

MARION CENTRAL SCHOOL DISTRICT

4034 Warner Road, Marion, NY 14505

PARENT AFFIDAVIT

STATE OF NEW YORK

(COUNTY OF WAYNE) §: **MARION CENTRAL SCHOOL DISTRICT**

_____, being duly sworn, deposes and says:
(Name of Parent/Guardian)

1. I am the _____ of _____
(Relationship to Student) (Name of Student)
2. I reside at _____
(Address of Parent/Guardian)

The student listed above resides with both natural/adoptive parents at the address above.

Check the one that applies: ☐ **YES** ☐ **NO**

If you answer "NO" please continue with the questions below. If you answer "YES" skip to the bottom of page 2 and sign and have notarized.

3. Check the one that applies: ☐ I do ☐ I do not have legal custody of the student.
(Attach court/custody papers if parents are separated or divorced.)
4. If the other parent has legal custody, identify that person by name, address and telephone number, and provide a notarized statement from that parent indicating consent to the current living arrangement.
5. The student is currently residing with _____
At the following address _____
6. The student's relationship to the person with whom he/she is currently residing is _____
7. The student began living at the current residence on _____ and will continue to reside there until _____.
8. Why is the student living at the current location? _____
9. Will the student reside in your home during weekends, holidays or any other times during his/her stay at the current location? _____
10. Who will claim the student as a dependent for Income Tax Purposes? _____

11. During the time the student resides at the current location, who is responsible for:
- a) Receiving and responding to academic and other reports concerning the student? _____
 - b) Making decisions regarding the student's education? _____
 - c) Authorizing medical treatment for the student? _____
 - d) Payment for medical treatment of student? _____
 - e) Releasing records for the student? _____
 - f) Providing other necessary consent for the student? _____
 - g) Expense of student's room and board? _____
 - h) Expenses of clothing and other necessities? _____

Will you provide any other financial assistance to the student? ☐ YES ☐ NO

If yes, what is the nature and amount of the assistance? _____

12. Other information that would assist the school district in acting on the application for this student: _____

I certify that all the information provided on this affidavit is true and accurate.

I understand that:

if I provide false information on this affidavit to the Marion Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provide false information on this affidavit to the Marion Central School District with the intent to defraud the Marion Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and I may be prosecuted on criminal charges for such false information; and I will owe tuition for the time of attendance of my child if I provide false information.

(Signature)

Sworn to before me this _____
day of _____, 20____.

Notary Public

