CARMEL CENTRAL SCHOOL DISTRICT AFFIDAVIT OF EMANCIPATION

(STUDENT)

	NEW YORK)) SS.:	
NTY OF)		
I,	, being duly sworn, say: (Name of Student)	
1.	I was born on and am over the age of sixteen. (Date of Birth)	
(Plea	ase attach a copy of your birth certificate or other proof of age, if a new enrolled	
2.	I currently reside at:	
	Telephone No	
(Plea	ase attach a rent stub or statement from person with whom you are living.)	
3.	I am not currently living with my parent(s)/legal guardian(s) because:	
4.	Name, Address and Telephone Number of parent(s)/legal guardian(s):	
5. e.g.,	Please describe your current relationship with you parent(s)/legal guardian(s when last seen, contacted, knowledge of whereabouts, etc.):	

6.	My means of support is:	
(Plea	ase attach a copy of your pay stub or other proof of means of support.)	
_	I am receiving the following financial assistance from my parent(s)/legal rdian(s) (e.g., health insurance, dental insurance, car insurance, monthly checks, hes, food, etc.):	
8.	Please provide any other relevant facts regarding your status as an emancipate or:	d
state the I	Firm that the information provided on this form is true and correct and that the ements made herein are being made under the penalties of perjury. I understand the District may investigate any allegation contained in this form and may ask for writing of of any statement.	
deter	e) further understand that in the event the information contained in this affidavit is rmined to be inaccurate or false, in whole or in part, the District may commence leadings against me to collect tuition and/or seek to seek criminal action against making a false legal document.	egal
	(Signature of Student)	
	scribed and sworn to before me day of,	
	NOTARY PUBLIC	