

8. I (We) provide and will continue to provide the following support for the above-named child:

_____ Medical _____ Life Insurance _____ Food
_____ Clothing _____ Health Insurance _____ Other (specify)
_____ Dental _____ Automobile Insurance _____

9. Please provide any other relevant facts: _____

I (We) affirm that we will remove the above-named child from my (our) federal and state income tax, which is subject to confirmation by the District.

I (We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

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 so that my child(ren) may be admitted to the Schools of the Central School District. 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.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me this
_____ day of _____, 201__.

NOTARY PUBLIC

