

NON-PARENT CUSTODIAN AFFIDAVIT

Date: _____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
DATE OF BIRTH (mm/dd/yyyy)	AGE	SEX M F	HOME ADDRESS (house number and street)		APT #
BOROUGH		STATE	ZIP CODE	HOME PHONE NUMBER ()	

NON-PARENT CUSTODIAN INFORMATION

LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (house number and street)			
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	CELL PHONE NUMBER ()	

This student is living with me for the following reasons:

Does the student intend to remain at your address? _____

For what period of time will he or she be residing with you at the location above? _____

PARENT/GUARDIAN INFORMATION

LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (house number and street)			
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	CELL PHONE NUMBER ()	

In the event that this custodial arrangement changes, I agree to contact the student's school immediately.

I declare that I have assumed custody and/or control of this child and that he/she is residing with me at the location noted above AND

I declare the birth/adoptive/legal guardian has relinquished custody and/or control over to the child to me AND

I declare I am financially responsible for the child AND

I declare that the information provided above is true and correct.

Non-Parent Custodian Signature: _____

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

Sworn to before me this _____ day of _____, _____
 year