

**Westhill Central School District**  
**RESIDENCY AFFIDAVIT OF PARENT/GUARDIAN**

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I am the parent and/or legal guardian (circle one) of the student named below, and I certify that the information provided in this Affidavit is true and complete.
2. Name of Student: \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. My current place of residence and telephone number is:  
\_\_\_\_\_  
\_\_\_\_\_
4. I have resided at the above address for \_\_\_\_\_ month(s)/year(s) (circle one).
5. The student named above currently resides at the following address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The student resided at the following address last year.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The name, address, and telephone number of the student's father, if different, is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The name, address, and telephone number of the student's mother, if different, is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The names and current addresses of other children in the student's family are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The name and address of the school that the student has been attending is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Will you or are you currently responsible for the full financial support of the student?  
Yes / No (circle one)

12. If the answer to Question 11 above is No, please provide the name and address of the person currently responsible for the full financial support of the student.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Will you or are you currently providing any financial support to the student named above?  
Yes / No (circle one)

14. If the answer to Question No. 13 above is Yes, please provided an estimated amount of financial support per week that you provide to the student.  
\_\_\_\_\_  
\_\_\_\_\_

15. In case of a medical or other emergency, please indicate who will be responsible for decisions affecting this student.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

16. If the student will live in the **WESTHILL CENTRAL SCHOOL DISTRICT**, but not with his/her parent(s), with whom will the student be living?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Please indicate as fully as possible the reason(s) why the student will no longer be living with his/her parent(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. This living arrangement began or will begin on \_\_\_\_\_, 20\_\_\_\_, and I intend my son/ daughter to reside at this address until \_\_\_\_\_ 20\_\_\_\_. Thereafter, my son or daughter will reside at the following address:

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18. The student \_\_\_\_\_ will \_\_\_\_\_ will not (check one) be staying with his/her parent(s) on weekends or during school vacations.

This Affidavit is made for the purpose of requesting the **WESTHILL CENTRAL SCHOOL DISTRICT** (the "District") to admit my son/daughter as a resident student of the District on a tuition-free basis. I agree to notify the District in writing if at any time during the above student's attendance in the District there is any change in the facts as stated above. I understand that signing this statement is a representation that the information provided is correct and true and made under penalty of perjury.

\_\_\_\_\_  
Signature of Parent/Guardian

Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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