

PARENT AFFIDAVIT

STATE OF NEW YORK     )  
  )ss.  
COUNTY OF SUFFOLK    )

[ ] , being duly sworn, deposes and says:  
(Name of Parent)

1. I am the [ ] of [ ]  
(Mother/Father) (Student Name)

2. I reside at [ ]

3. The student is not living with me or his/her other parent because [ ]  
[ ]  
[ ]

4. [ ] has had custody & control of  
(Name of individual having custody and control)

[ ] since [ ]  
(StudentName) (Date)

5. [ ] currently lives at  
(Student Name)  
[ ]

6. The student will live at the above address with the individual having custody and control  
(Indefinitely, permanently, terminated on a specific date, or upon a certain action)

7. The student will also live at  
(Statement describing any other location(s) where the child lives)

8. The student spends their weekends and holidays  
  
(Address of where the child is on weekends and holidays)

9. I  claim the student on my Federal and State Income Tax Return.  
(Do/do not)

10.  pays for the students day to day expenses.  
(Parent or individual having custody & control)

11. The student's health insurance is paid for by   
(Parent or individual having custody & control)

12. I hereby completely relinquish custody and control of my child to the above named custodian, including the right to make decisions pertaining to the health, welfare and education of the child.

13.

(Statement of any other relevant facts)

14. I understand that any false statement made by me in connection with the registration of my child or children may subject me, not only to criminal prosecution, but also to civil liability for money damages to Smithtown Central School District.

15. I further agree and promise that in the event that any of the information I have provided the School District should change, I will notify the School District immediately.

\_\_\_\_\_  
(Signature of Parent)

Sworn to before me on

this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
NOTARY PUBLIC