



**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: \_\_\_\_\_