

**THIRD PARTY STATEMENT OF RESIDENCY**

**Section A: STUDENT INFORMATION – Please print clearly in ink**

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GENDER (optional)	M / F
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DATE OF BIRTH (MM/DD/YY)	OSIS # / STUDENT'S ID # (if available)	TELEPHONE #
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STUDENT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

**Section B: PARENT INFORMATION – Please print clearly in ink**

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME
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PARENT/GUARDIAN'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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**Section C: THIRD PARTY INFORMATION – Please print clearly in ink**

LAST NAME	FIRST NAME
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ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

CONTACT NUMBER	EMAIL ADDRESS
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RELATIONSHIP TO PARENT/FAMILY

WHAT IS THE BASIS FOR YOUR FIRSTHAND KNOWLEDGE OF THE ABOVE NAMED PARENT/GUARDIAN AND STUDENT'S HOME ADDRESS?

**To be completed by the Third Party:**

I, \_\_\_\_\_, have firsthand knowledge that

\_\_\_\_\_ and \_\_\_\_\_  
(Insert parent/guardian's name) (Insert child(ren)'s name(s))

reside at \_\_\_\_\_  
(Insert address)

I understand that this document will be submitted to the New York City Department of Education (DOE), and that the DOE will rely on my sworn statement. I am submitting this document based on my firsthand knowledge of the above-stated facts. Any false statements made by me may be subject to penalties as prescribed by law.

I understand that the DOE may conduct an Attendance Investigation to verify the truth of the above-stated facts, which may include a visit to the home and interviews with neighbors. I understand that registration in school is based on eligibility determined by the residence I have attested to above and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

I can be contacted at the number(s) listed above should the DOE require further information.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF NEW YORK                    )  
  ) ss:  
COUNTY OF \_\_\_\_\_            )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year

\_\_\_\_\_  
Notary Public

**To be completed by Parent /Guardian:**

I hereby affirm that I reside at the address stated above. I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my home and interviews with my neighbors. I also understand that registration in school is based on eligibility determined by the residence provided and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_