



**Department of
Education**

Christopher McKay, *Director*
Bureau of Non-Public School Payables

**STATEMENT OF PARENT IN SUPPORT OF HEALTH SERVICE CLAIM
FOR A NEW YORK CITY RESIDENT CHILD**

SCHOOL YEAR ENDING JUNE 30,	NOTE TO CLAIMING SCHOOL DISTRICT - PLEASE COMPLETE ALL INFORMATION. IT WILL HELP TO ENABLE US TO PROCESS YOUR CLAIM MORE EFFICIENTLY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TUITION UNIT AT (718)935-2938	DATE
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CLAIMING SCHOOL DISTRICT INFORMATION	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT
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SCHOOL DISTRICT FEDERAL TAX ID NUMBER

City School District of New Rochelle
515 North Avenue
New Rochelle, New York 10801
Tax ID #13-6007142

MAILING ADDRESS: NUMBER & STREET, CITY

FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME

TELEPHONE NUMBER (INCLUDE AREA CODE)

STUDENT INFORMATION	PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES			GRADE
DATE OF BIRTH (MM/DD/YY)	STUDENT'S LAST NAME	FIRST NAME	INITIAL	

NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING

PARENT/GUARDIAN STATEMENT

PRINT NAME OF PARENT/GUARDIAN BELOW

_____, Parent/Guardian

of the student named above hereby affirm:

1. That I am a legal resident of New York City residing at:

PRINT HOME ADDRESS (NUMBER AND STREET, BOROUGHS, ZIP CODE - PO BOXES ARE NOT ACCEPTABLE)

and intend to reside at this address throughout the school year referred to above. In the event of a change of residence to a location outside of New York City, notice of such change will be furnished, in writing, to the Department of Education of the City of New York, Non-Resident Tuition Unit, 65 Court Street - Room 1503, Brooklyn, NY 11201.

2. That my child, named above, is on the register of the aforementioned school for the school year referred to above and was on the school's register as of October 1st of that year.

AFFIRMED:

SIGNATURE OF PARENT/GUARDIAN

NEW YORK CITY TELEPHONE NUMBER (INCLUDE AREA CODE)

Subscribed to me on _____ DATE

SIGNATURE AND TITLE OF NON-PUBLIC SCHOOL OFFICIAL

FOR NYC DOE USE ONLY	VERIFIED BY:
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