

**SECOND PARENT INFORMATION FORM
THE CHAPIN SCHOOL**

(must be completed if only one parent or guardian is listed on the PFS)

Applicant Name _____ Grade Applying To: _____

Please check the applicable situation and complete the section thoroughly, and sign the bottom of the form:

- I request that the Chapin Financial Aid Office send information on how to apply for financial aid directly to my daughter's second parent as indicated below:

_____ *(name)*

_____ *(email address)*

_____ *(phone)*

- I request that Chapin waive the requirement of obtaining financial documents from my child's second parent.

I DO/DO NOT *(circle one)* know the whereabouts of my child's second parent.

We have not had contact with my child's second parent since _____ *(date)*

Please explain _____

Continue on back, if necessary. Please be assured that the Financial Aid office will keep this sensitive information in the strictest of confidence.)

This request for a waiver must be accompanied by a written statement from a third party (counselor, attorney, clergy person, colleague, employer, or other non-relative) explaining and confirming the nature of the relationship between the child and her non-custodial parent.

(custodial parent signature)