

Mount Pleasant Central School District

District Office
825 Westlake Drive
Thornwood, NY 10594
Telephone: (914) 769-5500

Dr. Peter Giarrizzo
Superintendent of Schools

CUSTODIAL/GUARDIAN AFFIDAVIT

(To be completed by the parent/guardian the child lives with, if not both parents)

STATE OF NEW YORK
COUNTY OF WESTCHESTER

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

1. I reside at: _____

2. _____ is my _____
(name of child) (relationship)

And he/she has been living with me since _____

3. _____ intends to reside with me for _____

4. Statement explaining the duration of the living arrangement (permanent, indefinite, to be determined upon a specific date, action or event):

5. Statement of the reasons the child lives with the custodian:

6. Statement describing any other locations where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

7. Statement establishing who provides the child with food, clothing and all other necessities:

8. Custodial statement assuming full responsibility for all matters relating to the child's education and medical care:

9. Statement of any other relevant facts or orders of protection:

_____ (Signature of Custodian)

_____ (Print Name)

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

THE DISTRICT RESERVES THE RIGHT TO SUE THE PARENT AND/OR CUSTODIAN FOR TUITION PAYMENT, IF INFORMATION SWORN ABOVE IS FALSE.