## **Avenues** New York



## NON-CUSTODIAL PARENT INFORMATION FORM

(Must be completed if only one parent completes the Clarity Tuition financial aid application)

Applicant's Name:		Grade Entering:	
1.	Is the applicant's non-custodial parent deceased? (If no, please complete the remainder of this questionnaire.)	<b>O</b> Yes	O No
2.	Are you a single parent by choice (i.e. adoption or fertility treatment)? (If no, please complete the remainder of this questionnaire.)	<b>O</b> Yes	<b>O</b> No
3.	Do you know the whereabouts of your child's non-custodial parent?	<b>O</b> Yes	<b>O</b> No
	If yes, what is the nature and frequency of contact?		
	If no, what was the last date of contact?		
4.	Are the applicant's biological parents separated or divorced?	O Yes	O No
	If yes, do you receive child support?	O Yes	O No
	If yes, what is the yearly amount received for this child?		
	If yes, please provide a copy of a court document, e.g. divorce decree separation agreement, etc. specifying the role and responsibilities of		gal
5.	Please check one of the two statements below:		
	O I understand that my child's financial aid application will be deemed for the second parent is received. Information for any step-parent required. I further understand it is my responsibility to provide add Avenues by the financial aid due date (see below).	ts in either household is	also
-	O I request that Avenues waive the requirement of obtaining finance child's non-custodial parent. I either do not know the whereabout parent or do not have contact with him or her. I have provided an eletter of verification from a third-party (e.g., a school counselor, at colleague, employer or other non-relative) explaining and confirm relationship between the child and the non-custodial parent.	s of my child's non-cust explanation below, as w torney, clergyperson,	odial
Third	-Party Verification provided by:		
—— Name	Title/Position	Relationship to Applica	ant

**Custodial Parent's Request for Waiver Statement:** 

Please use the attached page or attach a separate letter. Make sure to sign and date your statement.

I attest that all the information provided is true and accurate. I understand that misrepresentation of the information requested could lead to a revocation of any financial aid grants awarded.

Signature of Custodial Parent:		Date:	
Applicant's Name	Grade Entering	Custodial Parent	
Request for Waiver Statement:			

## FINANCIAL AID APPLICATION DEADLINES

Returning Families:

First Choice Round Deadline:

Regular Notification Deadline:

October 30, 2025

November 19, 2025

January 8, 2026

Signature of Custodial Parent:	Date:

Please email all letters to <a href="mailto:sarah.edwards@avenues-ny.org">sarah.edwards@avenues-ny.org</a>