

**THIRD PARTY AFFIDAVIT**

**STATE OF NEW YORK**        )

)ss.

**COUNTY OF \_\_\_\_\_)**

Date: \_\_\_\_\_

To Whom it May Concern:

I, \_\_\_\_\_, certify that  
(Name of Third Party)

\_\_\_\_\_ and  
(Name of Parent/Guardian)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ reside at:  
(Name of Children Seeking to Enroll)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Third Party Signature

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public