WILLIAM FLOYD UNION FREE SCHOOL DISTRICT

PARENTAL STATEMENT REGARDING STUDENT RESIDENCY

Child's Name:	Child's Date of Birth ("DOB"):			
	is Form: Truthfully complete this form and answer the nation 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				
nderstand a question or any part of this form, leave it blank and ask for clarification from school representative before completing and signing this form.				
Name of Parent/L	Legal Guardian			
	of the above-named child. I reside			
at	Address			
The above- named child is not cur	rently living with me because:			

For th	ne 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 expe	ect this living arrangement to continue in effect until:

While	e your above-named child lives with the person(s) named above:
1.	Will you continue to make health care and/or medical treatment <i>decisions</i> for this child?
Yes [No □
	, please explain the nature and extent of your anticipated involvement in making health care r medical treatment <i>decisions</i> for this child:
2.	Will you continue to make educational <i>decisions</i> and/or other parental <i>decisions</i> for the child?
Yes [л No □
-	s, please explain the nature and extent of your anticipated involvement in making ational and/or other parental <i>decisions</i> for this child:
-	

3.	Will you continue to provide any <i>financial support</i> for this child?
Yes □	No □
-	please check the applicable boxes below, and explain the nature and extent of the financial rt you expect to provide:
	• Food
	☐ Yes; I will provide food and/or reimburse my child's custodian(s) for food expenses, as follows:
	$\hfill\square$ 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:

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

_	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) manurance; or 3) medical treatment.
	If you file an income tax return, do you expect to claim the above-named childependent on your future tax return(s)?
1	Yes □ No □
I	If yes, please explain:
-	
-	
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Signature of Parent