



HICKSVILLE PUBLIC SCHOOLS

Administration Building

200 Division Avenue

Hicksville, New York 11801

Phone: (516)733-2160

Fax: (516)733-6683

AFFIDAVIT OF RESIDENCY

(to be signed and notarized by Parent/Guardian)

State of New York)

County of Nassau)ss:

_____ Student Name

_____ being duly sworn, disposes and says:

1. I reside at _____ within the Hicksville Public School District which is my actual and only place of residence.
2. I agree to advise the Hicksville Public School District immediately in the event that I change my residence.
3. I understand that in order for my child/children to attend the Hicksville Public Schools, I must be a resident of the Hicksville Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I understand that if this certification is found to be false, my child/children will be withdrawn from the Hicksville School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I attest that all information provided by me on this document is true.

(Parent/Guardian Signature)

PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.

DATED: _____

Sworn to before me this _____ Day of _____ 20____

Notary Public