

MILLBROOK CENTRAL SCHOOL DISTRICT

AFFIDAVIT OF LEGAL RESPONSIBILITY
(TO BE USED BY PARENTS WHO ARE SURRENDERING LEGAL CUSTODY)

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)
(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(s) resides at:

_____ Telephone No. _____

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	_____ 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 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 and that the statements made herein are being made under the penalties of perjury so that my child(ren) may be admitted to the Schools of the _____ 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(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 Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

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

NOTARY PUBLIC