



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, 2020		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 NAME		OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT		
SCHOOL DISTRICT FEDERAL TAX ID NUMBER 11-6000136		Lawrence Public Schools		
MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE P.O. Box 477 Lawrence, NY 11559				
FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME Jeremy Feder			TELEPHONE NUMBER (INCLUDE AREA CODE) 516/812-7512	
STUDENT INFORMATION	PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES			GRADE
DATE OF BIRTH (MM/DD/YY)	STUDENT'S LAST NAME	FIRST NAME	INITIAL	
X	X		X	
NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING Mestivta Ateres Yaakov of Greater Long Island (MAY) 131 Washington Avenue, Lawrence, NY 11559				
PARENT/GUARDIAN STATEMENT		PRINT NAME OF PARENT/GUARDIAN BELOW		
I, X		Parent/Guardian		
of the student named above hereby affirm:				
1. That I am a legal resident of New York City residing at:				
X				
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 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:				
X		X		
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:		