October 2016 7:60-AP2, E3

## **Students**

## Exhibit - Evidence of Non-Parent's Custody, Control, and Responsibility of a Student

This form establishes a child's residency in the School District when the child is not living with a natural or adoptive parent. It must be completed by the individual who has assumed custody. Read **Important Warning** and submit this form with your signature to the Building Principal.

| Student's name   |   | District attendance building  |
|--|---|---|
| Name of individual completing this form ( <i>Please print</i> )  |   | Relationship to child   |
| Please check all applic  | rable boxes:  |   |
| purpose of attending  I have assumed and and medical decision medical decision discipline and res  At my residence the child           | the District's school. exercise full legal responsibility is, including responsibility for: s and costs stitution for vandalism or other cid regularly: ( <i>Please explain any</i> |   |
| this form does not guarar<br>tuition must be charged,<br>student began attending a<br>A person who knowing!<br>known by that person to | the admission. If a student is do<br>the persons enrolling the stude<br>a District school as a nonresident<br>y enrolls or attempts to enroll in                                    | n this School District on a tuition-free basis a student t is guilty of a Class C misdemeanor, except in very                   |
| residency to enable that s   |   | pool District any false information regarding a student's e District without the payment of a nonresident tuition 0-20.12b(f)). |
| Date   | Signature of individual completing this form  |   |
| Telephone  | Address   |   |
| <b>Optional</b> : To be comp   | leted by the natural or adopti  | ve parent(s), if one is available.  |
| Please check all applic  | eable boxes:  |   |
|  | doptive parent of the child.<br>sferred full custody and control of   | of, as well as responsibility for this child to:  |
| The transfer of custo  | dy is not solely for the purpose of   | of attending the District's schools.  |
| Date   | Signature of individual completing this form  |   |
| Telephone  | Address   |   |