

**AUBURN ENLARGED CITY SCHOOL DISTRICT
CUSTODIAL AFFIDAVIT**

**STATE OF NEW YORK)
COUNTY OF CAYUGA) ss:**

I, _____, being duly sworn, deposes and says:

1. I am the _____ of _____, whose
(Relationship to student) (Student name)
date of birth is _____.

2. I reside at _____.
(Current address, including zip code)

3. I have resided at this address for _____.
(State length of time in months or years)

4. _____ currently resides at _____.
(Student name) (Current address, include zip)

5. Length of time the student has resided at his or her current address: _____
_____.

6. Last previous address of the student: _____
_____.

7. Relationship of custodian to the student:

(a) Parent Yes No

(b) Legal Guardian Yes No
(If yes, attach copies of court papers)

(c) Legal Custodian Yes No
(If yes, attach copies of court papers)

(d) Other Relationship: _____

8. When did the student begin living with you? _____

9. How long will the student reside with you? _____

10. During the time the student is resided with you, who is responsible for:

(a) authorizing the medical treatment for the student: _____

- (b) providing health insurance coverage for the student: _____
- (c) releasing records for the student: _____
- (d) providing other necessary consents for the student: _____
- (e) expense of the student's housing, food, clothing, and other necessities: _____

11. Will there be any period of time when the student will not reside with you while attending the District's schools? If yes, please explain: _____

12. What are the circumstances that caused the student to reside with you?

13. Any other comments that would assist the District in acting on the application of this student: _____

Signature of Custodian

Sworn to before me this _____
Day of _____

Notary Public