



PARENT/GUARDIAN AFFIDAVIT

STATE OF NEW YORK)

) Ss:

COUNTY OF NASSAU)

_____, (NAME OF PARENT), being duly sworn, deposes
and says:

1. I am the _____ (RELATIONSHIP TO APPLICANT)
of _____ (NAME OF APPLICANT).

2. I reside at _____
(ADDRESS OF PARENT).

3. _____
(STATEMENT OF REASONS WHY THE CHILD IS NOT LIVING WITH THE PARENT[S])

4. _____

(STATEMENT NAMING THE INDIVIDUAL HAVING CUSTODY AND CONTROL OF THE
CHILD).

5. _____

(STATEMENT SETTING FORTH THE CHILD'S CURRENT ADDRESS AND LIVING
ARRANGEMENT).

6. _____

(STATEMENT EXPLAINING THE INITIAL DURATION OF THE LIVING ARRANGEMENT, i.e.
permanent, indefinite, to be terminated on a specific date, and/or upon a certain action/event, etc.).

7. _____

(STATEMENT DESCRIBING ANY OTHER LOCATION(S) WHERE THE CHILD LIVES.
INDICATE THE LENGTH OF TIME THE CHILD IS AT THE OTHER ADDRESS AND PROVIDE
AN EXPLANATION. IF THE CHILD DOES NOT LIVE AT ANY OTHER ADDRESS, SO
INDICATE).



FREEPORT CHRISTIAN ACADEMY

"Children are a heritage of the Lord" Psalm 127:3

8. _____

(IF RELEVANT, STATEMENT CONFIRMING THAT PARENT HAS RELINQUISHED CUSTODY AND CONTROL OF THE CHILD TO THE CUSTODIAN, INCLUDING THE RIGHT TO MAKE DECISIONS PERTAINING TO THE HEALTH, WELFARE AND EDUCATION OF THE CHILD).

9. _____
(STATEMENT OF WHAT, IF ANY, FINANCIAL HELP STUDENT RECEIVES FROM PARENTS).

10. _____
(STATEMENT OF WHO IS FINANCIALLY RESPONSIBLE FOR STUDENT'S HEALTH CARE).

11. _____
(STATEMENT OF WHO IS DECLARING THE STUDENT AS A DEPENDENT ON INCOME TAX FORM)

(STATE ANY OTHER RELEVANT FACTS).

I understand that if the statements I have made are false, I may be prosecuted under law, and I agree to be responsible for all tuition costs incurred for the education of the children that are registered using this affidavit.

SIGNATURE OF PARENT

Sworn to before me this _____
Day of, _____ 20_____

NOTARY PUBLIC

*Where applicable, this affidavit should be duplicated and completed by each parent or may be adapted for use by his custodial parent where a child lives with a non-custodial parent.