



AFFIDAVIT OF RESIDENCY

As the parent and/or legal guardian of:

Student Name _____ Grade _____ DOB _____
Student Name _____ Grade _____ DOB _____
Student Name _____ Grade _____ DOB _____

I hereby declare under penalty of perjury that I reside with my child(ren) at: *(physical address; no PO Boxes)*:

Street: _____
City: _____ State: _____ Zip: _____

Falsifying this address will result in immediate removal of your student(s) from enrollment at Warwick Valley Central School District.

Parent/Legal Guardian Signature: _____ Date: _____

Mailing Address, if applicable:

Street: _____
City: _____ State: _____ Zip: _____

Mother's Physical Address:

Street: _____
City: _____ State: _____ Zip: _____

Mother's Home Phone: _____ Mother's Email: _____
Mother's Work Phone: _____ Cell Phone: _____

Father's Physical Address:

Street: _____
City: _____ State: _____ Zip: _____

Father's Home Phone: _____ Father's Email: _____
Father's Work Phone: _____ Cell Phone: _____

Other than Parent, Emergency Contact Name(s):

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

This Affidavit of Residency must be filled out completely and returned with two (2) proofs of residence; i.e., utility bill, mortgage statement, lease, property tax bill.

OFFICE USE ONLY

Address Verified By: _____ Date: _____

2 Proofs of Residency Received: