

**Beacon City School District  
Administrative Offices  
10 Education Drive  
Beacon, NY 12508**

THIRD PARTY RESIDENCY STATEMENT

I, \_\_\_\_\_ (Name),

residing at \_\_\_\_\_ (Address)

am submitting this residency statement to Beacon City School District to personally verify the residency of Parent/Guardian Name(s):

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

and their Name(s) of child/children:

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

who currently reside at \_\_\_\_\_ (Address).

They have resided at this address since \_\_\_\_\_ (Date). How long will the above persons be living in your home? \_\_\_\_\_

I have first-hand knowledge of their current residence because \_\_\_\_\_

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

Falsification of any information provided herein will be construed as fraudulent, and proper legal action to include civil and/or criminal remedies will be pursued. Furthermore, the District reserves the right to recover tuition from the student's parents or guardians in the event the District determines that a student is not entitled to attend the District's schools on a tuition-free basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date