

PARENT AFFIDAVIT

Date: _____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STUDENT ID #		DATE OF BIRTH (mm/dd/yyyy)		AGE	GENDER (optional) 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 and I am not providing custodial care for the following reasons:

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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 residing with this person at the location above for the following period of time: _____

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

I declare that I am the parent of this child. My child is residing with the person and at the location noted above. I declare that the information provided above is true and correct.

Parent Signature: _____

STATE OF NEW YORK)

SS:

COUNTY OF _____)

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

 Notary Public