CERTIFICATION OF RESIDENCY

Name: _____
(FIRST) (LAST)

Address: _____
(STREET) (TOWN) (ZIP CODE)

I understand that in order for my child/children to attend the Great Neck Public Schools, I must be a resident of the Great Neck School District. Therefore, I certify that I have actually taken up residency and am domiciled at the above address with my children. I further understand that if this certification is found to be false, my child/children will be disenrolled from the Great Neck Public Schools, and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I understand that in addition to payment of non-resident tuition, the District will seek all costs of collection thereof, including its reasonable attorney's fees. I recognize it is my responsibility to notify the school district if I move. I attest that all information provided by me on this document is true.

_____ _____
(PARENT'S SIGNATURE) **(DATE)**

Sworn to before me
This _____ day of _____, 20_____

_____
NOTARY PUBLIC

PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.

I understand that in order for my child/children to attend the Great Neck Public Schools, I must be a resident of the Great Neck School District. However, I have not yet actually taken up residency nor am I domiciled at the above address for the following reason: _____

_____

_____.

I certify I expect to be living at this address on: _____. I understand that if this certification is found to be false, my child/children will be disenrolled from the Great Neck Public Schools, and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I understand that in addition to payment of non-resident tuition, the District will seek all costs of collection thereof, including its reasonable attorney's fees. I attest that all information provided by me on this document is true.

_____ _____
(PARENT'S SIGNATURE) **(DATE)**

Sworn to before me
This _____ day of _____, 20_____

_____
NOTARY PUBLIC