

Non-custodial parent/guardian contact

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____ Phone numbers: _____

Home Address: _____

Ethnicity/Race:

Is your child Hispanic, Latino, or of Spanish origin? Yes No

(Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Please select one or more races from the following racial groups that apply to your child (please select at least one):

- American Indian/Alaskan Native Asian Black or African-American
- Native Hawaiian/ Other Pacific Islander White

I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. _____ (Initial here please)

Please call (315) 692-1234 with any questions regarding documentation, proof of residency, or guardianship/custody.

FOR OFFICE USE ONLY:

- Birth Certificate/Passport
- Proof of Residency (one required)
 - Valid NYS Driver's License Voter Registration/ Income Tax Return
 - Statement of Sale or Rental Agreement Utility Bill, Credit Card bill, Insurance bill, etc.

Approved by: _____

Date: _____