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
2026		

CLAIMING SCHOOL DISTRICT INFORMATION

SCHOOL DISTRICT FEDERAL TAX ID NUMBER	OFFICIAL DESIGNATION OR TITLE OF SCHOOL DISTRICT
11-2136917	NASSAU BOCES

MAILING ADDRESS (NUMBER & STREET, CITY, STATE, ZIP CODE)
71 CLINTON ROAD
GARDEN CITY, NEW YORK 11530

FORM PREPARED BY (OR CONTACT PERSON) PRINT NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
NORA EPSTEIN	516-396-2255

STUDENT INFORMATION

PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES

DATE OF BIRTH (MM/DD/YY)	STUDENT'S LAST NAME	FIRST NAME	INITIAL	GRADE

NAME AND ADDRESS OF NON-PUBLIC SCHOOL CHILD IS ATTENDING
YESHIVA TORAS CHAIM (of South Shore) 1170 WILLIAM STREET, HEWLETT, NY 11557

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: