



Westhill CSD Student Registration

RESIDENCY AFFIDAVIT OF DISTRICT RESIDENT

I, _____, confirm that
Full Legal Name of Parent/Guardian

1. I am a resident of the Westhill Central School District. My Address Information and Telephone Number(s) are:

Mailing Name: _____

Street Address: _____

City/State/ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2. The student(s) named below live with me full-time in the above address, and I certify that the information provided in this Affidavit is true and complete.

Table with 3 columns: Name(s) of Student(s), Grade(s), Date(s) of Birth. Each column has 4 rows for data entry.

3. The child(ren) noted above will reside/have resided (circle one) full-time at the above address beginning on:

Date (MM/DD/YY)

4. Attached is a copy of the residential lease or proof of ownership (deed or mortgage statement).

Signature of District Resident Completing Affidavit

Date (MM/DD/YY)

PLEASE NOTE: To falsify residency could result in criminal proceedings against the Parent/Guardian to include, but not limited to, payment of tuition for each month of non-residency, and/or full restitution for actual costs incurred in the education of the student(s), and/or any legal fees incurred by the district.

WESTHILL

Central School District

Westhill CSD Student Registration RESIDENCY AFFIDAVIT OF PARENT/GUARDIAN

To be completed by parent/guardian residing in apartment/home of a District resident

I, _____, confirm that
Full Legal Name of Parent/Guardian

1. I am the parent and/or legal guardian (circle one) of the student(s) named below, and I certify that the information provided in this Affidavit is true and complete.

Name(s) of Student(s):	Grade(s):	Date(s) of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. My Address Information and Telephone Number(s) are:

Mailing Name: _____

Street Address: _____

City/State/ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

3. I will reside/have resided (circle one) and the child(ren) noted above will reside/have resided (circle one) at the above address beginning on: _____

Date (MM/DD/YY)

4. Attached is additional documentation verifying this address.

Signature of Parent/Guardian Completing Affidavit

Date (MM/DD/YY)

PLEASE NOTE: To falsify residency could result in criminal proceedings against the Parent/Guardian to include, but not limited to, payment of tuition for each month of non-residency, and/or full restitution for actual costs incurred in the education of the student(s), and/or any legal fees incurred by the district.

Affidavit Attesting to the Foregoing Responses to the Questions Presented

State of New York)
) SS:
County of Onondaga)

I, _____, am a resident of _____,
County of Onondaga, State of New York, and do hereby certify, swear, depose and declare: that I am
competent to provide the foregoing responses to the questions presented; that my responses are based
on my personal knowledge, unless otherwise stated; and that my responses are true and correct to the
best of my knowledge.

I understand that my responses to the questions presented and the statements made by me in this
affidavit will be relied upon by the Westhill Central School District for the purpose of evaluating the
above-named Student's legal entitlement to attend District schools, tuition-free as a resident pupil. I
swear/affirm that these statements are true under the penalties of perjury, and I understand that filing
of a false instrument and the theft of services from a governmental agency such as the District are
crimes punishable under New York State Law. I further understand that making false statements in
this affidavit may subject me to criminal prosecution.

I agree that if I knowingly or recklessly provide any false or misleading responses or statements
herein that cause the District to erroneously conclude that the above-named Student to whom my
statements pertain is a resident of the District, that the Student will be excluded from further
attendance in the District's Schools, and I will be obligated to pay the District's annual tuition rate
(approximately \$7,000-24,000 per year, per student, depending on student's educational program),
retroactive to the first day of the Student's fraudulent enrollment.

Signature

Print Name

Notary: