

PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

CUSTODIAL AFFIDAVIT

I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS 'A' MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK AND MAY BE REFERRED TO THE OFFICE OF THE DISTRICT ATTORNEY.

_____, being duly sworn, deposes and says:
Name of Custodian

1. I live at _____
Street Town State Zip

2. _____ is my _____ and has been living with
Name of Student Child's Relationship to Custodian
me since _____, and intends to reside with me for _____.
Date Length of Time

3. The duration of the living arrangement is permanent *or* temporary. Termination date of arrangement is _____. Please explain reason:

4. Describe the reason and purpose for surrendering care, custody and control of the child to you:

5. List all former addresses where child has lived:

Street Town State Date(s) With Whom

Street Town State Date(s) With Whom

Street Town State Date(s) With Whom

6. List all former schools child has attended, with most recent listed first:

Name of School District Town State Date(s) Grade

Name of School District Town State Date(s) Grade

Name of School District Town State Date(s) Grade

7. _____ does not live at any other address *or* will live at _____
Name of Student Street
_____ until _____ for the
Town State Zip Date, Action, or Event
following reason:

8. Food, clothing and all other necessities are provided to _____ by: _____
Name of Student Name of Custodian
for the following reasons:

9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? Yes _____ No _____
If yes, give full details: _____

10. Does each parent intend to remain at his/her present address? Please explain:

11. Where is each parent registered to vote? Mother _____ Father _____

12. What court orders have been made in respect of the child's guardianship or custody? _____

13. If guardian has any other children, please supply the following information:

Name of Child	Age	Address	Relationship to Guardian	School
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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14. I, _____, assume full responsibility for all matters relating to _____
Name of Custodian Name of Student
_____ 's education and medical care.

15. Statement of any other relevant facts: _____

Parent's Signature Date _____

Parent's Signature Date _____

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

Notary Public