Department of Education

NON-PARENT CUSTODIAN AFFIDAVIT

Date: _____

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID #

DATE OF BIRTH (mm/dd/yyyy)	AGE	SEX M F	HOME ADDRESS (house number and street)	APT #

BOROUGH	STATE	ZIP CODE	HOME PHONE NUMBER ( )

NON–PARENT CUSTODIAN INFORMATION

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (house number and street)		
HOME PHONE NUMBER ( )	WORK PHONE NUMBER ( )	CELL PHONE NUMBER ( )

This student is living with me for the following reasons:

Does the student intend to remain at your address? _____

For what period of time will he or she be residing with you at the location above? _____

PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (house number and street)		
HOME PHONE NUMBER ( )	WORK PHONE NUMBER ( )	CELL PHONE NUMBER ( )

In the event that this custodial arrangement changes, I agree to contact the student's school immediately.

I declare that I have assumed custody and/or control of this child and that he/she is residing with me at the location noted above AND

I declare the birth/adoptive/legal guardian has relinquished custody and/or control over to the child to me AND

I declare I am financially responsible for the child AND

I declare that the information provided above is true and correct.

Non-Parent Custodian Signature: _____

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

Sworn to before me this _____ day of _____, _____
year

_____
Notary Public