BALDWINSVILLE CENTRAL SCHOOL DISTRICT

29 East Oneida Street Baldwinsville, New York 13027

> Phone: (315) 638-6050 Fax: (315) 638-6406

Parent/Guardian Affidavit

Parent/Guardian	being duly sworn, depose and	l says:
		Name of Student
	dress:	Nume of Student
My phone numbers are: H		Cell
(Please provide court order	or agreement if one exists. The Di	hysical legal custody of the student. strict will not condition enrollment
(Please provide court order upon receipt of either docu If another parent/guardian land)	or agreement if one exists. The Diment). has physical legal custody, identify vide a notarized statement from that	strict will not condition enrollment
(Please provide court order upon receipt of either docu If another parent/guardian telephone number, and procurrent living arrangement. The student is currently res	or agreement if one exists. The Diment). has physical legal custody, identify vide a notarized statement from that	strict will not condition enrollment that person by name, address and t individual indicating consent to the at the
(Please provide court order upon receipt of either docu If another parent/guardian telephone number, and procurrent living arrangement. The student is currently res	or agreement if one exists. The Diment). has physical legal custody, identify vide a notarized statement from that	strict will not condition enrollment that person by name, address and t individual indicating consent to the

8.	Why is the student living at the current location?			
9.	he student reside in your home during weekends, holidays, or any other times during his/her the current locations? Explain:			
10.	Who will claim the student as a dependent for Income Tax purposes?			
11.	During the time 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 for the student?			
	d) Payment for medical treatment of the student?			
	e) Releasing records for the student?			
	f) Provide other necessary consents for the student?			
	g) Expense for the student's room and board?			
	h) Expense for clothing and other necessities?			
12.	Will you provide any other financial assistance to the student? yes no If yes, what is the nature and amount of the assistance?			
13.	Please provide any other information that you believe would assist the Baldwinsville Central School District in acting on the application to enroll this student.			

SIGNATURES & ACKNOWLEDGEMENT

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

I understand that:

- If I provided any false information on this affidavit to the Baldwinsville Central School district, I may be committing the crime of perjury in the third degree (which is a Class A Misdemeanor),
- If I provide false information on this affidavit to the Baldwinsville Central School District with the intent to defraud the Baldwinsville 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.

Name of Parent:	(Printed)	
Parent Signature	::	
Date:/	l	_
	NOT	ARY VERIFICATION
On the	day of	in the year
•		blic in and for the said state, personally appeared
		, personally known to me or proved to me on the
	Name of Signer	dividual(s) whose name(s) is (are) subscribed to the within
instrument and acl	knowledged to me that	he / she / they executed the same in his / her / their
capacity(ies), and	that by his / her / their s	signature(s) on the instrument, the individual(s), or the
person upon behal	f of which the individu	al(s) acted, executed the instrument.
Signat	ture of Notary Public	