

**AUBURN ENLARGED CITY SCHOOL DISTRICT  
PARENT AFFIDAVIT**

**STATE OF NEW YORK )  
COUNTY OF CAYUGA )ss:**

I, \_\_\_\_\_, being duly sworn, deposes and says:

1. I am the \_\_\_\_\_ of \_\_\_\_\_, whose  
(Relationship to student) (Student name)  
date of birth is \_\_\_\_\_.
2. I reside at \_\_\_\_\_.  
(Current address, including zip code)  
and my telephone number is \_\_\_\_\_.
3. \_\_\_\_\_ currently resides at \_\_\_\_\_  
(Student Name) (Current address, including zip code)  
with \_\_\_\_\_.
4. Length of time the student has resided at his/her current address:  
\_\_\_\_\_.
5. Last previous address of the student: \_\_\_\_\_  
\_\_\_\_\_.

**IF THE STUDENT IS NOT RESIDING WITH A PARENT, ANSWER  
QUESTIONS 6-14. OTHERWISE, MOVE ON TO QUESTION 15.**

6. State the relationship of the individual identified in Question No. 3 above with the student:
  - (a) Legal Guardian of the student:  Yes  No
  - (b) Legal Custodian of the student:  Yes  No
  - (c) Other relationship: (please explain, providing details and attaching copies of relevant documents) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. When did the student commence residence with the individual(s) named in Question No. 3? \_\_\_\_\_
8. How long will the student reside with said individual(s) \_\_\_\_\_
9. During the time the student will reside with said individual(s), who is responsible for:
- (a) authorizing medical treatment for the student: \_\_\_\_\_
  - (b) providing health insurance coverage for the student: \_\_\_\_\_
  - (c) releasing records for the student: \_\_\_\_\_
  - (d) providing other necessary consents for the student: \_\_\_\_\_
  - (e) expense of student's housing, food, clothing, and other necessities: \_\_\_\_\_
10. Do you claim this student as a dependent on your income tax return? \_\_\_\_
11. Will there be any period of time when this student will not reside with said individual(s)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What are the circumstances that caused the student to reside with said individual(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Do you claim any right to the care, custody or control of the student?
- Yes                       No
14. Do you relinquish care, custody and control of the student to the individual(s) identified in Question No. 3, including the right to make decisions pertaining to the health, welfare and education of the student?
- Yes                       No
15. Has the student previously attended school in the District? If so, when?  
\_\_\_\_\_
16. Any other comments that would assist the District in acting on the application of this student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature of Custodian

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_

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

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