

**MILLBROOK CENTRAL SCHOOL DISTRICT
AFFIDAVIT OF EMANCIPATION
(STUDENT)**

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, say:
(Name of Student)

1. I was born on _____ and am over the age of sixteen.
(Date of Birth)
(Please attach a copy of your birth certificate or other proof of age, if a new enrollee.)

2. I currently reside at: _____
_____ Telephone No. _____

(Please 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. Please describe your current relationship with you parent(s)/legal guardian(s),
e.g., when last seen, contacted, knowledge of whereabouts, etc.):

6. My means of support is:

(Please attach a copy of your pay stub or other proof of means of support.)

7. I am receiving the following financial assistance from my parent(s)/legal guardian(s) (e.g., health insurance, dental insurance, car insurance, monthly checks, clothes, food, etc.):

8. Please provide any other relevant facts regarding your status as an emancipated minor:

I affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Student)

Subscribed and sworn to before me
this ___ day of _____, _____

NOTARY PUBLIC