ACKNOWLEDGEMENT

State of New York

) ss.

County of ____________________

_________________________, being duly sworn, under penalty of perjury, deposes and says that

(your name)

deponent is the __________________ of __________________; the deponent

(relationship to child) (child’s name)

has read the foregoing Application and knows the contents thereof; that the same are true to deponent’s

own knowledge and that deponent has given the answers set forth above knowing that the Mt. Vernon

City School District will rely upon them in determining whether the child is to be admitted to its school

system without being required to pay tuition. Deponent agrees that he/she will be responsible for tuition

in the event any answer in the application is determined to be false.

_________________________
Signature of Parent/Guardian

_________________________
Print Name

____day of ____________________, 20

_________________________
Notary Public