



FREEPORT PUBLIC SCHOOLS
Central Registry Verification Office
59 W. Seaman Avenue
Freeport, New York 11520
(516) 867-5254

(VALID FOR ONE YEAR)

AFFIDAVIT OF RESIDENCY

STATE OF NEW YORK

COUNTY OF NASSAU

_____, attests that each of the following
(Print name)
statements are true:

1. I am the (tenant) of a (home) (apartment building) located at:

(Address)

2. The residence listed in item 1 above is a (one-family) (two-family) (multi-family) residence.

3. I certify that I live at _____
(Complete Address, City/Town, Zip)

4. My telephone number is _____

5. My social security number is _____

6. The following persons reside at the residence listed in item 1 above:

NAME

RELATIONSHIP TO OWNER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. The residence listed in item 1 above has: _____ bedroom(s)
_____ bathroom(s)
_____ kitchen(s)

8. I understand that the statements made within this document are for the purpose of registration and/or enrollment into the Freeport Public Schools and attest to their accuracy to the best of my knowledge. I understand that verification of residence as stated herein may be conducted by the District or a third party, and that information written herein meant to enable unentitled attendance in the District may be subsequent to suspension of enrollment and/or billing for tuition.

Signature

Sworn to before me this

_____ day of _____ 20_____

Notary Public