

HOLLAND CENTRAL SCHOOL DISTRICT  
103 CANADA STREET, HOLLAND, NY 14080

***NOTICE REGARDING CUSTODIAL AFFIDAVIT***

In order to attend the schools of the Holland Central School District free of charge, a student must be a resident of the District. Students who are not Holland Central residents are not admitted to District Schools. When you register a student as a resident, you are assuring the district that the student is in fact a resident. If this is false, or if the student becomes a nonresident, the student's right to attend school in the District will be terminated. **Also, you and any other parent, guardian or person responsible for the student will be required to pay the full tuition for the time the student attended Holland Central Schools as a non-resident.** You and any other parent, guardian or person responsible for the student, must inform the student's Building Principal as soon as the student's status as a resident changes.

You must read the following warning and sign the certification below as part of the registration process.

**WARNING: It is a crime, punishable as a Class E Felony under the laws of the State of New York, for a person, in and by written instrument, to knowingly make a false statement or make a statement, which such person does not believe to be true, and with the intent to defraud a political subdivision of the state.**

**CERTIFICATION:**

*I hereby certify that I have read and understand the above notice, and that all the information I have provided on the registration form, this form notice and certification, and any related affidavit concerning my residency and the residency of each child that I am registering in my capacity as the child's parent or guardian is true and accurate. I also understand that the registration form, this certification, and any related affidavit will be offered for filing by public servants employed by the Holland Central School District, and that as a political subdivision of the state, the District reports all cases of suspected fraud to the appropriate law enforcement authorities. I further understand that the District reserves the right to request additional information and to investigate the facts and circumstances involving the residency status of myself and each child that I am registering. I understand that if the child is subsequently determined to not be a resident of the District for school purposes, the child will be dismissed from school, and the undersigned hereby agree to be responsible for the payment in full of the tuition charge, plus interest at the statutory judgment rate, and any other damages arising there from, including the cost incurred by the District to collect such charges, which costs shall include reasonable legal fees.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME OF EACH CHILD BEING REGISTERED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CUSTODIAL AFFIDAVIT**  
**HOLLAND CENTRAL SCHOOL DISTRICT**  
**103 CANADA STREET, HOLLAND, NY 14080**

**NOTICE: This Affidavit is only to be completed by the person with whom the Student is claimed to reside within the School District. Print or type all answers.**

STATE OF NEW YORK    )  
COUNTY OF ERIE                    ) SS.:

\_\_\_\_\_, being duly sworn, deposes and says that:  
(First, Middle and Last Name of person completing)

1. I have read and signed the 'Notice Regarding Custodial Affidavit, and all the information provided below is true and complete.
  
2. Although I am not the custodial parent of the child identified in paragraph 3 below, I am a resident of the Holland Central School District ("District"), the child lives with me, and I submit this Affidavit in support of my application to register the child as a resident of the District so that he or she will be enrolled in District schools on a tuition-free basis. I further understand that once this Affidavit is signed by me and notarized, it will be filed and relied upon by public servants working for the District as they make or review a decision as to my application.

3. Student Information:

Name: \_\_\_\_\_ Date \_\_\_\_\_  
of Birth: \_\_\_\_\_ Grade \_\_\_\_\_  
Level: \_\_\_\_\_

Student's previous Addresses (List most recent first):

a) \_\_\_\_\_  
From                    To                    (Street)  
\_\_\_\_\_  
(Town, State & Zip)

b) \_\_\_\_\_  
From                    To                    (Street)  
\_\_\_\_\_  
(Town, State & Zip)

c) \_\_\_\_\_  
From                    To                    (Street)  
\_\_\_\_\_  
(Town, State & Zip)

4. The Student I am attempting to register does / does not (circle one) reside at my current address.

5. My current address and phone contact information:

\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Town, State & Zip)  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

6. Information about Student's Natural Mother:

Name: \_\_\_\_\_  
Current Address and phone numbers of Natural Mother:  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Town, State & Zip)  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

7. Information about Student's Natural Father:

Name: \_\_\_\_\_  
Current Address and phone numbers of Natural Father:  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Town, State & Zip)  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

8. The length of time I have resided at my current address (listed at para. 4 above) is:

\_\_\_\_\_  
(Years)                      (Months)                      (Weeks)

9. The length of time the Student has resided at his/her current address is:

\_\_\_\_\_  
(Years)                      (Months)                      (Weeks)

10. (Check if applicable):  I am a parent of the Student, and my relationship to the child is best described as:

- Natural Mother (birth mother)
- Natural Father
- Stepmother
- Stepfather
- None of the above.

11. (Check if applicable):  I am a non-custodial parent of the Student, and I have attached a notarized statement from the custodial parent, consenting to the above-listed Student residing with me.

**(If Student does not claim residency at the address of his/her natural mother or natural father, provide complete answers to the following additional questions)**

12. The basis of my relationship with the Student is:

a) Legal guardianship of Student. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, I have attached a complete copy of the most recent Court papers.

b) Legal custody of Student. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, I have attached a complete copy of the most recent Court papers.

c) Other legal control over Student. (For example: adoption, court-ordered placement, surrender, abandonment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, attach copy of Court papers or provide explanation

d) Other relationships with Student. \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, the explanation of my relationship to the Student is as follows:

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13. When did the Student begin to live with you? \_\_\_\_\_  
(Date)

14. How long will the Student reside with you? \_\_\_\_\_  
(Date)

15. The Student will live with me during school vacations. \_\_\_\_\_ Yes \_\_\_\_\_ No

16. The following individual(s) will claim the Student as a dependent for Income Tax purposes?  
\_\_\_\_\_

17. During the time the Student will reside with you, who is responsible for:

a) Receiving and responding to academic and other reports concerning the Student?  
\_\_\_\_\_

b) Making decisions regarding the Student's education?  
\_\_\_\_\_

c) Authorizing medical treatment for the Student?

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d) Payment for medical treatment of Student?

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e) Releasing records for the Student?

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f) Providing other necessary consents for the Student?

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g) Expense of Student's room and board?

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h) Expenses of clothing and other necessities?

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18. Will there be any period of time when this Student will not live with you while attending the School District?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, Please state where the Student will reside and for how long:

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19.     What are the circumstances which brought this Student to reside with you?

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20.     Additional comments that I believe will assist the School District in acting on the application of this Student.

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21. By my signature below, I represent that I assume full responsibility for all matters relating to the Student's education and medical care, except as otherwise stated herein.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

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