



Affidavit of Emancipation

STATE OF NEW YORK)
COUNTY OF TOMPKINS) ss:

_____, being duly sworn, deposes and says:
(Print Name of Student)

1. I was born on _____ and I am currently _____ years old.
2. I am making this affidavit in support of my request to enroll, or continue my enrollment, in the schools of the Ithaca City School District as an emancipated student.

3. I am not living with my parent(s) because:

4. I am currently living at (include address and describe living arrangements/circumstances):

5. My food, clothing, housing costs, medical expenses, and other necessities and living expenses (specify) are provided as follows (be specific about means of financial support):

6. I am/am not (circle) receiving financial assistance from my parent(s), as follows:

7. I would describe my relationship with my parent(s) as follows (include details about last contact(s) with parent(s) and frequency of continuing contact(s) with parent(s)):

8. My parent(s) will/will not (circle one) make decisions on my behalf regarding my education, health and medical care and/or other important decisions while I am enrolled as a student in the Ithaca City School District, as follows (explain who will make these decisions):

9. I request that the School District consider the following additional facts and circumstances with respect to my request to enroll in the District as an emancipated student:

10. I understand that the statements made by me in this affidavit will be relied upon by the Ithaca City School District for the purpose of determining whether I am legally entitled to attend school in the District, tuition-free, as an emancipated, resident pupil. I swear/affirm that these statements are true under penalties of perjury, and I understand that filing a false instrument and the theft of services from a governmental agency such as the District are crimes punishable under New York State Law. I further understand that making false statements in this affidavit may subject me to criminal prosecution. In addition, I agree that if I knowingly or recklessly provide any false or misleading responses or statements herein that cause the District to erroneously conclude that I am a lawful resident of the District, I will be excluded from further attendance in the District's Schools, and I may be obligated to pay the District's annual tuition, retroactive to the first day of my fraudulent enrollment.

SIGNATURE OF STUDENT

Sworn to before me this _____
day of _____, 202__.

Notary Public