NYC Department of Education

Frank Lanore, *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. **NOTE TO PARENT/GUARDIAN** - IF YOU HAVE ANY QUESTIONS ABOUT THIS STATEMENT, PLEASE CONTACT YOUR CHILD'S SCHOOL DIRECTLY.	DATE

CLAIMING SCHOOL DISTRICT INFORMATION	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT
SCHOOL DISTRICT FEDERAL TAX ID NUMBER	Pelham Union Free School District

MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE
575 Colonial Ave., Pelham, N.Y. 10803

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

Our Lady of Perpetual Help School 575 Fowler Ave., Pelham, N.Y. 10803

PARENT GUARDIAN STATEMENT — **PRINT NAME OF PARENT/GUARDIAN BELOW**

I, _____, 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, BOUROUGH, 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 1001, 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: