



AFFIDAVIT OF PERSON IN PARENTAL RELATION

One Larkin Center
Yonkers NY, 10701
(914) 376-8050

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Instructions

Please complete this Affidavit in its entirety and have it notarized. The District will not accept an Affidavit that is incomplete and/or not notarized. Once complete, please return the Affidavit to the District's Department of Student Enrollment.

If you have a court order granting you legal custody or guardianship of the child(ren) you wish to register, you may not need to complete this Affidavit. Please provide the District with a copy of the order so that it may determine what, if any, additional documentation is necessary. If you cannot provide the District with a copy of the order at this time, you may use this Affidavit as an alternative until such time that you are able to provide the order.

Please note, in addition to this Affidavit, in most cases, the District requires that the child(ren)'s Natural Parent(s) complete(s) the District's form Affidavit of Natural Parent.

STATE OF NEW YORK)

ss.:

COUNTY OF WESTCHESTER)

I _____ the undersigned, being duly sworn, deposes and says:

1. My name is: _____

2. My permanent address is: _____

3. I currently own rent my permanent residence and have lived there for ___ years/months (circle one).

If you selected rent, please choose one of the below:

My lease expires on _____.

I do not have a lease.

4. My telephone number is:

Home: _____ Work: _____ Mobile: _____

5. My occupation is: _____

Name of employer: _____

Address of employer: _____



6. I am the Person in Parental Relation with:

Name of Child: _____

Date of Birth: _____

Name of Child: _____

Date of Birth: _____

Name of Child: _____

Date of Birth: _____

Name of Child: _____

Date of Birth: _____

7. State your relationship to the child(ren): _____

8. The child(ren)'s Natural Parents are:

Name _____

Address _____

Name _____

Address _____

9. The child(ren) live(s) with me:

On a full time basis.

Part-time. Please explain and provide additional address(es) _____

10. The child(ren) has/have been continuously living with me since _____

11. The child(ren) will live with me until (An approximate date/timeframe is acceptable.) _____

12. The child(ren) is/are living with me because (Please provide as much detail as possible.)

13. (Select one of the following.)

- I have total and permanent custody and control over the child(ren).
- The child(ren) currently reside with me; however, the child(ren)'s Natural Parent(s) continue to have total and permanent custody over the children.
- I share total and permanent custody and control over the child(ren) with the child(ren)'s Natural Parents.

14. The child(ren) is/are in contact with his/her/their Natural Parent(s). Yes No

Please explain. _____

15. The Natural Parent(s) intend(s) to take back custody and control of the child(ren)? Yes No

Please explain. _____

16. I have or am in the process of obtaining *legal* custody and control over the child(ren) (i.e. through a formal guardianship proceeding). Yes No

Please explain and provide any relevant documentation, if available. _____



17. I provide the following financial support to the child(ren) (please describe and include specific amount and how often, if applicable). _____

18. The Natural Parent(s) provide the following financial support to the child(ren) (please describe and include specific amount and how often, if applicable). _____

19. The child(ren)'s food, clothing, and other necessities are (check one):

- provided and paid for exclusively by me.
 - provided and paid for exclusively by the child(ren)'s Natural Parent.
 - provided and paid for by both myself and the child(ren)'s Natural Parent. We split these expenses as follows: _____
-

20. The child(ren)'s medical and/or healthcare expenses are (check one):

- provided and paid for exclusively by me.
 - provided and paid for exclusively by the child(ren)'s Natural Parent.
 - provided and paid for by both myself and the child(ren)'s Natural Parent. We split these expenses as follows: _____
-

21. The child(ren)'s health insurance coverage is provided by _____

22. The child(ren) will be claimed as dependent(s) for the current tax year on (check one):

- my tax return.
- the tax return of the child(ren)'s Natural Parent(s).



23. I am authorized to make decisions *without* consulting the child(ren)'s Natural Parent(s) regarding the following (check all that apply):

- The child(ren)'s education, program, placement, and/or special education services
- The child(ren)'s participation in field trips and/or school activities
- The child(ren)'s medical treatment
- The child(ren)'s mental health treatment
- Other _____
- None of the above (please check one)
 - The child(ren)'s Natural Parent(s) continue(s) to make all decisions regarding the above
 - I share decision-making with the child(ren)'s Natural Parent(s) regarding the above.
Please describe the decision-making arrangement: _____

24. The following individual(s) should:

- a. be contacted in the case of a medical emergency _____
- b. be designated to make all educational decisions _____
- c. sign consent for release of student records _____
- d. be notified in the event of a disciplinary action _____
- e. sign any parental consents or permission slips _____

I understand that this Affidavit will be submitted to the Yonkers City School District (the "District") and that the District will rely on representations made herein when making its decision as to whether the above named child(ren) is/are legally entitled to attend school within the District. I further understand that the submission of false information or false statements to the District is a violation of New York Penal Code and is punishable by a fine and/or imprisonment. Additionally, I acknowledge that the District has a right to investigate any claims made herein including, but not limited to, making unannounced home visits for the purpose of verifying that the above named children reside at the address provided. Please note that the District will keep this Affidavit as part of its records and reserves its right to request additional documentation once it has reviewed this Affidavit.

I also acknowledge and understand that a conditional admission in the District does not constitute a determination of residency. If the District makes a determination that the child(ren) herein listed is/are not entitled to attend school within the District, I understand that the child(ren) may be excluded from continued enrollment in the District. I further understand that I may be responsible for payment of tuition costs, as well as any other statutorily allowable costs, including reasonable legal fees, incurred by the District, for the period during which the child(ren) attended school within the District.

Under penalty of perjury, I hereby make the above representations in good faith and not in an attempt to defraud the District.

Signature _____

Date _____



Print Name _____

Phone Number _____

STATE of NEW YORK)

County of WESTCHESTER)

On the _____ day of _____ in the year 20_____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed on the within instrument and acknowledged to me that he/she executed the same in his/ her own capacity and that, by his/her signature on the instrument, the individual, or the person upon behalf of whom the individual acted, executed the instrument.

Notary Public