

AFFIDAVIT OF LEGAL RESPONSIBILITY (PARENTS)

5. The reason(s) for relinquishing all parental rights and responsibilities for my (our) child is (are) as follows:

6. My (Our) child's current address and living arrangement is:

7. Please explain the initial duration of this living arrangement, as well as expected duration:

8. Please describe any other locations(s) where your child lives, including the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

9. I (We) provide and will continue to provide the following support for the above-named child:

- | | |
|---|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Automobile Insurance |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Food |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Other (specify) _____ |

AFFIDAVIT OF LEGAL RESPONSIBILITY (PARENTS)

10. Please provide any other relevant facts:

I (We) affirm that we will remove the above-named child from my (our) federal and state income tax, which is subject to conformation by the District.

I (We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

I (We) affirm that the information provided on this form is true and correct.
I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me
This ___ day of _____, 20__

NOTARY PUBLIC