AFFIDAVIT OF EMANCIPATION

STATE OF NEW YORK  )
COUNTY OF 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):
9. My current relationship with my parents is as follows [e.g. when last seen, contacted, knowledge of whereabouts, etc.]:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

10. 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