

South Colonie School District

102 Loralee Drive, Albany, NY 12205 (518) 869-3576 ext. 0454

Affidavit

*Please Print	
1. I,, being duly sworn	
reside at	
2 and his/her child	
will be residing at this ac	ldress.
3. My home is the actual and only residence of	
his/her child(ren) :	and they reside with
me on a daily basis, and have so resided with me for	months.
4. The sole purpose of this affidavit is to confirm the residen	ce of
and so that	
can attend the South Colonie Central School Distr	ict tuition free.
5. I agree to notify the South Colonie Central School District	immediately if the
residence of and his/her child(re	n)
change(s).	
6. I give my consent to the South Colonie Central School Dis	trict to verify the
information contained herein.	
7. I understand that is not residing with	me solely for the
reason of attending school within this district.	
3. Any false statement made in this Affidavit may be a	
crime subject to appropriate penalty as contained within	
the Penal Law of the State of New York.	2017-2018 NRT Rates
9. Any false statement will subject your deponent to the	<i>Regular Ed Students</i> Full Day K-6 = \$ 11,072.00
payment of the nonresident tuition rate for the period of	Full Day 7-12 = \$12,678.00 Special Ed Students
time thatattended the schools of	Full Day, K-6 = \$ 34,706.00
	Full Day, 7-12 = \$36,312.00
South Colonie Central School District.	
South Colonie Central School District. 10. I further understand that this Affidavit is good for only one year and that I shall be required to complete a	

____ day of _____, 20_____

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