

**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 Signature: \_\_\_\_\_

STATE OF NEW YORK )  
 ) SS:  
 COUNTY OF \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 year

\_\_\_\_\_  
 Notary Public