

Uniondale UFSD: Office of Central Registration Services  
1060 Cornelius Court Uniondale NY 11706  
516 918 - 1059: Office Fax 516 918-2336

**PARENT'S AFFIDAVIT**

**STUDENT'S NAME (Print last name, first name)**

This affidavit should be completed by both parents or, where appropriate, by the legal guardian.

STATE OF NEW YORK    )  
                                  :  
COUNTY OF NASSAU    )

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

1. I am the parent of the above named Child/Ward who resides at \_\_\_\_\_  
\_\_\_\_\_ (ADDRESS OF PERSON IN CUSTODIAL RELATIONSHIP).

2. I reside at \_\_\_\_\_ (ADDRESS OF PARENT).

3. The reason(s) why the Child/Ward is not living with me are the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have asked the custodial parent/guardian named below to assume responsibility for the custody and control of my Child/Ward because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How long do you intend for this living arrangement to continue. (Be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you relinquish custody and control of your Child/Ward to the custodian named below including the right to make decisions pertaining to the child's health, welfare, and education of the child, and including obligation to financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

(OVER)

3. My last address was \_\_\_\_\_

where I lived with

- 1. \_\_\_\_\_ 7. \_\_\_\_\_
- 2. \_\_\_\_\_ 8. \_\_\_\_\_
- 3. \_\_\_\_\_ 9. \_\_\_\_\_
- 4. \_\_\_\_\_ 10. \_\_\_\_\_
- 5. \_\_\_\_\_ 11. \_\_\_\_\_
- 6. \_\_\_\_\_ 12. \_\_\_\_\_

(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS)

I began living at \_\_\_\_\_

(CURRENT ADDRESS on \_\_\_\_\_ (DATE). My living arrangement is governed by (CHECK

APPROPRIATE AS

INDICATED BELOW):

- \_\_\_ A formal lease (attach copy of lease and Owner's Affidavit - Form B)
- \_\_\_ Other (attach rental agreement or realtor's statement and  
Owner's Affidavit. Form B). The terms and

conditions of my tenancy are as follows (specify rent, etc.):

MONTHLY RENT: \_\_\_\_\_

DURATION OF TENANCY: \_\_\_\_\_

Print Name

SIGNATURE OF PARENT

(OPTIONAL) Sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 201 .

NOTARY PUBLIC