

**GREAT NECK PUBLIC SCHOOLS  
REGISTRATION OFFICE  
345 LAKEVILLE ROAD  
GREAT NECK, NY 11020**

\_\_\_\_\_  
STUDENT'S NAME (Print last name first)

**PARENT'S AFFIDAVIT OF CUSTODY**

STATE OF NEW YORK            )  
  )ss.  
COUNTY OF                            )

\_\_\_\_\_, being duly sworn, deposes and says:  
(PARENT NAME)

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that \_\_\_\_\_, \_\_\_\_\_, may be admitted to the schools of the Great Neck Union Free School District as a district resident.  
(NAME OF CHILD) (CHILD'S DATE OF BIRTH)

2. I am the parent of \_\_\_\_\_, and I reside at the following residence:  
(NAME OF CHILD)  
\_\_\_\_\_  
(ADDRESS OF PARENT'S RESIDENCE) (PHONE NUMBER OF PARENT)

3. My child resides with \_\_\_\_\_ at the following residence:  
(NAME OF CUSTODIAN)  
\_\_\_\_\_  
(ADDRESS OF CUSTODIAN'S RESIDENCE) (PHONE NUMBER OF CUSTODIAN)

4. The reason(s) why my child is not living with me is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I have asked the custodial parent named above to assume full responsibility for the custody and control of my child for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The length of the arrangement is from \_\_\_\_\_ to \_\_\_\_\_.  
(START DATE) (END DATE)

7. I relinquish full custody, control and support of my child, \_\_\_\_\_, to the custodian, who is \_\_\_\_\_, and who will make the following decisions concerning my child's welfare:  
(NAME OF CHILD)  
(DESCRIBE RELATIONSHIP OF CUSTODIAN TO CHILD)

**OVER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I have made the following financial arrangements with the custodian for the care and maintenance of my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. I hereby affirm under the penalty of perjury that my child is indeed in the care, custody and control of the custodian.

10. If I possess legal court documents that provide proof that the permanent care, custody and control of my child has been transferred to the custodian, then I have attached to this affidavit such legal documentary proof.

11. I understand that by executing this affidavit I release the school district from any obligation to notify me of any matters pertaining to the education of my child until such time as I notify the school district and establish that I have regained custody.

12. The custodian named in this affidavit is fully authorized to consent on my behalf to medical care, participation in school-related activities, individual evaluation, identification of educational disability, educational placement or declassification from special education and to make all decisions in all aspects of my child's education. I hereby release the school district, its Board of Education, employees and agents from all claims or liabilities arising from this paragraph.

13. I understand that a free public education to my child will be provided by the Great Neck Union Free School District *only so long as* my child is in the custody of a resident of the School District.

14. I further understand that if the above-named child is found **NOT** to be a legitimate resident of the Great Neck Union Free School District, then **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$13,000 PER YEAR, PER CHILD, RETROACTIVE** to the first day of admission.

15. I also realize that theft of governmental services is a crime punishable under the State Penal Law, and that a false statement made in connection with this application will make me liable to criminal prosecution. I understand that the school district will make unannounced home visits to verify the custodian's residence within the district.

**Wherefore**, it is respectfully requested that you recognize \_\_\_\_\_  
(NAME OF CUSTODIAN)

as the custodian and caretaker of \_\_\_\_\_,  
(NAME OF CHILD) and recognize the custodian's residence as my child's actual and only domicile.

Sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)