

GUARDIAN AFFIDAVIT

1. I am the _____ of _____
Relationship to child Name of child

2. I reside at _____
Address of guardian

3. Please state why the child(ren) is living with you:

4. Explain the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event)

5. Describe 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.

6. *Establish who provides the child with food, clothing, and all other necessities (if more than one individual, please indicate):*

7. *Please indicate who is to be notified for any issues pertaining to the child's health, welfare, and education (provide relationship, name, address and phone number):*

8. *Describe who will assume full responsibility for all matters relating to the child's education and medical care (if more than one individual, please indicate):*

9. In the event it is discovered that the applicant is not a resident of the Katonah-Lewisboro School District, I agree to be responsible for the tuition costs for the child to attend the Katonah-Lewisboro School District.

(Signature)

(Date)

Sworn to before me this
__ day of __, 20

Notary Public

PARENT AFFIDAVIT

1. I am the _____ of _____
Relationship to child Name of child

2. I reside at _____
Address of parent

3. Please state why your child(ren) is not living with you:

4. Explain the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event):

5. Reasons the child lives with the custodian (please provide full and detailed information):

6. Describe 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.

7. Establish who provides the child with food, clothing, and all other necessities (if more than one individual, please indicate):

8. Describe who will assume full responsibility for all matters relating to the child's education and medical care (if more than one individual, please indicate):

9. In the event it is discovered that the applicant is not a resident of the Katonah-Lewisboro School District, I agree to be responsible for the tuition costs for the child to attend the Katonah-Lewisboro School District.

(Signature)

(Date)

Sworn to before me this
___ day of ___, 20

Notary Public