _____
(___/ ____/___) may be (NAME OF CHILD)
(DATE OF (BIRTH)
admitted to the schools of the Deer Park UFSD ("District") as a district resident.

2. I am the _____of the above-named child, my_____.
(GUARDIAN/CUSTODIAN) (CHILD'S RELATION TO CUSTODIAN)

3. We reside at _____.
(ADDRESS OF GUARDIAN/CUSTODIAN'S RESIDENCE)

4. _____ has lived with me since _____ because:
(NAME OF CHILD) (START DATE)

_____
(DESCRIPTION OF CIRCUMSTANCES THAT RESULTED IN ASSUMPTION OF CUSTODY)

_____.

5. I am paying for and providing the child with the following:

_____.

6. The child's parent(s) is paying for and providing the child with the following:

_____.

7. The length of the arrangement is from _____ to _____.
(START DATE) (END DATE)

8. The child does____ does not ___ (check one) reside at any other location. If the child resides at another location, please indicate the length of time the child resides at the other location and the reasons for such arrangements:
_____

9. Health insurance is provided for the child by _____.
(NAME OF ADULT)
I have____ have not ____ (check one) attached a copy of the child's health insurance card.

10. I have ____ have not ____ (check one) declared this child as a dependent on my income tax return. If I have ____ have not ____ (check one) attached a copy of my most recent income tax return.

11. I agree to assume full responsibility to consent on my behalf to medical care, participation in school-related activities, individual evaluation, identification of any educational disability, educational placement or declassification from special education, and to make all decisions in all aspects of my child's education. I hereby release the District, its Board of Education, employees and agents from all claims or liabilities arising from this paragraph.

Wherefore, it is respectfully requested that you recognize me as the custodian and caretaker of _____, and recognize my residence,
(NAME OF CHILD)
_____, as his/her actual and only domicile.
(ADDRESS OF GUARDIAN/CUSTODIAN'S RESIDENCE)

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

_____ _____
NOTARY PUBLIC SIGNATURE OF CUSTODIAN