



7. The student spends their weekends and holidays at

(Address of where the student lives on weekends and holidays)

8.

pays for the students day to day expenses.

(Parent or individual having custody & control)

9. I understand that any false statement made by me in connection with the registration of this child may subject me, not only to criminal prosecution, but also to civil liability for money damages to Smithtown Central School District.

10. I further agree and promise that in the event that any of the information I have provided the School District should change, I will notify the School District immediately.

11. I further understand that this form may be sent to the Smithtown Town Hall for the purpose of verifying residency.

\_\_\_\_\_  
(Signature of Guardian)

(Telephone # of Guardian)

Sworn to before me on

this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

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