

BALDWINSVILLE CENTRAL SCHOOL DISTRICT

29 East Oneida Street
Baldwinsville, New York 13027

Phone: (315) 638-6050
FAX (315) 638-6406

Affidavit of Receiving Party

NOTICE: This statement is only for use by the person with whom the Student is claimed to reside within the Baldwinsville Central School District.

A statement of a resident of the Baldwinsville Central School District supporting the admission of _____ as a resident applying for tuition-free attendance.
(Student's Name)

1. **Student's Name:** _____

2. **Date of Birth:** ____/____/____ **Grade Level:** _____

3. **RESIDENT'S INFORMATION**

Resident's Name: _____
Address (Street): _____
City, State, Zip: _____
Home Phone Number: _____ Cell Phone: _____
Work Phone: _____

4. **STUDENT'S MOTHER'S INFORMATION**

Student's Mother's Name: _____
Address (Street): _____
City, State, Zip: _____
Home Phone Number: _____ Cell Phone: _____
Work Phone: _____

5. **STUDENT'S FATHER'S INFORMATION**

Student's Father's Name: _____
Address (Street): _____
City, State, Zip: _____
Home Phone Number: _____ Cell Phone: _____
Work Phone: _____

6. If parents are divorced, please state custody arrangements:

Please provide court order or agreement if one exists.

7. If you are a non-custodial parent, please attach/provide a notarized statement from the custodial parent consenting to the student residing with you.

8. Length of time you have resided at your current address: _____
Years Months Weeks

9. Length of time student has resided at your current address: _____
Years Months Weeks

10. Student's Previous Addresses (*Most recent first*):

Address (Street): _____

City, State, Zip: _____

Length of time at this address: _____ Years _____ Months _____ Weeks

Address (Street): _____

City, State, Zip: _____

Length of time at this address: _____ Years _____ Months _____ Weeks

Address (Street): _____

City, State, Zip: _____

Length of time at this address: _____ Years _____ Months _____ Weeks

11. Your relationship with student (e.g. Mother, Father, Stepmother, Stepfather, Adoptive Father, Adoptive Mother, Legal Guardian, Legal Custodian, or Other) _____

If student does not claim residency with Mother or Father, please answer the following questions.

12. What is the basis of the relationship with the student:

a) Legal guardianship of student? Yes _____ No _____
If yes, attach a copy of Court Papers

b) Legal custody of student? Yes _____ No _____
If yes, attach a copy of Court Papers

c) Other legal control over student (e.g. adoption, Court ordered placement, surrender, abandonment)? Yes _____ No _____
If yes, attach a copy of Court Papers or provide explanation: _____

d) Other relationship with student? Yes _____ No _____
Please explain: _____

13. When did the student begin to live with you? Date: _____ / _____ / _____

14. How long will the student reside with you? (Duration of time) _____

15. Will the student live with you during school vacation? Yes _____ No _____
(If not, where do you expect the student to reside during that time? _____)

16. Who will claim the student as a dependent for Income Tax purposes? _____

17. During the time the student will reside with you, who will be responsible for the following areas:

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 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?

18. Will there be any period of time when this student will not live with you while attending school in the Baldwinsville Central School District? Yes _____ No _____

If yes, please state where the student will reside and for how long: _____

19. What are the circumstances which brought this student to reside with you in our district?

20. Other comment(s) that would assist the Baldwinsville Central School District in acting on the application for enrollment of this student?

SIGNATURE & ACKNOWLEDGEMENT

By my signature below, I assume full responsibility for all matters relating to the student’s education and medical care, except as otherwise stated herein.

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, and may be liable for tuition and other costs.**

Name of Property Owner: (Printed) _____

Property Owner Signature: _____

Date: _____/_____/_____

NOTARY VERIFICATION

On the _____ day of _____ in the year _____ before me,
Day Month Year

the undersigned, a Notary Public in and for the said state, personally appeared _____, personally known to me or proved to me of the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his / her / their capacity(ies), and that by his / her / their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public