Spackenkill Union Free School District Student Registration

OWNER'S AFFIDAVIT

Note: This form is to be completed by the owner when a person is renting an apartment or rooms within a privately owned home.

(Please	e PRINT all information)
	Student's Name
STATI	E OF NEW YORK} } SS
COUN	ITY OF }
	, Being duly sworn, deposes and says:
1.	With full understanding of the requirements for enrollment, I request that,(Name of child) be admitted to the schools of the Spackenkill Union Free School District as a district resident.
2.	I am the legal owner of (address) (Attach copy of your deed, mortgage statement, or tax bill)
	The terms and conditions of tenancy are as follows (rent, etc.)
	Lease from to Length of Lease Month-To-Month
	What portion of your home do these tenants occupy?
3.	To the best of my knowledge the above mentioned property is the current residence of (Name of parent/quardian) and the child/ward named above. I
	further understand that if this child/ward is found not to be a legitimate resident of the Spackenkill Union Free School District, I will be legally responsible for and will be billed the school district's annual tuition rate retroactive to the first day of admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.
4.	The following names include ALL persons living at this address:

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of Form B. No application will be accepted without the required signatures.
I understand that any false statements made herein are punishable as a class a misdemeanor pursuant to section 210.45 of the penal law of the state of New York and may be referred to the office of the district attorney.

Signature of Owner	
Sworn to before me this	
Day Of	, 20
Notary Public	