

The Rye City School District

Affidavit of Legal Responsibility (Parents)

State of New York

County of Westchester

SS:

I (We), _____, a resident of The Rye City School District, being duly sworn, say:

1. I (We) are the natural parent(s) or legal guardian(s) of _____.
(Name of Student)

(If the legal guardian, please attach documents which prove legal guardianship.)

2. I (We) reside at: _____

Telephone No. _____

3. The reason why _____ is not living with me (us) is:
(Name of Student)

4. I (We) hereby relinquish all parental rights and responsibilities for my (our Child),
_____ to _____
(Name of Child) (Name of Individual [s])

Including, but not limited to the right to make decisions pertaining to the health, welfare and education of my (our) child. This individual resides at:

_____ Telephone No. _____

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5. The reason(s) for relinquishing all parental rights and responsibilities for my (our) child is (are) as follows:

6. My (Our) child's current address and living arrangement is:

7. Please explain the initial duration of this living arrangement, as well as expected duration:

8. Please describe any other location(s) where your child lives, including 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:

9. I (We) provide and will continue to provide the following support for the above-named child:

- Medical
- Dental
- Life Insurance
- Health Insurance
- Automobile Insurance
- Food
- Clothing
- Other (Specify) _____

10. Please provide any other relevant facts:

I (We) affirm that we will remove the above-named child from my (our) federal and state income tax, which is subject to confirmation by the District.

I (We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

I (We) affirm that the information provided on this form is true and correct.

I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me

This ___ day of _____, 20__

NOTARY PUBLIC