



**St. Andrew's School - Financial Aid Office**  
**2018 Single Parent/Second Parent Verification Form (SPVF)**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

In order to be eligible for financial aid, information is typically required from both biological parents. In order for the financial aid committee to process your child's financial aid application for a tuition grant, please complete the information below and send all necessary documentation. If you have any questions, do not hesitate to call or email, [finaid@standrews-de.org](mailto:finaid@standrews-de.org) or 302-285-4231.

**Please complete this form and submit it with the supporting documents required from the second parent.**  
 (Upload to your SSS Parent Portal or Scan and Email to [finaid@standrews-de.org](mailto:finaid@standrews-de.org).)

**A. Required Tax Documentation from Both Biological Parents**

Please email or upload to your SSS Parent Portal *the second parent's* most recent **Federal Income Tax Form with all schedules**. (If parents are not filing jointly and are separated, divorced or have never been married, both parents must submit their individual tax documentation to complete the process.)

**If, as a single custodial parent, you do not have any financial support from your child's second biological parent and little to no contact is maintained between the second parent and you or your child, you may request a waiver by declaring that information by completing all information requested below.**

**B. Verification of Parents' Household Information (The parent completing this form is Parent A.)**

Parents are:  Separated  Divorced  Have Never Been Married  One Parent is Deceased  
 (Please provide a copy of any legal documents verifying marital status and any custody agreement.)

<b>Parent A:</b>	Single (never married)	Divorced/Separated	Remarried	Has Custody	Joint Custody	
Name _____	Phone _____					
Address _____						
Email _____						
<b>Parent B:</b>	Single (never married)	Div./Separated	Remarried	Has Custody	Joint Custody	Deceased
Name _____	Phone _____					
Address _____						
Email _____						
<b>We have had no contact with this parent for the past 2 or more years and we do not receive financial support from this parent.</b> (Check one to verify)						
<input type="checkbox"/> We have no contact or support			<input type="checkbox"/> We have some contact and/or support			

*By signing this form, I certify that all information reported on this form, and on all other parts of my child's financial aid application, is complete and true. I understand that false information or information withheld could lead to both admission and financial aid being revoked by the School.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent A)