



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	Zip Code
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)	Apt #	State	Zip Code
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: _____