

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

SCHOOL YEAR ENDING JUNE 30,  <b>2023</b>	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
<b>CLAIMING SCHOOL DISTRICT INFORMATION</b>	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT	
SCHOOL DISTRICT FEDERAL TAX ID NUMBER  <b>11-2136917</b>	<b>NASSAU BOCES</b>	
MAILING ADDRESS: NUMBER & STREET, CITY, STATE, ZIP CODE <b>71 CLINTON ROAD</b>		
<b>GARDEN CITY, NEW YORK 11530</b>		
FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME <b>DR. MITCHEL S. GOODKIN</b>	TELEPHONE NUMBER (INCLUDE AREA CODE) <b>(516) 396-2255</b>	
<b>STUDENT INFORMATION</b>	<b>PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES</b>	<b>GRADE</b>
DATE OF BIRTH (MM/DD/YY)	STUDENT'S LAST NAME                      FIRST NAME                      INITIAL	
NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING <b>Yeshiva of South Shore - 1170 William Street - Hewlett, NY 11557</b>		
<b>PARENT/GUARDIAN STATEMENT</b>		
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 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.		
<b>AFFIRMED:</b>		
_____ 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	
<b>FOR NYC DOE USE ONLY</b>		
VERIFIED BY:		