

**PARENTAL STATEMENT**  
**REGARDING STUDENT RESIDENCY**

**1**

For the reason(s) stated above, the above-named child is currently living with: \_\_\_\_\_

\_\_\_\_\_, who is/are the \_\_\_\_\_

\_\_\_\_\_ [describe the person(s) relationship to child], and who reside(s) at: \_\_\_\_\_

I expect this living arrangement to continue in effect until: \_\_\_\_\_

**While your above-named child lives with the person(s) named above:**

1. Will you continue to make health care and/or medical treatment *decisions* for this child?

Yes ☐ No ☐

If yes, please explain the nature and extent of your anticipated involvement in making health care and/or medical treatment *decisions* for this child: \_\_\_\_\_

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2. Will you continue to make educational *decisions* and/or other parental *decisions* for the child?

Yes ☐ No ☐

If yes, please explain the nature and extent of your anticipated involvement in making educational and/or other parental *decisions* for this child: \_\_\_\_\_

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3. Will you continue to provide any *financial support* for this child?

Yes ☐ No ☐

If yes, please check the applicable boxes below, and explain the nature and extent of the financial support you expect to provide:

- **Food**

☐ Yes; I will provide food and/or reimburse my child's custodian(s) for food expenses, as follows: \_\_\_\_\_

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☐ No; I will not continue to provide food and/or reimbursement for food expenses for this child.

- **Clothing and Other Necessities**

☐ Yes; I will continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things, as follows: \_\_\_\_\_

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☐ No; I will not continue to provide clothing and/or other basic necessities and/or reimbursement to my child's custodian(s) for these things.

- **Shelter/Housing**

☐ Yes; I will reimburse my child's custodian(s) for the cost of providing housing to my child, as follows: \_\_\_\_\_

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☐ No; I will not contribute to the cost of my child's shelter/housing.

- **Health Care/Medical Treatment Expenses**

☐ Yes; I will continue to pay for the cost of my child's 1) health care; and/or 2) medical insurance; and/or 3) medical treatment, as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ No; I will not continue to pay for the cost of my child's 1) health care; 2) medical insurance; or 3) medical treatment.

4. If you file an income tax return, do you expect to claim the above-named child as a dependent on your future tax return(s)?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Signature of Parent