



DEPARTMENT OF STUDENT REGISTRATION

19 Flagg Drive Door # 33

Framingham MA 01702

RESPONSIBLE ADULT AFFIDAVIT

My name is _____. I hereby declare that the following student

_____, entering the _____ grade, is living with me at the following
(name of student)

address _____ in Framingham.
(address)

I am neither the child's parent nor do I have legal guardianship of this child. I am the child's

_____.
(relationship)

I am not able to obtain authorization or guardianship of this child from his/her parent because:

I will act as the responsible adult and will make decisions regarding the education of this child during his/her/their enrollment in the Framingham Public Schools. I swear, under pains of perjury, that the information on this affidavit is true. I understand that Framingham Public School District reserves the right to have this information verified by the Attendance Officer at any time.

_____ *(Signature of the responsible adult)*

Sworn to before me this _____ day of _____, 20_____.

_____ *(Signature of Notary Public)*

