



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, New York 14212

CUSTODIAL AFFIDAVIT

CHEEKTOWAGA-SLOAN UNION FREE SCHOOL DISTRICT

NOTICE: This Affidavit is only to be completed by the person with whom the Student is claimed to reside within the School District. Print or type all answers.

_____, being duly sworn, deposes and says that:
(First, Middle and Last Name of person completing)

1. I have read and signed the *Statement of Residency* below, and all the information provided in this form is true and complete.
2. I am a resident of the Cheektowaga-Sloan Union Free School District ("District"), the child lives with me, and I submit this Affidavit in support of my application to register the child as a resident of the District so that he or she will be enrolled in District schools on a tuition-free basis.
3. I further understand that once this Affidavit is signed by me and notarized, it will be filed and relied upon by public servants working for the District as they make or review a decision as to my application.

NOTICE: STATEMENT OF RESIDENCY

The Cheektowaga-Sloan Union Free School District has a very strict policy on who may attend its schools. The Board of Education of the Cheektowaga-Sloan Union Free School District has directed administrators to bill the parents/guardians of students illegally attending Cheektowaga-Sloan UFSD for the cost of the child's education. If the amount owed is not paid within 30 days, the district will pursue court action to recover this money and the district's expenses involved in investigating the residency issues. The amount charged will be calculated using a formula established by the State Education Department. The cost of educating a student in the Cheektowaga-Sloan Union Free School District ranged from \$8,128 to \$24,479 depending on grade level and program. This amount usually increases each year.

My signature below indicates that I am aware of Cheektowaga-Sloan Union Free School District's policy on Non-Residents. I understand that if the district learns that either my child or I are not residents of the District, I will be liable for the costs of my child's education as described above. I am aware that the provision of any false information or fraudulent documents to the District may constitute a crime. I certify that I am a resident of the District, and that the information and documents provided in support of this application are accurate and truthful. I authorize the request of student records from prior schools on any and all children listed above and give permission to the District to verify any and all information provided in support of this application. I acknowledge that the District reserves the right to investigate, at any time, the accuracy of all information and documents submitted on any and all children listed above. I promise to promptly notify the District when any supporting information or document that has been provided to the District is no longer accurate or up to date. I understand that if the District discovers that my child/children are not a legal resident of the district, my child/children will not be permitted to attend District schools and I will be liable for the cost of education for each day attended as a non-resident.

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

Parent/Guardian Signature

Date

NOTARY USE ONLY.

Sworn to before me this _____

day of _____, 20_____.

Notary Public

Primary Parent/Guardian Full Name:		
Student(s) Full Name AND Grade:		
Residential information:	Street: _____ City: _____ State: _____ Zip Code: _____	

PART A: Relationship to the Student(s)	<p><i>If you checked any of the boxes below, please complete PART B only.</i></p> <input type="checkbox"/> Natural Mother (birth mother) <input type="checkbox"/> Natural Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
	<p><i>If you checked the box below, please complete PART B & C.</i></p> <input type="checkbox"/> I am a non-custodial parent of the Student, and I have attached a notarized statement from the custodial parent, consenting to the above-listed Student residing with me.
PART B: Circumstances	<p>Please describe the circumstances which have prevented you from obtaining legal custody papers:</p>
PART C: Non-Custodial Guardianship	<ol style="list-style-type: none"> 1. When did the Student begin to live with you? _____ (Date) 2. How long will the Student reside with you? _____ (Date) 3. The Student will live with me during school vacations. ____ Yes ____ No (check yes or no) 4. During the time the Student will reside with you, who is responsible for: <ol style="list-style-type: none"> 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. Providing necessary consent or releasing records for the Student? _____ e. Expense of Student's room and board, clothing and other necessities? _____