Syosset Central School District

Registration Office

99 Pell Lane, Syosset, NY 11791

Parent Affidavit

1.	My name is		
2.	I am the (State Relationship to Student) of		
	(Name of Student)		
3.	I reside at		
	(Address)		
4.	Vith full understanding of the requirements for enrollment, I hereby request that (Student's Name)		
	be admitted to the schools of the Syosset Central School District.		
6. 7.	permanent residence. The student has resided with me since/ (month/year). The student will reside with (Name of Parent) until the		
9.	following date: This living arrangement is temporary: a NO b YES, because: c. Explain the duration of the living arrangement: (Permanent, Indefinite, Terminated upon a Specific Date/Action/Event)		
10	. State why the student is NOT living with you:		
11	. State the full and detailed reason(s) the student is living with the custodian:		
12	Does the student spend nights, weekends, and/or holidays elsewhere? a. NO b. YES, because:		

13. State, describe, and explain any OTHER location(s) where the student lives and the length of time the student is at the other address:	
14. The students' food, clothing, health, a	and other necessities are provided by:
student? a. YES b. NO, because:	the education, medical, and health care of the
17. Other additional facts relevant to the	
education: a. Name: b. Address: c. Phone and Email: d. Relationship to the student: _	nents contained on this form are true. I understand any changes and/or change of circumstances that
(Signature)	(Date)
Notary Public:	
Sworn to before me this day of	(Notary Public)

Please be advised: Any persons who provide willfully false information regarding residence may be subject to criminal penalties. In addition, if it is determined that a registrant's child resides outside of the district, the district may take legal action to collect