

PARENT AFFIDAVIT
TO THE CHEEKTOWAGA CENTRAL SCHOOL DISTRICT
3600 Union Road
Cheektowaga, New York 14225

NOTICE: *This Affidavit is only to be completed by a parent who is not a resident of the Cheektowaga Central School District when the Student is claiming to reside in another household located within the District. Print or type all answers.*

STATE OF NEW YORK)
COUNTY OF ERIE) SS.:

_____, being duly sworn, deposes and says that:
(First, Middle and Last Name of Parent)

1. I reside at _____, which
(Full Address of residence, including unit number if applicable – no PO Boxes)

is not located within the boundaries of the Cheektowaga Central School District ("District").

2. I am the _____ of _____,
(Relationship to Student) (Name of Student)

(hereinafter "Student").

3. [Check the one that applies] ____ I do ____ I do not have legal custody of the Student. (Attach a complete copy of the most recent court/custody papers if parents are separated/divorced).

4. If the other parent has legal custody, identify that person by name, address and telephone number, and provide a notarized affidavit from that parent, indicating their consent to the Student's current living arrangement.

5. The Student is currently residing with _____ (hereinafter "Adult")
(Full name of adult)
at the following address, which is located within the boundaries of the Cheektowaga Central School District:
District:

(Full Address of residence, including unit number if applicable – no PO Boxes)

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

7. The Student began living with the Adult at the current residence on _____,

and will continue to reside there until _____.

8. The reasons why the Student is living with the Adult at the current location are:

9. Will the Student reside in your home during weekends, holidays or any other times during his/her stay at the current location? _____ Yes _____ No

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 of 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?

Will you provide any other financial assistance to the Student? _____ Yes _____ No

If Yes, what is the nature and amount of the assistance?

12. Other information that would assist the School District in acting on the application of this Student.

13. All the information I have provided above and with this Affidavit is true and complete, and I am submitting this Affidavit in support of the Adult's request that the Student be deemed a resident of the Cheektowaga Central School District so that he/she will be enrolled in a District school on a tuition-free basis.

14. I further understand that once this Affidavit is signed by me and notarized, it will be filed and relied upon by public servants working for the District as they make or review a decision as to the Student's residency status. I am also aware that it is a crime, punishable as a Class E Felony under the laws of the State of New York, for a person, in and by written instrument, to knowingly make a false statement or make a statement, which such person does not believe to be true, and with the intent to defraud a political subdivision of the state. I further understand that, as a political subdivision of the state, the District reports all cases of suspected fraud to the appropriate law enforcement authorities.

15. I am aware that in order to attend the schools of the Cheektowaga Central School District free of charge, a child must be a resident of the District. Children who are not District residents are not admitted to District schools free of charge. I further understand that the District reserves the right to request additional information and to investigate the facts and circumstances involving the residency status of myself and the Student. I also understand and agree that if the Student is subsequently determined to *not* be a resident of the District for school purposes, the Student will be dismissed from school, and I will be jointly and severally liable to pay the District the full cost of tuition for all periods of time that the Student attended any District school as a non-resident, plus interest at the statutory judgment rate, and any other damages arising there from, including the cost incurred by the District to collect such charges, which costs shall include reasonable legal fees.

(Signature)

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

Notary Public

9/10/09