



ARLINGTON CENTRAL  
SCHOOL DISTRICT

# ARLINGTON CENTRAL SCHOOL DISTRICT CENTRAL REGISTRATION

144 Todd Hill Road • LaGrangeville, NY 12540  
Phone (845) 227-1821 • Fax (845) 227-8022 • E-mail: [registration@acsdny.org](mailto:registration@acsdny.org)

## **NON-CUSTODIAL PARENT AFFIDAVIT**

This form is to be completed by:

- the non-custodial parent when there are no custody papers in effect (i.e., parents never married or just recently separated) and the student does not live with both parents, **and**
- the non-custodial parent who has custody documents and is allowed to receive mail.

This form may be faxed to the Registrar at (845) 227-8022 as long as the original is returned within one week to:

**Central Registration  
Arlington Central School District  
144 Todd Hill Road  
LaGrangeville, NY 12540**

To Whom It May Concern:

I \_\_\_\_\_ am the \_\_\_\_\_ of:  
*(Non-custodial parent name)* *(Relationship to student)*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I am aware that my child(ren) is residing at \_\_\_\_\_  
*(street address)*

in \_\_\_\_\_ with \_\_\_\_\_ who is the  
*(city)* *(name of custodial parent)*

child(ren's) \_\_\_\_\_  
*(relationship to student)*

I am aware that my child(ren) will be attending the Arlington Central School District.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public