



FRANKLINVILLE CENTRAL SCHOOL DISTRICT

LANDLORD / OWNER / TENANT AFFIDAVIT

(PLEASE COMPLETE IF YOU ARE RESIDING WITH A RESIDENT OF FRANKLINVILLE CSD BOUNDARIES)

CHILD'S NAME _____

PARENT'S NAME _____

This is a legal document. The information provided by you will be used by the Franklinville Central School District to determine whether the child is entitled to a free education in this District.

STATE OF NEW YORK)
COUNTY OF _____) SS:

I, _____, being duly sworn, depose(s) and state(s) as follows:

- I am the _____ landlord _____ owner _____ tenant of the property located at _____ in the Franklinville Central School District. I _____ do _____ do not reside at this address.
- _____ is residing at the above address and has been residing there since _____, 20____. In addition, _____ has _____ child(ren) as follows who are also residing at this address:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

- _____ resides at this address for the following reason(s):

4. I expect that _____ will reside at this address until

5. I make this affidavit knowing that the Franklinville Central School District will rely on same in determining whether the above-listed children will be considered residents of the Franklinville Central School District entitled to a tuition-free education.

6. I declare under penalty of perjury that the foregoing is true and correct. I understand that making a false statement under oath is a crime and may subject me to criminal and/or civil penalties.

Dated: _____

Signature

Print Name

Sworn to before me this
_____ day of _____, 20__.

Notary Public