AFFIDAVIT OF EMANCIPATION

STATE OF N COUNTY OF	EW YORK) F ONONDAGA) SS.:
	, being duly sworn, deposes and says:
1.	I was born on (Date)
2.	I am not living with my parents because
3.	I currently reside at
4.	Do you plan to return to live with your parents? If so, when?
5.	Who will make decisions regarding your health and medical treatment?
6.	Who will make decisions regarding your education?
7.	(Check the one that applies): I am I am not receiving financial assistance from my parents.
	If you are receiving financial assistance from your parents, how much and how often?
	Amount: Frequency:

8. Other means of financial support include the following (state source of support, amount and frequency_:

My current relationship with my parents is as follows [e.g. when last seen, contacted, knowledge of whereabouts, etc.]:
Other facts relevant to my status as an emancipated minor are as follows:

I certify that all the information provided on this affidavit is true and accurate.

I understand that:

if I provide false information on this affidavit to the LaFayette Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);

if I provide false information on this affidavit to the LaFayette Central_School District with the intent to defraud the LaFayette Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and

I may be prosecuted on criminal charges for such false information.

Signature of Student

Sworn to before me this ____ day of ____, 20_.

Notary Public