

Non-Legal Custodian's Affidavit

Student Name		
Student Date of Birth		
My First Name	My Last Name	
House Number and Street Name	Apt Number	
City	State	Zip
Primary Contact Number	Secondary Contact Number	

Check one or both

I have advised the parent(s) or legal custodian(s) of the child of my intent to authorize the rendering of educational or medical services and have received no objection.

I am unable to contact the parent(s) or legal custodians of the child at this time, to notify them of my intended authorization.

Warning: Do not sign this form if any of the statements included are incorrect or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of Louisiana that the foregoing is true and correct.

NOTICES:

1. This declaration does not affect the rights of the child's parent or legal guardian regarding the care, custody, and control of the child, and does not mean that the non-legal custodian has legal custody of the child.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION TO NON-LEGAL CUSTODIANS

1. If the child stops living with you, you are required to notify anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.

ADDITIONAL INFORMATION TO SCHOOL OFFICIALS:

1. The school district may require additional reasonable evidence that the non-legal custodian lives at the address provided in Item 4.

Type your name in the box below to acknowledge that you agree with all statements above.

NEXT: UPLOAD THIS FORM TO YOUR EARLY CHILDHOOD APPLICATION IN THE NON-CUSTODIAL'S AFFIDAVIT UPLOAD FIELD.

Tip: Take screenshots of this completed form and upload the screenshots to the non-custodial affidavit upload field in the application.