

**NON-PARENT CUSTODIAN AFFIDAVIT**

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

**STUDENT INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
DATE OF BIRTH (mm/dd/yyyy)	AGE	SEX 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)			
HOME PHONE NUMBER ( )	WORK PHONE NUMBER ( )	CELL PHONE NUMBER ( )	

**This student is living with me for the following reasons:**

**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/GUARDIAN INFORMATION**

LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT
HOME ADDRESS (house number and street)			
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 have assumed custody and/or control of this child and that he/she is residing with me at the location noted above AND*

*I declare the birth/adoptive/legal guardian 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: \_\_\_\_\_

STATE OF NEW YORK )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 year