

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
AFFIDAVIT OF EMANCIPATION**

Superintendent of Schools
Mount Pleasant Cottage School Union Free School District
1075 Broadway
Pleasantville, New York

Dear _____:

This is to state that I no longer reside with my parents/guardians and declare myself an emancipated youth.

My residence is _____

My birth date is _____ Telephone _____

The last school I attended _____

Address _____

My parent(s)/guardian(s) reside at _____

I plan to register and continue my studies at Mount Pleasant Cottage School Union Free School District as soon as permissible. I am aware of the rules, regulations, and behavior responsibilities expected of Mount Pleasant Cottage School Union Free School District students and agree to abide by same.

Further, I take full responsibility for my personal care and school attendance from this date forward.

(Student's Signature)

State of New York)
County of _____) ss:

On the _____ day of _____ in the year _____ before me personally came _____ to me known, being by me duly sworn, did depose and say that he/she has read the foregoing statements and acknowledges the same to be true.

Sworn to and subscribed before me this _____ of _____, 20_____

Notary Public