

NEW HYDE PARK – GARDEN CITY PARK UFSD

THIRD PARTY STATEMENT ATTESTING TO PHYSICAL PRESENCE

(This form must be submitted sworn)

STUDENT'S NAME (Print last name, first name)

STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK )

COUNTY OF NASSAU )

SS:

I/We am/are submitting this statement in support of the application to have the following student(s) registered by his/her/their parent(s)/guardian(s) in the New Hyde Park Union Free School District: (insert name(s) of parent(s) guardian(s))

Full Names(s)

Who reside at (insert address)

I/we hereby state that the above-named individuals are physically present at this address and reside there on a full-time basis.

My/our statement is based upon the following: (Indicate basis of knowledge of physical presence)

This statement is sworn to under the penalties of perjury. I/we hereby affirm that the statements contained in this Affidavit are true. I/we understand that it is my/our responsibility to notify the District of any changes or circumstances affecting this Affidavit. I understand that a person who knowingly files with the District an Affidavit with false information with the intent to defraud the District may be in violation of Penal Law 175.35 which is a Class E. Felony.

Signature

Signature

Date

Date

Address

Address

Sworn to before me this day of 20

Sworn to before me this day of 20

Notary Public

Notary Public