

HICKSVILLE PUBLIC SCHOOLS

Office of the Registrar

**\*\*\*CHANGE OF ADDRESS APPLICATION\*\*\***

**REQUIRED DOCUMENTATION**

**PLEASE NOTE:** All applications will be processed with an immediate effective date, unless another effective date is, otherwise, noted on the attached application.

<b>All Applicants Must Submit:</b>	<b>HOMEOWNER</b>	<b>NON-HOMEOWNER/RENTER</b>
Copy of Photo ID (Driver's License or Passport)  Affidavit of Residency Notarized for Parent/Guardian	ONE copy of the following: <ul style="list-style-type: none"> <li>- House Title or Deed (with County stamps/seals)</li> <li>- Real Estate Closing Statement</li> <li>- Recent Mortgage Statement</li> <li>- Recent Nassau County School Tax Receipt</li> <li>- Recent Nassau County General Tax Receipt</li> <li>- Current Home Insurance Declaration Page</li> </ul> In addition: ONE (1) of the following RECENT copy of proofs in the homeowner's name from below: <ul style="list-style-type: none"> <li>- Utility Bill</li> <li>- Bank Statement</li> <li>- Telephone Bill</li> <li>- Cell Phone Bill</li> <li>- Cable/Satellite Bill</li> <li>- Security System Bill</li> <li>- Credit Card Bill</li> </ul>	Notarized Landlord Affidavit and/or valid executed lease from homeowner  In addition: TWO (2) of the following RECENT copy of proofs in the renter's name from below: <ul style="list-style-type: none"> <li>- Utility Bill</li> <li>- Bank Statement</li> <li>- Telephone Bill</li> <li>- Cell Phone Bill</li> <li>- Cable/Satellite Bill</li> <li>- Security System Bill</li> <li>- Credit Card Bill</li> </ul>



HICKSVILLE PUBLIC SCHOOLS  
Department of Special Education and  
Pupil Personnel Services  
Administration Building, 200 Division Avenue  
Hicksville, New York 11801

Phone: (516) 733-2160

Fax: (516) 733-6683

AFFIDAVIT OF RESIDENCY  
(to be signed and notarized by Parent/Guardian)

State of New York)

County of )ss:  
)

\_\_\_\_\_  
Student Name

\_\_\_\_\_ being duly sworn, disposes and says:

1. I reside at \_\_\_\_\_ within the Hicksville Public School District which is my actual and only place of residence.
2. I agree to advise the Hicksville Public School District immediately in the event that I change my residence.
3. I understand that in order for my child/children to attend the Hicksville Public Schools, I must be a resident of the Hicksville Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I further understand that if this certification is found to be false, my child/children will be withdrawn from the Hicksville School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I attest that all information provided by me on this document is true.

\_\_\_\_\_  
(Signature)

**PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.**

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

DATED: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district. Every question must be answered or the Affidavit will not be considered.

**HICKSVILLE PUBLIC SCHOOLS  
AFFIDAVIT OF LANDLORD**

STATE OF NEW YORK)  
COUNTY OF NASSAU) SS:

I, \_\_\_\_\_, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of the property located at \_\_\_\_\_ in the Hicksville School District

2. \_\_\_\_\_ is a tenant and has been a tenant at the above premises since \_\_\_\_\_, 20\_\_\_\_. A true and complete copy of this tenant's lease, if in written form, is attached hereto. In the event that the tenant does not have a written lease, the pertinent terms of said lease are as follows:

A. Circle one of the following: month to month / year to year

B. Rental Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

C. The names of the permissible tenants are as follows:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

3. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether \_\_\_\_\_ will be considered a pupil who is entitled to an education free of charge.

4. I do do not believe that \_\_\_\_\_ has been a tenant at the above premises

5. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

\_\_\_\_\_  
(Landlord)

Sworn and subscribed before  
Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

Exhibit 1