

**MILLBROOK CENTRAL SCHOOL DISTRICT
AFFIDAVIT OF LEGAL RESPONSIBILITY
(PARENTS)**

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

I (We), _____, being duly sworn, say:

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

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

2. I(We) reside at: _____

Telephone No. _____

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

4. I(We) hereby relinquish all parental rights and responsibilities for my(our) child/children,
_____ to _____
(Names of Child/Children)
_____, including but not limited to the
(Name of Individual[s])

right to make decisions pertaining to the health, welfare and education of my(our) children.
This individual(s) resides at:

Telephone No. _____

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

6. My(Our) child's/children'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/children live, including the length of time the child/children are at the other address and provide an explanation. If the child/children do 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/children:

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

10. Please provide any other relevant facts:

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

I(We) understand that the responsibility for all decisions with respect to school attendance, parent conferences, special education, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident(s) accepting custody.

I(We) 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 so that my (our) child(ren) may be admitted to the schools of the Millbrook Central School District. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. I agree to fully cooperate with any investigation by the District of the facts set forth or related to this Affidavit and to provide any requested documentation.

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 the costs of educating such child(ren) and/or seek criminal action against me (us) for fraud, falsifying business records and/or filing a false document.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me
this ___ day of _____, 20___

NOTARY PUBLIC