

NON-PARENT CUSTODIAN AFFIDAVIT

Date: _____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STUDENT ID #		DATE OF BIRTH (mm/dd/yyyy)		AGE	GENDER (optional) M F
HOME ADDRESS (house number and street)					APT #
BOROUGH	STATE		ZIP CODE		HOME PHONE NUMBER ()

NON-PARENT CUSTODIAN INFORMATION

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
HOME ADDRESS (house number and street)					APT #
BOROUGH		STATE		ZIP CODE	
HOME PHONE NUMBER ()		WORK PHONE NUMBER ()		CELL PHONE NUMBER ()	

This student is living with me and I am providing custodial care for the following reasons:

The student will be residing with me at the location above for the following period of time: _____

PARENT/GUARDIAN INFORMATION

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
HOME ADDRESS (house number and street)					APT #
BOROUGH		STATE		ZIP CODE	
HOME PHONE NUMBER ()		WORK PHONE NUMBER ()		CELL PHONE NUMBER ()	

In the event that this custodial arrangement changes, I agree to contact the student's school immediately.

I declare that I am the custodian of this child and that he/she is residing with me at the location noted above. I declare that the information provided above is true and correct.

Non-Parent Custodian Signature: _____

STATE OF NEW YORK)

SS:

COUNTY OF _____)

Sworn to before me this _____ day of _____, _____ year

 Notary Public