



ARLINGTON CENTRAL SCHOOL DISTRICT CENTRAL REGISTRATION

144 Todd Hill Road • LaGrangeville, NY 12540

Phone (845) 227-1821 • Fax (845) 227-8022 • E-mail: registration@acsdny.org

OWNER AFFIDAVIT

This form is to be completed by the Owner when renting a private residence, or renting an apartment or rooms within a private residence, or in the case of sharing a home with another family.

(Please PRINT all information)

1. With full understanding of the requirements for enrollment, I request that the following students be admitted to the schools of the Arlington Central School District as a district resident.

Student(s) Name(s):

2. I am the legal Owner at (*address*):

Please attach a copy of your:

- School **or** property tax bill **or** deed **or** mortgage statement;
AND
- An electric bill stating "for service at" (if you pay the tenants' utilities).

The terms and conditions of tenancy are as follows (rent, etc.):

3. Lease from (date) _____ to _____ Length of Lease _____ Month-To-Month _____

4. What portion of your home do these tenants occupy? _____

5. To the best of my knowledge the above-mentioned property is the current residence of:

Name(s) of Parent/Guardian and Child(ren):

*Our mission is to empower all students to be self-directed, lifelong learners,
who willingly contribute to their community and lead passionate, purposeful lives.*

As the Property Owner/Landlord, I certify that I will notify the Arlington Central School District Central Registration Office, 144 Todd Hill Road, LaGrangeville, NY 12540 within 30 days of termination of this tenancy/shared living arrangement.

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Arlington Central School District will rely upon them in determining whether the above-named child(ren) will be admitted to its school system. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the district may take legal action to collect tuition charges. Such tuition may exceed \$12,863 (Regular Ed. K-6); \$15,156 (Regular Ed. 7-12); \$47,199 (Special Ed. K-6); \$49,492 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the district.

The school district may make unannounced home visits for purposes of residency verification.

6. The following names include ALL persons living at this address:

_____	_____
_____	_____
_____	_____

NOTE: The following statement, signature requirement and notarization requirement apply to all sections of the form. No application will be accepted without the required signatures.

I understand that any false statements made herein are punishable as a Class "A" misdemeanor pursuant to section 210.45 of the penal law of the state of New York and may be referred to the office of the district attorney.

Print Name

Signature of Property Owner/Landlord

Sworn to before me this
_____ day of _____, 20____

Notary Public
