



GREAT NECK PUBLIC SCHOOLS
REGISTRATION OFFICE
345 LAKEVILLE ROAD GREAT NECK, NY 11020

CERTIFICATION OF RESIDENCY (required document) (v11.23)

(Affidavit is valid for one year from date of notary signature, one affidavit per application)

This is to certify that I (we), _____
(parent (s) names listed above)

understand this statement is being made UNDER THE PENALTIES OF PERJURY, so that all my school aged child/children listed below

_____, _____

(print child/all children's name above living at this address)

may be admitted to the schools of the Great Neck Public Schools.

I am currently residing (living) at _____
(Address) _____

I attest that it is my legal residence. I further certify that I do not maintain another residence outside the boundaries of the Great Neck School District. I further certify I will be living with my children while they are attending Great Neck School.

I understand that if I or the above mention child(ren) is (are) found not to be a legitimate residents of the Great Neck Union Free School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD (Minimum range is \$17,957.00 - \$26,474.00), RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING YOUR CHILD" and MY CHILD/CHILDREN WILL BE DISENROLLED. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I understand that the school district will make an announced home visit for purposes of residency verification. In addition, the district may make an unannounced home visit for the purpose of residency verification.

I further understand that if I move out of the home listed above, I will immediately notify the school district. By signing below, I admit to having read and understood the above conditions.

Signature of Parent/Person in Parental Relation Date

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

NOTARY PUBLIC

I have read and understood the above and am certifying the resident understands the statement they are signing. Please attach copy of ID.

Signature of Translator Relationship Phone

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

NOTARY PUBLIC