



## 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](mailto:registration@acsdny.org)

### **TENANT/RENTER AFFIDAVIT**

This form is to be completed by the tenant/renter when renting a private residence, or renting an apartment or rooms within a privately owned 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, my child/children be admitted to the schools of the Arlington Central School District as a district resident.

*Student(s) Name(s):*

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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 commence legal proceedings against me to collect the annual tuition rate retroactive to the first day of admission for such child(ren) and/or seek criminal action against me for filing a false document. 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 district reserves the right to investigate any student's residency by any legal means available including, but not limited to, public records, site visits, and other lawful methods of investigation.

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

2. I am the parent/legal guardian of the above-named child/children. I reside at *(provide address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)*:

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

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

_____	_____
_____	_____
_____	_____

This is my actual and only permanent residence. My child/children live(s) with me at this address and this address is his/her actual and only permanent residence.

4. My previous address was \_\_\_\_\_  
*Previous Address*

5. I commenced residency at \_\_\_\_\_  
*Current Address*

6. On date \_\_\_\_\_  
*Date*

My living arrangement is (*Check One*):

\_\_\_\_\_ A formal lease (attach lease and Owner's Affidavit)  
\_\_\_\_\_ Other (living with relatives/friends)

The terms and conditions of my tenancy are as follows (*specify pay rent, share bills, etc.*):

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

The following statement, signature requirement and notarization requirement apply to all sections of 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 Tenant/Renter

Sworn to before me this  
\_\_\_\_\_ Day Of \_\_\_\_\_, 20\_\_\_\_

**Notary Public**

\_\_\_\_\_