

PORT JERVIS CITY SCHOOL DISTRICT

NON-PARENT CUSTODIAN AFFIDAVIT

Student Information

Last Name		First Name		Middle Name	
Student ID #	Date of Birth / /		Age	Gender	
Home Address				Apt. #	
City	State		Zip Code	Cell Number ()	

Non-Parent Custodian Information

Last Name		First Name		Middle Name	
Home Address				Apt. #	
City	State		Zip Code	Home Number ()	
Mailing Address				Cell Number ()	
Email				Work Number ()	

This student is living with me and I am providing custodial care for the following reasons:

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This student will be residing with me for the following period of time: _____

Parent/Guardian Information

Last Name		First Name		Relationship to Student	
Home Address				Apt. #	
City	State		Zip Code		
Home Number ()	Cell Number ()		Work ()		

In the event that this custodial arrangement changes, I agree to contact the student's school immediately.

I declare that I am the custodial of this child and that he/she is residing with me at the location noted above. I declare that the information provided is true and correct.

Non-Parent Custodian Signature: _____

STATE OF NEW YORK)

COUNTY OF _____) **ss:**

Sworn to before me this _____ **day of** _____, _____

Notary Public

