

WILLIAM FLOYD UNION FREE SCHOOL DISTRICT

PARENTAL STATEMENT
REGARDING STUDENT RESIDENCY

Child's Name: _____ Child's Date of Birth ("DOB"): _____

Instructions for Completing this Form: Truthfully complete this form and answer the questions presented. The information you provide will be used by the William Floyd Union Free School District (the "District") to aid the District in determining whether or not the above-named child is entitled to attend District Schools as a District resident. If you do not understand a question or any part of this form, leave it blank and ask for clarification from a school representative before completing and signing this form.

I _____,
Name of Parent/Legal Guardian

am the _____ of the above-named child. I reside
at _____
Address

The above-named child is not currently living with me because: _____

For the reason(s) stated above, the above-named child is currently living with: _____
_____, who is/are the _____
_____ [describe the person(s) relationship to child], and who reside(s) at: _____

I expect this living arrangement to continue in effect until: _____

While your above-named child lives with the person(s) named above:

1. Will you continue to make health care and/or medical treatment *decisions* for this child?

Yes No

If yes, please explain the nature and extent of your anticipated involvement in making health care and/or medical treatment *decisions* for this child: _____

2. Will you continue to make educational *decisions* and/or other parental *decisions* for the child?

Yes No

If yes, please explain the nature and extent of your anticipated involvement in making educational and/or other parental *decisions* for this child: _____

3. Will you continue to provide any *financial support* for this child?

Yes No

If yes, please check the applicable boxes below, and explain the nature and extent of the financial support you expect to provide:

• **Food**

Yes; I will provide food and/or reimburse my child's custodian(s) for food expenses, as follows: _____

No; I will not continue to provide food and/or reimbursement for food expenses for this child.

• **Clothing and Other Necessities**

Yes; I will continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things, as follows: _____

No; I will not continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things.

• **Shelter/Housing**

Yes; I will reimburse my child's custodian(s) for the cost of providing housing to my child, as follows: _____

No; I will not contribute to the cost of my child's shelter/housing.

• **Health Care/Medical Treatment Expenses**

Yes; I will continue to pay for the cost of my child's 1) health care; and/or 2) medical insurance; and/or 3) medical treatment, as follows: _____

No; I will not continue to pay for the cost of my child's 1) health care; 2) medical insurance; or 3) medical treatment.

4. If you file an income tax return, do you expect to claim the above-named child as a dependent on your future tax return(s)?

Yes No

If yes, please explain: _____

Print Parent's Name

Signature of Parent