

LIVERPOOL CENTRAL SCHOOL DISTRICT

Parent Residency Affidavit – Part I

To be completed by parent, guardian, or person in parental relation of student(s)

In order to attend the Liverpool Central School District tuition-free, a student must be a resident of the District. By signing this Affidavit, you are assuring the District that the primary resident, the parent(s), guardian(s), or person(s) in parental relation of the student(s) and student(s) are, in fact, residents of the District. If this is false, or if the student becomes a non-resident, the student’s right to attend school in the District tuition-free will be terminated. Also, those signing this Affidavit may be required to pay the full tuition for the time the student(s) attended as a non-resident(s).

The primary resident and the parent(s), guardian(s) in parental relation of student(s), must inform the student’s building principal if the student’s status as a resident changes.

Name of Applicant (Parent/Guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Address of Residence \_\_\_\_\_, NY \_\_\_\_\_  
Street City Zip

Applicant’s Previous Address \_\_\_\_\_ Previous Phone \_\_\_\_\_

The reason for this shared-housing arrangement: (Please be specific) \_\_\_\_\_

How long do you anticipate sharing housing? Less than 6 Months More than 6 Months Permanently

Name of Primary Resident/Owner \_\_\_\_\_ Owns Rents Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Please list ALL children in Applicant’s household that will be residing at this address:

Table with 5 columns: First, NAME (M., Last), Relation to Applicant, Date of Birth, Grade. It contains 5 empty rows for data entry.

I, \_\_\_\_\_, do hereby certify that my children and I have resided at the above address within the Liverpool Central School District since \_\_\_\_\_ Date

Please read and sign the statement below as part of the Affidavit process.

STATEMENT: I certify that all the information provided on this Affidavit is true and accurate. I also understand that if I provide False information to the Liverpool Central School District that I May be committing a crime of perjury and that I may be Prosecuted on criminal charges for such false information.

The undersigned further understands that the District reserves The right to request additional information and to investigate the Facts and circumstances involving this Affidavit for the purpose Of establishing the legal residence of the student for school purposes.

STATE OF NEW YORK COUNTY OF ONONDAGA):ss

\_\_\_\_\_  
(Parent’s Signature)

SWORN TO ME BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

LIVERPOOL CENTRAL SCHOOL DISTRICT

Residency Affidavit – Part II

To be completed by Resident/Owner

In order to attend the Liverpool Central School District tuition-free, a student must be a resident of the District. By signing this Affidavit, you are assuring the District that the primary resident, parent(s), guardian(s), or person(s) in parental relation of the student(s) and student(s) are, in fact, residents of the District. If this is false, or if the student becomes a non-resident, the student’s right to attend school in the District tuition-free will be terminated. Also, those signing this Affidavit may be required to pay the full tuition for the time the student(s) attended as a non-resident(s).

The primary resident and the parent(s), guardian(s) in parental relation of student(s), must inform the student’s building principal if the student’s status as a resident changes.

Name of Primary Resident/Owner \_\_\_\_\_ Owns \_\_\_\_\_ Rents \_\_\_\_\_ Phone \_\_\_\_\_

Address of Residence \_\_\_\_\_, NY \_\_\_\_\_  
Street City Zip

The reason for this shared-housing arrangement: (Please be specific) \_\_\_\_\_

Name of Parent/Guardian Seeking Admission \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Resident/Owner \_\_\_\_\_

Please list ALL children in Applicant’s household that will be residing at this address:

Table with 5 columns: First, NAME (M., Last), Relation to Applicant, Date of Birth, Grade. It contains five empty rows for data entry.

I, \_\_\_\_\_, do hereby certify that my children and I have resided at the above address within the Liverpool Central School District since \_\_\_\_\_ Date

Please read and sign the statement below as part of the Affidavit process.

STATEMENT: I certify that all the information provided on this Affidavit is true and accurate. I also understand that if I provide False information to the Liverpool Central School District that I May be committing a crime of perjury and that I may be Prosecuted on criminal charges for such false information.

The undersigned further understands that the District reserves The right to request additional information and to investigate the Facts and circumstances involving this Affidavit for the purpose Of establishing the legal residence of the student for school purposes.

Notary Public box containing: STATE OF NEW YORK COUNTY OF ONONDAGA):ss, (Parent’s Signature), SWORN TO ME BEFORE THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_, and Notary Public signature line.

Please provide current proof of residency.