



IRVINGTON UNION FREE SCHOOL DISTRICT

40 North Broadway, Irvington, NY 10533 (914) 591-8500

* Please Print

1. I, _____, being duly sworn, depose and say: I reside at _____.
2. _____
will be residing at this address.
3. My home is the actual and only residence of _____
and she shall reside with me on a daily basis and have so resided with me since _____.
4. The sole purpose of this affidavit is to confirm the residence of _____
_____ and _____, so that
_____ can attend the Irvington Union Free School District tuition free.
5. I agree to notify the Irvington Union Free School District immediately if the residence of _____ changes.
6. I give my consent to Irvington Union Free School District to verify the information contained herein.
7. I understand that _____ is not residing with me solely for the reason of attending school within this district.
8. Any false statement made in this Affidavit may be a crime subject to appropriate penalty as contained within the Penal Law of the State of New York.
9. I further understand that this Affidavit is good for only one year and that I shall be required to complete a similar affidavit next year.

Sworn to before me this _____ day of _____, 20____

Notary Public

Signature