

**HEWLETT-WOODMERE UNION FREE SCHOOL DISTRICT  
REGISTRATION OFFICE  
1 Johnson Place – Room 209  
Woodmere, New York 11598**

**Phone: (516) 792-4826**

**Fax: (516) 374-8139**

**To be completed by the person in parental relation to the student:**

**CUSTODIAL AFFIDAVIT**

STATE OF NEW YORK

COUNTY OF NASSAU

\_\_\_\_\_, being duly sworn, deposes and says:  
(Name of Custodian)

1. I reside at: \_\_\_\_\_

2. \_\_\_\_\_ is my \_\_\_\_\_  
(Name of Child) (State relationship)  
and he / she has been living with me since \_\_\_\_\_.

3. Duration of the living arrangement:

Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Anticipated Termination Date: \_\_\_\_\_

Pending action / event: \_\_\_\_\_

\_\_\_\_\_

4. Statement of the reasons why the child lives with the custodian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at another address, so indicate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name the individual(s) who will provide the child with food, clothing and all other necessities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name the individual(s) who will be involved in making decisions relating to the child's education and medical care. \_\_\_\_\_

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

8. Name the individual(s) who will be claiming the child as a dependent for income tax reporting purposes?

\_\_\_\_\_

9. Will the child be covered under any health insurance plans? If so, who will be providing the child with health insurance coverage? \_\_\_\_\_

\_\_\_\_\_

10. Will the parent(s) be providing any ongoing financial support for the child?

\_\_\_\_\_

\_\_\_\_\_

11. Statement of any other relevant facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. I will notify the Hewlett-Woodmere Union Free School District's Office of Registration & Attendance Office, 1 Johnson Place, Woodmere, New York, in writing within five (5) business days should there be a change in any of the terms listed above.

13. I understand that Penal Law Section 210.10 perjury in the second degree applies to an individual who swears falsely, when their statement is a) made in a subscribed written instrument for which an oath is required by law, and b) made with the intent to mislead a public servant in the performance of his or her official functions, and c) material to the action proceeding or matter involved. Perjury in the second degree is a Class E Felony.

14. The above statements made by me are true; I know that perjury is a Class E Felony punishable by imprisonment and a monetary fine.

\_\_\_\_\_  
(Signature of Custodian)

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

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

THE DISTRICT RESERVES THE RIGHT TO SUE THE PARENT AND/OR CUSTODIAN FOR TUITION PAYMENTS, IF INFORMATION SWORN ABOVE IS FALSE.