GOSHEN CENTRAL SCHOOL DISTRICT

AFFIDAVIT OF EMANCIPATION
(STUDENT)

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, say:
(Name of Student)

1. I was born on _____ and am over the age of sixteen.
(Date of Birth)
(Please attach a copy of your birth certificate or other proof of age, if a new enrollee.)

2. I currently reside at:_____

_____ Telephone No._____

(Please attach a rent stub or statement from person with whom you are living.)

3. I am not currently living with my parent(s)/legal guardian(s) because:

_____

_____

_____

4. Name, Address and Telephone Number of parent(s)/legal guardian(s):

_____

_____

5. Please describe your current relationship with you parent(s)/legal guardian(s), e.g., when last seen, contacted, knowledge of whereabouts, etc.):

_____

_____