

**PARENT AFFIDAVIT OF RESIDENCY**

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed. ***If a parent is homeless, he or she may submit this form without the primary leaseholder's affirmation and signature.***

**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: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink**

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

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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RELATIONSHIP TO PARENT	ANTICIPATED DURATION OF STAY
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**To be completed by the Parent:**

I, \_\_\_\_\_, the parent of \_\_\_\_\_,  
(insert name and date of birth of student)

hereby affirm that I am residing with \_\_\_\_\_  
(insert name)

at the following address \_\_\_\_\_  
(insert address and contact number of primary leaseholder)

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

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

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

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

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

**To be completed by Primary Leaseholder/Tenant:**

I hereby affirm that

\_\_\_\_\_  
(insert name of parent and child/children)

are residing with me at \_\_\_\_\_  
(insert address)

I understand that by signing this affidavit I am verifying the residence of \_\_\_\_\_  
(insert names)

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 the to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: \_\_\_\_\_

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

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

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