

FARMINGTON SCHOOL DISTRICT #192

RESIDENCY INFORMATION FOR STUDENTS NOT LIVING WITH PARENTS OR COURT-APPOINTED GUARDIANS

For students not living with parents of court-appointed guardians, please complete:

Student Name: _____
Last First Middle

School _____ Grade _____

Parent 1 Name _____ Parent 1 Home Phone (____) _____
Last First

Parent 1 Address _____
Street City State Zip County

Parent 2 Name _____ Parent 2 Home Phone (____) _____
Last First

Parent 2 Address _____
Street City State Zip County

District Resident Name _____ Home Phone (____) _____
Last First

District Resident Address _____
Street City State Zip County

Relationship of District Resident to Student: _____

Reason Student is Living with District Resident: _____

I am not the parent or court-appointed guardian of this child, who resides with me. However, I provide care for this child in the parent or guardian's absence.

The parent or guardian has given me permission to make all school and health-related decisions for this child.

Signature of District Resident _____ Date _____

Parent or guardians should review the above information, read the statement below, sign and return this form to the Farmington School District.

My child is currently not living with me. The person with whom my child is living provides the primary care for my child in my absence.

I give my permission to the district resident listed above to make all school and health-related decisions in my absence, specifically including but not limited to the following: authorizing medical care; giving permission for field trips and other school-sponsored activities; transporting the student. In addition, I authorize the School District to release educational data on the student to the District Resident identified above.

Signature of Parent or Guardian _____ Date _____

For School Use Only

Date Sent _____ Date Received _____