



Person in Parental Relationship Affidavit – Form F1

This form shall be completed for a student living in the Lyme Central School District who does not live in the home of a parent or legal guardian.

This form shall be completed by a person in a parental relationship with whom the student is living.

1. I am the _____ of _____
(Relationship to Student) (Name of Student)

2. I reside at _____
(Address of Person in Parental Relationship) (City) (State) (Zip)

3. Please state why the student(s) is living with you:

4. Explain the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event)

5. Describe any other location the student lives. Indicate 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.

6. Please describe how you obtained total and permanent custody and control of the student you would like to enroll, whether through guardianship or otherwise.



7. Please indicate who is to be notified of any issues pertaining to the student's health, welfare, and education. (Provide relationship, name, address and phone number).

Name _____ Relationship: _____

Address _____
(Street Address) (City) (State) (Zip)

Phone Number _____

8. Describe who will assume full responsibility for all matters relating to the student's education and medical care (If more than one individual, please indicate):

9. In the event it is discovered that the applicant is not a resident of the Lyme Central School District, I agree to be responsible for the tuition costs for the student to attend Lyme Central School District.

Please sign below ***in the presence of a notary:***

Signature of Person in Parental Relationship _____ Date _____

Notary:

State of _____

County of _____

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

Signature of Notary Public _____

{Notary Stamp}