

**Glens Falls City School District**

District Office ~ 15 Quade Street ~ Glens Falls, New York 12801~ (518) 792-1212 ~ Fax: (518) 792-1538

Dr. Krislynn Dengler  
Superintendent

Anthony Cammarata  
Assistant Superintendent for Business

Tammy Silvernell  
Assistant Superintendent for Curriculum & Instruction

**AFFIDAVIT - DESIGNATING GLENS FALLS AS DISTRICT OF RESIDENCE**

**Student:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Grade: \_\_\_\_\_  
**Birth Mother:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Birth Father:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ (Mother) and \_\_\_\_\_ (Father) being duly sworn, depose and say:

1. We are the biological parents of \_\_\_\_\_ (Student's Name). (Attach copy of birth certificate).

2. We state as follows: (choose either A or B)

A. \_\_\_\_ Pursuant to the **attached signed court document**, custody of \_\_\_\_\_ (Student's Name) is as follows:

Joint Legal Custody to: \_\_\_\_\_  
 Primary Physical Custody to: \_\_\_\_\_

B. \_\_\_\_ There are no custody court documents.

3. We agree to designate \_\_\_\_ Mother's \_\_\_\_ Father's (check one) residence located at \_\_\_\_\_ within the Glens Falls City School District, as \_\_\_\_\_ (Student's Name) residence for purposes of school attendance.

This affidavit is made for the purpose of requesting the Glens Falls City School District to admit \_\_\_\_\_ (Student's Name) as a resident student on a tuition-free basis. We agree to notify the Glens Falls City School District in writing if at any time during the above child's attendance there is any change in the facts set forth above. We understand that signing this statement is a representation that the information provided is correct and true and made under penalty of perjury.

**Birth Mother's Signature:** \_\_\_\_\_

**Birth Father's Signature:** \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 202\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 202\_

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

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