



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, <i>June 2018</i>	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 <i>9/1/2017</i>
CLAIMING SCHOOL DISTRICT INFORMATION SCHOOL DISTRICT FEDERAL TAX ID NUMBER <i>11-6000136</i>		OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT <i>Lawrence Public Schools</i>
MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE <i>P.O. Box 477</i>		
<i>Lawrence, NY 11559</i>		
FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME <i>Jeremy Feder</i>		TELEPHONE NUMBER (INCLUDE AREA CODE) <i>516/812-7512</i>
STUDENT INFORMATION DATE OF BIRTH (MM/DD/YY)	PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES STUDENT'S LAST NAME FIRST NAME INITIAL	GRADE
NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING		
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:		