



NON-PARENT CUSTODIAN AFFIDAVIT

Date: _____

STUDENT INFORMATION

Last Name	First Name	Middle Name	Student Id #
Date of Birth (mm/dd/yyyy)	Age	Home Phone Number	Borough
Home Address (House number and Street)		Apt #	State
			Zip Code

NON-PARENT CUSTODIAN INFORMATION

Last Name	First Name	Relationship to Student
Home Address (House number and Street)		Zip Code
		State
		Apt #

Does the student intend to remain at your address? _____

For what period of time will he or she be residing with you at the location above? _____

PARENT INFORMATION

Last Name	First Name	Relationship to Student
Home Address (House number and Street)		Zip Code
		State
		Apt #
Home Phone Number	Work Phone Number	Cell Phone Number

The student is living with me for the following Reasons

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

I declare that I have assumed custody and/or control of this child and that they are residing with me at the location noted above AND

I declare the parent, as defined by Chancellor's Regulation A-101, has relinquished custody and/or control over to the child to me AND

I declare I am financially responsible for the child AND

I declare that the information provided above is true and correct.

Non-Parent Custodian Signature: _____