

6. Do you relinquish custody, control and support of your child _____
(Name of Child)
to the custodian including the right to make decisions pertaining to the child's health, welfare, and including
obligation to financial support? _____ YES _____ NO

- This affidavit must be completed by both parents or, where not possible or appropriate, by the legal guardian.

7. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of Elmont Union Free School District as a district resident. I further understand that if my child is found not to be a resident, he/she will be **IMMEDIATELY DISCHARGED AND THAT I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$16,500 PER YEAR, PER CHILD**, retroactive to the first day of my child's admission. I also realize that theft of government services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also submit me to criminal prosecution.

WHEREFORE, it is respectfully requested that you recognize _____
(Name of Custodian)
as the custodian and caretaker of my child _____ and recognize his/her actual
(Name of Child)
domicile to be that of _____ who lives at _____
(Name of Custodian) (Address of Custodian)

Signature of Parent(s): _____

Sworn before me
this _____ day of _____, 20__

Notary Public