

**Beacon City School District
Administrative Offices
10 Education Drive
Beacon, NY 12508**

**LANDLORD'S (PROPERTY OWNER'S) STATEMENT
(Must be completely filled out by the Landlord Only)**

**TO: District Registrar
Beacon City School District
10 Education Drive
Beacon, NY 12508**

Re: _____ Family (Tenants)

Property Owner's Name

Telephone Number

Property Owner's Street Address

City, State, Zip

RENTAL PROPERTY:

TERM OF LEASE:

Street Address

____/____/____ TO ____/____/____
Start of Lease End of Lease

Apartment Number

Term of Lease MUST be indicated.

City, State, Zip

Tenant's Phone Number

I hereby state that the individuals listed below are my tenants at the rental property listed:
(lit all occupants of the household). Attach copy of lease.

Parent

Child

Parent

Child

Parent

Other: describe relationship

Parent

Other: describe relationship

Falsification of any information provided herein will be construed as fraudulent, and proper legal action to include civil and/or criminal remedies will be pursued. Furthermore, the District reserves the right to recover tuition from the student's parents or guardians in the event the District determines that a student is not entitled to attend the District's schools on a tuition-free basis.

Name of Property Owner/Landlord

Signature of Property Owner/Landlord
(No electronic signatures accepted)

Date