PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

RENTER'S/NON-OWNER'S AFFIDAVIT (FORM "C")

ANY REGISTRANT WHO RENTS THEIR PRIVATE HOME OR APARTMENT FROM ANOTHER RESIDENT OF THE DISTRICT SHOULD COMPLETE THIS FORM

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.

ATTORNEY.				
	STUDE	NT'S NAME (LAST, FI	RST)	
	BE ADMITTED T	TO THE SCHOOLS OF TH	F THE RENTER/NON-OWNER JEST THAT MY CHILD JE PLAINVIEW-OLD BETHPA	AGE CENTRAL
LEGITIMATE RESIDENT RESPONSIBLE FOR AND TO THE FIRST DAY (OF THE PLAINVIEW-O D WILL BE BILLED TH DF ADMISSION. I HAV	LD BETHPAGE CENTRAL HE SCHOOL DISTRICT'S	THAT IF MY CHILD IS FOUN SCHOOL DISTRICT, I WILL ANNUAL TUITION RATE FAT THE SCHOOL DISTRICT TION.	BE LEGALLY RETROACTIVE
NAMED CHILD. I RESIDI	E AT [STATE ADDRESS	THE [PARENT/GUARDIA AND SPECIFY THE EXAC JMBER OF ROOMS, ETC.]:	N/CUSTODIAL PARENT] OF CT NATURE OF THE SPACE	THE ABOVE- i.e., BASEMENT
3) THE TERMS AND COMMENCEMENT DATE			(LEASE TERM, RENT, RESIDI	ENCE
4) LIST ALL OTH	IER PERSONS LIVIN	IG AT THE ABOVE AI	DDRESS:	
1				
2		0 7.		
4.		8		
PLEASE ATTACH A CO	PY OF FORMAL LEASI	E OR OTHER RENTAL AC	GREEMENT.	
PREVIOUS ADDRESS:				
PREVIOUS PHONE #:	(STREET)	(TOWN)	(STATE)	(ZIP)

SIGNATURE OF RENTER/NON-OWNER