STUDENTS 7019.1

STUDENT AFFIDAVIT OF EMANCIPATION

	TE OF NEW YORK				
	, being duly sworn, deposes and says:				
1.	I was born on [Date]				
2.	Statement explaining the reasons the applicant is not living with parents:				
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.	My current means of financial support is				
8.	[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:				
9.	My current relationship with my parents is as follows[e.g. when last seen, contacted, knowledge of whereabouts, etc.]:				

REGULATION

STUDENTS 7019.1

STUDENT AFFIDAVIT OF EMANCIPATION

10.	Other facts relevant to my status as an emancipated minor are as follows:			
I cer	tify that all the information $_{ m I}$	provided on tl	his affidavit is true and accurate.	
I und	derstand that:			
A.	If I provide false information on this affidavit to the Vernon-Verona-Sherrill School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);			
В.	If I provide false information on this affidavit to the Vernon-Verona-Sherrill School District with the intent to defraud the Vernon-Verona-Sherrill School District, I may be committing the crime of perjury in the second degree (a class E felony); and			
C.	C. I may be prosecuted on criminal charges for such false information.			
(Sign	(Signature of Student)		Sworn to before me this day of, 20	
			Notary Public	
	on-Verona-Sherrill School Districted: 10/94 Readopted:	strict 07/01/09	Rescinded: 01/28/19	

Revised: 06/10/02

Approved by the Superintendent: 01/28/19