



STATEMENT OF PARENT IN SUPPORT OF HEALTH SERVICE CLAIM
FOR A NEW YORK CITY RESIDENT CHILD

SCHOOL YEAR ENDING JUNE 30, _____	NOTE TO CLAIMING SCHOOL DISTRICT - PLEASE COMPLETE ALL INFORMATION. IT WILL HELP TO ENABLE US TO PROCESS YOUR CLAIM MORE EFFICIENTLY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TUITION UNIT AT (718)935-2938	DATE _____ ✓
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CLAIMING SCHOOL DISTRICT INFORMATION	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT
SCHOOL DISTRICT FEDERAL TAX ID NUMBER	

MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE
 City School District of New Rochelle
 515 North Avenue
 New Rochelle, New York 10801
 Tax ID #13-6007142

FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME: _____ TELEPHONE NUMBER (INCLUDE AREA CODE): _____

STUDENT INFORMATION	PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES	GRADE
DATE OF BIRTH (MM/DD/YY) _____ ✓	STUDENT'S LAST NAME _____ FIRST NAME _____ INITIAL _____ ✓	_____ ✓

NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING _____ ✓

PARENT/GUARDIAN STATEMENT: I, _____, Parent/Guardian

of the student named above hereby affirm:
 1. That I am a legal resident of New York City residing at:

PRINT HOME ADDRESS (NUMBER AND STREET, BOROUGHS, ZIP CODE - PO BOXES ARE NOT ACCEPTABLE)
 and intend to reside at this address throughout the school year referred to above. In the event of a change of residence to a location outside of New York City, notice of such change will be furnished, in writing, to the Department of Education of the City of New York, Non-Resident Tuition Unit, 65 Court Street - Room 1503, Brooklyn, NY 11201.

2. That my child, named above, is on the register of the aforementioned school for the school year referred to above and was on the school's register as of October 1st of that year.

AFFIRMED:

 SIGNATURE OF PARENT/GUARDIAN

 NEW YORK CITY TELEPHONE NUMBER (INCLUDE AREA CODE)

Subscribed to me on _____ DATE _____ SIGNATURE AND TITLE OF NON-PUBLIC SCHOOL OFFICIAL _____

FOR NYC DOE USE ONLY VERIFIED BY: _____