

PORT JERVIS CITY SCHOOL DISTRICT

AFFIDAVIT OF LIVING WITH OTHERS

A document subsequent to this will be required if the parent or guardian living at the home of the resident remains beyond the end date listed below or if additional school aged children of the parent/guardian come to live at the resident's home or if the parent/guardian claims to transfer care, custody and control to the resident.

The District reserves its rights to charge tuition of any non-resident parent or guardian who does not live with a resident and whose child or children are placed with a resident of the District where care, custody and control has not been transferred to the resident. Proof of such transfer will be required. Notice of this change in living arrangements should be made to the District within thirty (30) days of the change.

If the information provided is false or if the parent/guardian leaves the home of the resident and leaves the school aged children behind and does not transfer care, custody and control to the resident, then the parent/guardian may be subject to legal action for recovery of tuition.

Please print the information requested below, attach TWO proofs of residency, and sign before a notary public.

I, _____ am a resident of the Port Jervis City School District living
(Name of Resident)
at _____
(Complete Address)

Home Phone Number _____ Cell _____

The following people are living with me at my home: _____
(Name of Parents/Guardians)

Student's Name _____	Building _____	Grade _____
Student's Name _____	Building _____	Grade _____
Student's Name _____	Building _____	Grade _____
Student's Name _____	Building _____	Grade _____

My relationship to these individuals is that of _____
(relationship)

They have lived with me since _____ and it is anticipated that they will continue to live at my
(Move in Date)
home until _____
(End Date)

I agree to notify the District of any changes in these living conditions within thirty (30) days of the change.
I have read this entire document and agree to comply with its terms.

(Signature of Resident)

SWORN TO BEFORE ME THIS _____ DAY OF
_____ 20____

NOTARY PUBLIC

State of:
County of: