

**PARENT/GUARDIAN AFFIDAVIT**

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

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

- I am the \_\_\_\_\_ of \_\_\_\_\_.  
[relationship to student] [name of student]
- I reside at \_\_\_\_\_.  
[Address of Parent/Guardian]
- [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.)
- If another 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.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

- The Student is currently residing with \_\_\_\_\_ at the following address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

- 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 at the current location? Explain:

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

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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?

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(b) Making decisions regarding the Student's education?

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(c) Authorizing medical treatment for the Student?

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(d) Payment for medical treatment of Student?

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(e) Releasing records for the Student?

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(f) Providing other necessary consents for the Student?

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(g) Expense of Student's room and board?

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(h) Expenses of clothing and other necessities?

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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 you believe would assist the School District in acting on the application to enroll this Student.

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

**I understand that:**

**if I provide false information on this affidavit to the Onondaga Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);**

**if I provide false information on this affidavit to the Onondaga Central School**

**District with the intent to defraud the Onondaga Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and**

**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**