

**PORT JERVIS CITY SCHOOL DISTRICT**

**NON-CUSTODIAL PARENT AFFIDAVIT**

This form is to be completed by the non-custodial parent when there are no custody papers in effect (ex: parents never married or just recently separated) and the student does not live with both parents. This form may be faxed to the Registrar at 845-856-9155 as long as the original is returned within one week to:

Port Jervis School District  
Attn: Donna Muro,  
Principal/Director of Curriculum & Data  
118 East Main Street  
Port Jervis, New York 12771

To Whom It May Concern:

I, \_\_\_\_\_ am the \_\_\_\_\_  
(Non-custodial parent name) (Relationship to student)

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

I am aware that my child (ren) are residing at \_\_\_\_\_  
(Street Address)

In \_\_\_\_\_ with \_\_\_\_\_  
(City) (Name of Custodial Parent/Guardian)

Who is the child (ren's) \_\_\_\_\_  
(Relationship to Student)

I am aware that my child (ren) will be attending Port Jervis City School District.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 201\_.

State of:

County of:

\_\_\_\_\_  
**NOTARY PUBLIC**