

PARENT 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 ()	

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 ()

My child is not living with me for the following reasons:

My child does not reside with me and is residing with the following individual at the following address:

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

My child will be in the care and custody of the above-named person at the address indicated above for the following period of time: _____

I declare that I am the parent/legal guardian of this child and that I have relinquished custody/control over the child and am no longer financially supporting him/her. My child is residing with the above-named person at the above address, and I declare that this person has assumed custody and/or control over the child and is financially supporting him/her.

I declare that the information provided above is true and correct. In the event that this custodial arrangement changes, I agree to contact my child's school immediately.

Parent's Signature: _____

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

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

 Notary Public