

NEW YORK MILLS UNION FREE SCHOOL DISTRICT
1 MARAUDER BOULEVARD
NEW YORK MILLS, NY 13417

FORM 1

STATE OF NEW YORK)
COUNTY OF _____) Social Security #: _____

_____, being duly sworn, deposes and says:

1. I am the _____ of _____
[Relationship to Applicant] [Name of Applicant]

2. I reside at _____
[Address of Parent]

3. STATEMENT OF REASONS WHY THE CHILD IS NOT LIVING WITH THE PARENT (S):

4. STATEMENT NAMING THE INDIVIDUAL HAVING CUSTODY AND CONTROL OF THE CHILD:

5. STATEMENT SETTING FORTH THE CHILD'S CURRENT ADDRESS AND LIVING ARRANGEMENT:

Where applicable, this affidavit should be duplicated and completed by each parent or may be adapted for use by his custodial parent where a child lives with a non-custodial parent.

6. STATEMENT EXPLAINING THE INITIAL DURATION OF THE LIVING ARRANGEMENTS [i.e. permanent, indefinite, to be terminated on a specific date, and/or upon a certain action/event. etc.]:

7. STATEMENT DESCRIBING ANY OTHER LOCATION (S) 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:

8. IF RELEVANT, STATEMENT CONFIRMING THAT PARENT HAS RELINQUISHED CUSTODY AND CONTROL OF THE CHILD TO THE CUSTODIAN, INCLUDING THE RIGHT TO MAKE DECISIONS PERTAINING TO THE HEALTH, WELFARE AND EDUCATION OF THE CHILD:

9. STATEMENT OF ANY OTHER RELEVANT FACTS:

(Signature of Parent)

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

NOTARY PUBLIC