

**THIS AFFIDAVIT IS REQUIRED IF YOU ARE RENTING. THIS FORM MUST BE COMPLETED BY THE OWNER OF THE RESIDENCE. A COPY OF A TAX BILL OR DEED MUST ACCOMPANY THIS FORM.**

**EASTPORT-SOUTH MANOR CENTRAL SCHOOL DISTRICT**

*Office of the Superintendent*  
149 Dayton Avenue, Manorville, NY 11949  
(631) 801-3045 / (631) 874-6750

**REGISTRATION AFFIDAVIT**

STATE OF NEW YORK  
COUNTY OF SUFFOLK

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
(\_\_\_\_)\_\_\_\_-(telephone number), am the owner of the residence located at \_\_\_\_\_,  
which is within the boundaries of the Eastport/South Manor Central School District, and will have the following person(s) residing in said residence for a period of \_\_\_\_\_ years, beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_:

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

I understand that it is my responsibility to inform the District if/when the conditions set forth above terminate or change. In the event the Eastport/South Manor Central School District determines that the above person(s) do not reside at this address or have moved and remained registered, these students will be dropped from the attendance register of the Eastport/South Manor Central School District. I also understand that as the homeowner, I may be liable for tuition and/or transportation costs for each student listed above that received services from or attended the Eastport/South Manor Central School District.

\*\*\*\*\*  
You as deponent understand that this affidavit is made under oath; that the statements are true; that the Eastport/South Manor Central School District Board of Education will rely thereon, and that any misstatements made could result in criminal (perjury) charges being brought against the person whose signature appears hereon.

\_\_\_\_\_  
*Signature of Deponent*

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

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

Notary Public: