

Mount Pleasant Central School District

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

Dr. Peter Giarrizzo
Superintendent of Schools

PARENT AFFIDAVIT

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

STATE OF NEW YORK
COUNTY OF WESTCHESTER

1. I reside at: _____
2. _____ is my _____
(name of child) (relationship)
3. Statement explaining the duration of the living arrangement (permanent, indefinite, to be determined upon a specific date, action or event):

4. Statement of the reasons why the child(ren) are not living with you:

5. Statement describing the reasons why 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:

10. In the event it is discovered that the applicant is not a resident of the Mount Pleasant Central School District, I agree to be responsible for the tuition costs for the child to attend the Mount Pleasant Central School District.

_____ (Signature of Parent)

_____ (Print Name)

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