

WILLIAM FLOYD UNION FREE SCHOOL DISTRICT

RESIDENCY STATEMENT

(FOR STUDENT NOT LIVING WITH BIOLOGICAL OR ADOPTIVE PARENT OR COURT APPOINTED GUARDIAN)

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

Name(s) and Address of Person(s) With Whom Above-Named Student is Living: _____

Instructions for Completing this Form: Truthfully answer the questions below. Your answers to these questions 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 student is entitled to attend District schools as a resident of your home. If you do not understand a question, leave it blank and ask for clarification from a school representative before completing and signing this form.

1. Please explain the circumstances under which the above-named Student is living with you.

2. Does the Student live with you exclusively? Yes No

(Please explain):

3. Is this Student's living arrangement with you temporary or permanent?

4. How long has the Student lived with you?

5. Do you have authorization to make health care/medical treatment decisions for the Student?

Yes No

If yes, submit documentation for this authorization, or explain below the circumstances under which you obtained authorization to make health care/medical treatment decisions for this Student: _____

If no, who makes health care/medical treatment decisions for this Student?

6. Do you have authorization to make educational decisions and other parental decisions for the Student?

Yes No

If yes, please submit documentation for this authorization, or explain below the circumstances under which you obtained authorization to make educational decisions and other parental decisions for this Student: _____

If no, who makes educational decisions and other parental decisions for this Student?

7. Do you provide any financial support for the above-named Student?

Yes No

If yes, please check the applicable boxes below, and explain the nature and extent of the financial support you provide. Be sure to include any limitations on your obligations and/or commitment to provide for the Student's financial support in each category:

- **Food**

Yes; I provide food for this Student at my expense, with the following limitations (if applicable). If any other person provides food for this Student at that person's expense, identify that person, and explain that person's role in providing food for this Student: _____

No; I do not provide food for this Student at my expense.

- **Clothing and Other Necessities**

Yes; I provide for this Student's clothing and other basic necessities at my expense, with the following limitations (if applicable). If any other person provides clothing and other basic necessities for this Student at that person's expense, identify that person, and explain that person's role in providing such clothing and/or necessities for this Student: _____

No; I do not provide for this Student's clothing or other basic necessities at my expense.

- **Shelter/Housing**

Yes; I provide for this Student's shelter/housing at my expense, with the following limitations (if applicable). If any other person provides shelter/housing for this Student at that person's expense, identify that person, and explain that

person's role in providing shelter/housing for this Student: _____

No; I do not provide for this Student's shelter/housing at my expense.

• Health Care/Medical Treatment

Yes; I provide for this Student's health care/medical treatment at my expense, with the following limitations (if applicable). If any other person provides health care/medical treatment for this Student at that person's expense, identify that person, and explain that person's role in providing health care/medical treatment for this Student: _____

No; I do not provide for this Student's health care/medical treatment at my expense.

8. If you file an income tax return, do you claim the above-named Student as a dependent on your tax return(s)?

Yes No

Signature

Print Name