

# CHAPIN



## 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, 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, clergyperson, 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)