



PARENT AFFIDAVIT

Date: _____

STUDENT INFORMATION

Last Name	First Name	Middle Name	Student Id #
Date of Birth (mm/dd/yyyy)	Age	Home Phone Number	Borough
Home Address (House number and Street)	Apt #	State	Zip Code

PARENT INFORMATION

Last Name	First Name	Relationship to Student
Home Address (House number and Street)	Apt #	State
Home Phone Number	Work Phone Number	Cell Phone Number

My Child is not living with me 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)	Apt #	State
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 of this child, as defined by Chancellor's Regulation A-101, and that I have relinquished custody/control over the child and am no longer financially supporting them. 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 them.

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: _____