

PORT JERVIS CITY SCHOOL DISTRICT

**AFFIDAVIT OF PARENTAL RESPONSIBILITY
(CUSTODIAL)**

STATE OF NEW YORK)
) SS:
COUNTY OF ORANGE)

I, (We), _____, a resident (s) of the Port Jervis
School District, being duly sworn, say:
(Print Name of Custodial Parent)

1. I (We) reside at: _____
(#) (Street) (City) (State)
Home Telephone Number: _____ Cell Number _____
Mailing Address (if different) _____

2. _____ is my _____
(Full Name of Child) (Relationship of Child)
and he/she has been living with me (us) since _____

3. I (We) expect the duration of this living arrangement to be: _____

4. The reason(s) that the above-named child lives with me (us) is: (eg., Homeless, temporary housing, single parent, etc.) _____

5. Does the above-name child live only with you? (circle one) YES NO
If no, please provide the alternate address, indicate the length of time the child is at another address, and give a reason as to why the child resides at this address: _____

6. Please indicate who provides the support for the above-named child (e.g., room, food, clothing, health and dental insurance, other necessities): _____

7. Please provide any other relevant facts and attach any relevant documents: _____

I (We) hereby affirm that I (we) accept and assume full parental rights and responsibilities (care, custody and control) for the above-named child, including but not limited to full responsibility for all matters relating to the child's education (parent conferences, discipline, truancy, vandalism) and medical care.

I (We) will be financially responsible for damage, defacement and/or destruction of school buildings and property and any other legal matters that may arise pertaining to this child.

I (We) understand that in the event the information contained on this affidavit is no longer valid, I (We) will notify the Port Jervis City School District.

I (We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I (We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Print Name of Custodian Parent)

(Date)

(Signature of Custodian Parent)

(Date)

Subscribed and sworn to before me this

_____ day of _____, 201__.

NOTARY PUBLIC

