

**Jamestown Public Schools
Affidavit of Parental Relationship**

In accordance with NYCRR 100.2(y), a school district may require an affidavit by the parent or person in parental relation to the child, to affirm that the child lawfully resides with and is under total and permanent custody and control of the parent or person in parental relation. This affidavit may be required of any parent or person in parental relation who is unable to provide other documentation of custody, such as a birth certificate, court or government issued document, or document indicating the child's placement with a sponsor by a federal agency.

The information provided on this form may apply to multiple students. This form will be duplicated for each student's file as needed.

Student Information:

Legal Name _____	DOB _____
<i>Last First Middle</i>	<i>MM/DD/YYYY</i>
Legal Name _____	DOB _____
<i>Last First Middle</i>	<i>MM/DD/YYYY</i>
Legal Name _____	DOB _____
<i>Last First Middle</i>	<i>MM/DD/YYYY</i>
Legal Name _____	DOB _____
<i>Last First Middle</i>	<i>MM/DD/YYYY</i>

Custodial Parent or Person in Parental Relation:

Legal Name _____	Home Phone _____
<i>Last First Middle</i>	
Residence _____	Cell Phone _____
<i>Street, Apt. No City/Town State/Zip Code</i>	

Please describe how you have obtained total and permanent custody and control of the child/children listed above:

This form must be signed by the parent or person in parental relation in the presence of a notary:

I hereby affirm that I am the parent or guardian of the child/children named above, that I am legally responsible for their custodial care and education, and that all persons listed above reside at the address provided on this form. I further affirm that all information provided on this form is factual and correct, and that I have not provided any false or misleading information.

In the event that this custodial arrangement changes, I agree to contact the student's school immediately.

Signature _____	_____
<i>Parent/Guardian</i>	<i>Date</i>

STATE OF NEW YORK)
 SS:
COUNTY OF CHAUTAUQUA)

Sworn to before me this _____ day of _____, 20_____.

Notary Public

