

Warwick

Central Registration Office
P.O. Box 595
225 West Street Extension
Warwick, NY 10990-0595
PH: 845-987-3000 x10901
FX: 845-987-1396
hhagen@wvcsd.org

WARWICK VALLEY CENTRAL SCHOOL DISTRICT

AFFIDAVIT OF RESIDENCY

As the parent and/or legal guardian of _____, grade _____, date of birth _____, I hereby declare under penalty of perjury that I reside with my son/daughter at: *(physical address; no PO Boxes)*:

Street: _____
City: _____ State: _____ Zip: _____

Falsifying this address will result in immediate removal of your student from enrollment at Warwick Valley Central School District.

Parent/Legal Guardian Signature: _____ Date: _____

Mailing Address, if applicable:

Street: _____
City: _____ State: _____ Zip: _____

Mother's Physical Address:

Street: _____
City: _____ State: _____ Zip: _____
Mother's Home Phone: _____ Mother's Email: _____
Mother's Work Phone: _____ Cell Phone: _____

Father's Physical Address:

Street: _____
City: _____ State: _____ Zip: _____
Father's Home Phone: _____ Father's Email: _____
Father's Work Phone: _____ Cell Phone: _____

Other than Parent, Emergency Contact Name(s): _____

Emergency Contact Phone Numbers: _____, _____

This Affidavit of Residency must be filled out completely and returned with two (2) proofs of residence; i.e., utility bill, mortgage statement, lease, property tax bill.

OFFICE USE ONLY

Address Verified By: _____ Date: _____

2 Forms of Proof Received: _____, _____