

PARENT AFFIDAVIT

STATE OF NEW YORK
COUNTY OF JEFFERSON

)
)SS.:

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

1. I am the _____ of _____.
(Relationship to Student) (Name of Student)
2. I reside at _____.
(Address of Parent)
3. (Initial the one that applies) _____ I do _____ I do not
have legal custody of the student. (Attach court/custody papers if parents are separated/divorced)
4. If the other parent has legal custody, identify that person by name, address and telephone number,
and provide a notarized statement from that parent indicating consent to the current living
Arrangement.

5. The Student is currently residing with _____ at the following address:

6. The Student's relationship to the person with whom he/she is currently residing is:

7. The Student began living at the current residence on _____ and will continue to
reside there until _____.

8. Why is the student living at the current location?

9. Will the student reside in your home during weekends, holidays or any other times during his/her Stay at the current location (list all that apply)?

10. Who will claim the Student as a dependent for Income Tax purposes?

11. During the time the student resides at the current location, it is understood that _____ Will be fully responsible for the following activities, and the School district may rely upon any and all authorizations given by such person with respect to the Following items:

- (a) Receiving and responding to academic and other reports concerning the Student;
- (b) Making decisions regarding the Student's education;
- (c) Authorizing medical treatment for the Student;
- (d) Making payment for medical treatment of Student;
- (e) Releasing records for the Student;
- (f) Providing other necessary consents for the Student (Please Initial);

Yes _____ No _____

12. Will you provide any other financial assistance to the Student (Please Initial)?

Yes _____ No _____

If yes, what is the nature and amount of the assistance?

13. Other information that would assist the School District in acting on the application of this Student

I certify that all the information provided on this affidavit is true and accurate.

I understand that:

If I provide false information on this affidavit to the Belleville Henderson Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);

If I provide false information on this affidavit to the Belleville Henderson Central School District With the intent to defraud the Belleville Henderson Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and

I may be prosecuted on criminal charges for such false information.

(Signature)

Sworn before me this _____
day of _____, 20____.

Notary Public

