



East Rochester Union Free School District

222 Woodbine Ave. East Rochester, NY 14445

www.erschools.org

Parent / Guardian Affidavit District Resident in Custodial Relationship

This is a legal document. The information provided will be used by the East Rochester Union Free School District to determine whether the child is entitled to a free education in this District.

It is preferred that the information to be provided on this form is to be completed by both parties together, but may be completed the by guardian as described on page 3 of Registration #1.1 Enrollment Procedures form.

In the event that this custodial arrangement changes, both parties agree to contact the child's school immediately.

Date _____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STUDENT ID#	DATE OF BIRTH (mm/dd/yyyy)		AGE	GENDER (optional) M F	
HOME ADDRESS (house # and street)				APT #	
CITY		STATE		ZIP	
HOME PHONE #			CELL PHONE #		

PARENT INFORMATION

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
HOME ADDRESS (house # and street)				APT #	
CITY		STATE		ZIP	
HOME PHONE #		CELL PHONE #		WORK PHONE #	

GUARDIAN INFORMATION (family or person that the child will be residing with)

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
HOME ADDRESS (house # and street)				APT #	
CITY		STATE		ZIP	
HOME PHONE #		CELL PHONE #		WORK PHONE #	

The child will be residing with the guardian identified above for the following period of time: _____

The following will be providing financial support for the child.

Parent _____ Guardian _____ Other _____ (if other adult, please explain) _____

The guardian will provide the child with food, clothing and other necessities. **Yes or No.**
if no, please explain who will be providing these necessities. _____

Who should be contact in the event of a medical or any other emergency? _____

Who should be contacted in the event that disciplinary action or other specific academic problems arise?

Who will provide consent for school related activities, field trips or release of school records: _____

PARENT ACKNOWLEDGEMENT

It is understood that the District reserves the right to request additional information and to investigate the facts and circumstances involving the residence of the child for school purposes. In the event that it is determined that the child is not a resident of the District for school purposes, the child will be dismissed from school.

I declare that I am the parent of this child. My child is residing with the guardian at the location noted. I declare that the information provided above is true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Parent

(A Notary Public of New York)

Date

GUARDIAN ACKNOWLEDGMENT

As district resident, the child will be residing with me at the location noted. All care for this child, as indicated above will be followed. I declare that the information provided above is true and correct.

Signature of Guardian

Date