



AFFIDAVIT OF PERSON(S) IN PARENTAL RELATION

Instructions

Please complete this Affidavit in its entirety and have it notarized. The District will not accept an Affidavit that is incomplete and/or not notarized. Once complete, please return the Affidavit to the District's Main Office. If you have a court order granting you legal guardianship of the child(ren), you may not need to complete this Affidavit. Please provide the District with a copy of the order so that it may determine what, if any, additional documentation is necessary. If you cannot provide the District with a copy of the order at this time, you may use this Affidavit as an alternative until such time that you are able to provide the order. Please note, in addition to this Affidavit, the District requires that the natural parent(s) of the child(ren) residing with you as the Person(s) in Parental Relationship, complete the District's Parent Affidavit Regarding Student Residency.

STATE OF NEW YORK)

ss.:

COUNTY OF PUTNAM)

I _____, the undersigned, being duly sworn, deposes and says:

1. My name is: _____.

2. My permanent address is: _____
_____.

3. I am the custodial guardian of _____
(full name of child)

4. I agree to be responsible for the care, custody and control of _____
(full name of child)

whose parent(s) _____ have transferred to me on a permanent basis.
(full name(s) of parent(s))

5. I will provide financial support for, _____ and will not accept financial support
(full name of child)

from the parent(s) referenced above. Specifically, the parent(s) do not provide any money or health insurance coverage for
_____ nor do they take any state or federal income tax deductions for _____.
(full name of child) (full name of child)

6. I intend to maintain custody of the child in the future.

7. I understand that statements made in this affidavit will be relied upon by the Garrison Union Free School District. I swear/affirm that these statements are true and under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here)

Signature of Guardian

Date

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STATE of NEW YORK)
County of PUTNAM)

On the _____ day of _____ in the year 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed on the within instrument and acknowledged to me that he/she executed the same in his/ her own capacity and that, by his/her signature on the instrument, the individual, or the person upon behalf of whom the individual acted, executed the instrument.

Notary Public



Stamp of Notary Public with Expiration