

**GOSHEN CENTRAL 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) 615-6768 as long as the original is returned within one week to:

Goshen Central School District  
Attn: Registrar, Lynn Dise  
227 Main Street  
Goshen, N.Y. 10924

To Whom It May Concern:

I \_\_\_\_\_ am the \_\_\_\_\_ of:  
(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 the Goshen Central School District.

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

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

\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

State of:

\_\_\_\_\_ County of:

**NOTARY PUBLIC**