



## **Parent Affidavit**

ate:							
TUDENT INFORMATION							
ast Name	First Nam	e	Midd	Middle Name		Student Id #	
Date of Birth (mm/dd/yyyy)	Age		Home Phone Number		mber	Borough	
Home Address (House number and Street)			Apt#		State		Zip Code
ARENT INFORMATION							
ast Name	First Name		Relations	Relationship to Student			
Home Address (House number and Street)				Apt #	State		Zip Code
lome Phone Number	Work Phone Number			Cell Phor	Cell Phone Number		
My child does not reside w	ith me and is	s residing with the	followir	ng individu	al at the follo	wing add	ress:
ast Name	First Name				Relations	Relationship to Student	
Home Address (House numbe	er and Street)			Apt #	State		Zip Code
lome Phone Number		Work Phone Number			Cell Phor	Cell Phone Number	
y child will be in the care bllowing period of time: declare that I am the parent of	this child, as c	defined by Chancello	r's Regui	ation A-101	, and that I hav	e relinquis	hed custody/control
e child and am no longer fina clare that this person has ass							he above address, a
declare that the information pro y child's school immediately.	ovided above	is true and correct. I	n the eve	ent that this o	custodial arrang	gement ch	anges, I agree to cor
arent Signature:							