

PARENT AFFIDAVIT

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

_____, being duly sworn, deposes and says:
(Name of Parent)

1. I am the _____ of _____.
(Relationship to Student/Applicant) (Name of Student/Applicant)

2. I reside at _____.
(Address of Parent)

3. Statement of reasons why the child is not living with the parent.

4. Statement naming the individual having custody and control of the child.

5. Statement setting forth the child's current address and living arrangements.

6. Statement explaining the duration of the living arrangement; i.e., permanent, indefinite, to be terminated on a specific date, and/or upon a certain action/event, etc.

7. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

8. If relevant, statement confirming that parent has relinquished custody and control of the child to the custodian, including the right to make decisions pertaining to the health, welfare and education of the child.

9. Are you the custodial parent? _____

yes no

10. Are both parents living together? _____

yes no

If not, address of mother: _____

If not, address of father: _____

11. Will you claim this child as a tax deduction? _____

yes no

12. Will you provide this child with food, clothing and other necessities, or money toward these items to the guardian of child? _____

yes no

13. Statement on who is assuming full responsibility for all matters relating to the child's education and medical care.

14. Do you provide health insurance for your child? _____

yes no

15. Statement of any other relevant facts.

If you have transferred care custody and control of your child to another individual, please complete i, ii, and iii below, otherwise complete only ii and iii below:

- i. I, _____, understand that by signing this affidavit, I am attesting under oath that I have relinquished all care, custody, and control of my child, _____, including the right to make decisions pertaining to the health, welfare, and education of my child.*

- ii. I, _____, further understand that this affidavit is made under oath; that the statements and information contained herein or attached hereto are true; that the Spackenkill Union Free School District Board of Education will rely thereon; and that any misstatements made could result in criminal charges being brought against the person whose signature appears hereon.*

- iii. I, _____, further understand that any misstatements made in this affidavit herein may result in my being responsible for any and all tuition costs owed in connection with my child, _____'s attendance in schools in the Spackenkill Union Free School District.*

Signature of Parent

Sworn to before me this

___ day of _____, 20___

Notary Public