

# WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

## Transfer of Custody Affidavits

All questions must be answered for this form to be considered. Part I and Part II must be completed in order for this form to be considered.

In the matter of the residence of \_\_\_\_\_.

### **PART I. NATURAL PARENTS**

State of New York)

County of Monroe) SS:

The undersigned, being duly sworn, deposes and says:

1. Name of natural parent:
  - a) Mother \_\_\_\_\_
  - b) Father \_\_\_\_\_
  - c) List children: \_\_\_\_\_

2. Address of:
  - a) Mother \_\_\_\_\_
  - b) Father \_\_\_\_\_

3. Telephone Number:
  - a) Mother \_\_\_\_\_
  - b) Father \_\_\_\_\_

4. Type of Permanent Residence:
 

MOTHER

Owned or leased? \_\_\_\_\_

Length of time owned? \_\_\_\_\_

Length of time leased? \_\_\_\_\_

Type of lease? \_\_\_\_\_

Expiration of lease? \_\_\_\_\_

- FATHER
- Owned or leased? \_\_\_\_\_
- Length of time owned? \_\_\_\_\_
- Length of time leased? \_\_\_\_\_
- Type of lease? \_\_\_\_\_
- Expiration of lease? \_\_\_\_\_

5. Occupations:

MOTHER

Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Work telephone \_\_\_\_\_  
Work days \_\_\_\_\_  
Work hours \_\_\_\_\_

FATHER

Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Work telephone \_\_\_\_\_  
Work days \_\_\_\_\_  
Work hours \_\_\_\_\_

6. State whether the natural parents are married, separated or divorced \_\_\_\_\_

7. State name and address of persons custody is being transferred to:

- a) Name \_\_\_\_\_
- b) Relationship to children \_\_\_\_\_
- c) Address \_\_\_\_\_
- d) How long have child(ren) lived at that address? \_\_\_\_\_
- e) How long will child(ren) reside at that address \_\_\_\_\_

8. State the reason the parents are transferring custody to those persons listed in 7 (a).

\_\_\_\_\_

9. State who provides financial support for the child(ren).

\_\_\_\_\_

10. State who provides health insurance for the child(ren).

\_\_\_\_\_

11. State who the district should contact for medical emergencies.

\_\_\_\_\_

12. State who the district should contact for school emergencies.

\_\_\_\_\_

13. State who the district should contact for school disciplinary matters.

\_\_\_\_\_

14. State who the district should contact for academic issues.

\_\_\_\_\_

15. State who provides clothing, shelter and/or food for the child(ren).  
\_\_\_\_\_
16. State how long the child(ren) will reside with those persons listed in 7(a).  
\_\_\_\_\_
17. State who provides day to day care of the child(ren).  
\_\_\_\_\_
18. State the arrangements made to see the child(ren).  
\_\_\_\_\_
19. State who will take the tax deduction for the child(ren).  
\_\_\_\_\_
20. State by what method custody was transferred to those listed in No. 7.  
\_\_\_\_\_

I hereby transfer, delegate and relinquish all and total custody and control, rights and responsibilities of my/our child(ren) to \_\_\_\_\_. I understand that with this transfer I relinquish all and total rights to be contacted in the event of a medical emergency, school emergency, school safety matter and/or school disciplinary matter, or any other school related matter.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

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

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

**PART II. PERSON ACCEPTING CUSTODY AFFIDAVIT**

All questions must be answered for this affidavit to be considered.

State of New York)

County of Monroe) SS:

The undersigned, being duly sworn, deposes and says:

1. Name of custodial parent(s). \_\_\_\_\_
2. Address of custodial parent(s). \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number of custodial parent(s). \_\_\_\_\_
4. Relationship of custodial parent(s) to child(ren). \_\_\_\_\_
5. Type of residence of custodial parent(s):
  - a) Owned or leased? \_\_\_\_\_
  - b) Length of time owned \_\_\_\_\_
  - c) Length of time leased \_\_\_\_\_
  - d) Expiration of lease \_\_\_\_\_
6. Occupation:
  - a) Name of Employer \_\_\_\_\_
  - b) Address of Employer \_\_\_\_\_
  - c) Telephone Number of Employer \_\_\_\_\_
  - d) Work Days \_\_\_\_\_
  - e) Work Hours \_\_\_\_\_
7. State the reason for transfer of custody to you.  
\_\_\_\_\_
8. State who will provide financial support for the child(ren).  
\_\_\_\_\_
9. State who will provide health insurance for the child(ren).  
\_\_\_\_\_
10. State who the district should contact for medical emergencies.  
\_\_\_\_\_
11. State who the district should contact for school emergencies.

- \_\_\_\_\_
12. State who the district should contact for school disciplinary matters.  
\_\_\_\_\_
  13. State who the district should contact for academic issues.  
\_\_\_\_\_
  14. State who will provide clothing, shelter and/food for the child(ren).  
\_\_\_\_\_
  15. State how long the child(ren) will reside with those persons in 1(a).  
\_\_\_\_\_
  16. State who provides day to day care of the child(ren).  
\_\_\_\_\_
  17. State when the natural parents will see the child(ren).  
\_\_\_\_\_
  18. State who will take the child(ren) as a tax deduction.  
\_\_\_\_\_
  19. State by what method custody was transferred to those listed in No. 1.  
\_\_\_\_\_

I hereby accept all and total custody and control of \_\_\_\_\_ and  
 \_\_\_\_\_ understand that I assume all, total and full responsibility for the child(ren's) medical, health, safety and all academic needs. I will be the person contacted by the school and the person legally responsible for the medical, safety and school issues involving the child(ren).

\_\_\_\_\_

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

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