

**USE THIS FORM ONLY IF THE STUDENT HAS NO ACCEPTABLE PROOF OF RESIDENCE. A COPY OF THE PARENT OR GUARDIAN DRIVER'S LICENSE OR OTHER ACCEPTABLE DATED PROOF MUST BE ATTACHED**

**\*\*\*NOTE: THIS FORM MUST BE RETURNED WITH A STUDENT APPLICATION\*\*\***

State of New York  
County of Westchester

I, \_\_\_\_\_ do hereby swear that my son/daughter.

Granddaughter/grandson/niece/nephew, \_\_\_\_\_  
Applicant Name

Resides with me at \_\_\_\_\_  
Street Address

In the city, village, town or \_\_\_\_\_  
Name of Town / Zip Code

County of Westchester, State of New York; and that he/she is, and has for a period of at least one year immediately prior to the date of this affidavit and application been, a resident of the State of New York; that he/she now is, and has for a period of at least six months immediately prior to the date of this affidavit and application been, a resident of the County of Westchester.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC