

Central Registration 1500 Colvin Blvd Buffalo, NY 14223 p. (716) 871-2090 / f. (716) 871-2092

	CHILD(REN)'S NAME(S)		
	PARENT'S NAME		
	DISTRICT RESIDENT AFFIDAVIT		
Tonaw	a legal document. The information provided by you will be used by the Kenmore-Town of anda Union Free School District to determine whether the child(ren) are entitled to a free education ransportation) in this District. Every question must be answered or the Affidavit will not be ered.		
	E OF NEW YORK) TY OF ERIE, SS:		
I,	, being duly sworn, depose and say:		
1.	I am the owner or tenant of the property located at:, in the Kenmore-Town of		
	Tonawanda Union Free School District. I \square do / \square do not (check one) reside at this address. (Attach two acceptable proof of residency per the District policy. Examples: two current utility bills, most recent mortgage statement and current utility bill, full lease and current utility bill, etc. Proofs must be services connected to the home.)		
2.	My phone number is (best one to reach you):		
3.	is residing at the above-named premises and has been residing there since In addition, this person has child(ren) as follows who are also residing at this address:		
	Name Date of Birth		
4.	resides at this address for the following reason(s):		

5.	I expect that		will reside at this address until:	
wil	l rely on same in determin	ing whether the ab	nore-Town of Tonawanda Union Free School District ove-listed child(ren) will be considered residents of School District, entitled to a tuition-free education.	
	I understand and agree the oject to potential prosecution		ements made by me are willfully false, I may be	
Da	ted:	Signat	ure of District Resident (Owner or Tenant)	
		Printed Name of District Resident		
Sw	orn to before me this			
	day of	, 20		
	Notary Public	;		