



**Non-custodial parent/guardian contact**

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Home Address: \_\_\_\_\_

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
  - Statement of Sale or Rental Agreement
  - Voter Registration/ Income Tax Return
  - Utility Bill, Credit Card bill, Insurance bill, etc.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_