

AFFIDAVIT OF PERSON IN PARENTAL RELATIONSHIP

This is a legal document. The information you provide will be used to determine whether the student(s) is/are entitled to attend the Rochester City School District on a tuition-free basis.

Every question must be answered and the affidavit must be notarized, or the affidavit will not be considered. Once completed, return the affidavit and any additional documentation to the Student Placement Office.

STATE OF NEW YORK))
County OF MONROE)) ss:

THE UNDERSIGNED, BEING DULY SWORN, DEPOSES AND STATES THE FOLLOWING UNDER PENALTY OF PERJURY:

1. My name is:

2. I am the person in parental relationship with: (list child(ren) name and DOB)

3. My permanent address is:

4. My telephone number is: (give work and home)

5. I have _____ (rented or owned) my permanent residence for _____ years; or _____ months. If lease, my lease expires on _____.

6. My occupation us: (job titles; name of employer; address of employer; usual days and hours worked)

7. I have been the person in parental relationship with the above-named child(ren) since: (give the date the child(ren) came to live with you)

8. Custody was granted to me by: (check one)

_____ Court order (state the name of the court order, date of the order, and attach a copy of the order)

_____ Agreement between parent(s) (copy of written agreement signed by both parents must be attached)

_____ Agreement between parent(s) and person in parental relationship

_____ Other (explain)

9. I expect the child(ren) to live with me at my residence until: (give approximate date)

10. State your relationship to the child(ren):

11. State the reasons why the child(ren) is/are residing with you.

12. State whether parental custody and control has been legally transferred to you and, if so why: (attach all relevant court orders if such orders exist)

13. State whether the Natural Parent intend to tale back custody and control of the child(ren) and, if so, when and why:

14. State who will claim the child(ren) as dependent(s) for the current tax year:

15. State the amount of financial support you provide to the child(ren): (how much money and how often)

16. State the amount of financial support the Natural Parent(s) provide(s) to the child(ren): (how much and how often)

17. State who is responsible for providing the child(ren) with food, clothing, and other necessities:

18. State who pays for the child(ren) medical expenses : (if covered by health insurance, who covers them)

19. State when and how often the child(ren) stay overnight with you and/or, with Natural Parent:

20. State who should be contacted in the event of a medical emergency:

21. State who should be designated to sign consent for release of student records and field trips, and who should be notified in the event of a disciplinary action:

Please note that the District reserves the right to request additional documentation after this Affidavit has been reviewed.

The undersigned understands that this Affidavit and other documentation are being submitted to the Rochester City School District for the purpose of establishing the legal residence of the child(ren) for school purposes.

The undersigned acknowledges that the information contained herein will be relied on by the District, and that any person who makes a false statement in an affidavit, under oath, is guilty of Perjury in the Third Degree, a Class "A" Misdemeanor, punished by fine or imprisonment.

The undersigned understands that conditional admission does not constitute a determination of residency. In the event that the District determines that the child(ren) is/are not (a) resident(s) of the District for school purposes, the child(ren) will be dismissed from school, and the undersigned hereby agrees to be responsible for payment in full of any tuition charge plus interest at the statutory judgement rate, and any other damages arising therefrom, including the cost incurred by the District to collect such charges, including reasonable legal fees.

Signature of Person in Parental Relationship

Dated

Print Name

STATE of _____)

County of _____)

On the _____ day of the year 20_____, before me, the undersigned personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed on the within instrument and acknowledge to me that he/she executed the same in his/ her own capacity and that, by his/her signature on the instrument, the individual, or the person upon behalf of whom the individual acted, executed the instrument.

Notary Public