

PETITION FOR A RESIDENCY EXCEPTION
Dell Rapids Public School

SDCL 13-28.10: School residency for the purpose of free school privileges means the legal residence of the student's parent/legal guardian (a guardian appointed by a court of law) unless the student has been placed by the Department of Social Services, a Court of law, or the Department of Corrections.

* Even if a student resides in the home of someone other than the parent/legal guardian with the parent/legal guardian's permission, school residency continues to be where the student's parent/legal guardian resides.

Acceptance as a nonresident student without payment of tuition is a privilege granted by the board under limited exceptional circumstances and the **board may revoke the privilege at any time.**

This form must be completed annually by the adult with whom the student is living. The form must be signed before a notary public and returned to the District Office.

*If the student has been placed in the home by the Department of Social Services, a Court of law, or the Department of Corrections, you do not need to complete this form. A copy of the placement documentation must be provided to the school upon enrollment.

I, the undersigned, am over eighteen (18) years of age and am competent to testify to the facts and matters set forth herein:

The student, whose legal name is _____ and whose date of birth is _____ and is in grade _____ is living with me at the following address:

Name: _____

Address: _____ City, State, Zip _____

Phone: Cell: _____ Work: _____ Home: _____

Relationship to the student: _____

The reason the student is living with me (check one):

- The death, • serious illness, • or incarceration, of the parent(s) or legal guardian
- The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
- The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- The loss or inhabitability of the student's home as a result of a natural disaster.
- The parent or legal guardian is unable to provide care and supervision of the student because he or she is serving in the military.
- The parents cannot be located
- Other

(explain) _____

**Should the reason under which a nonresident student is admitted change during the school term, Dell Rapids School District may withdraw the student immediately.*

The name and last known address of the student's parent(s) or legal guardian:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name and address of the last school attended:

(Name of School) (City, State, Zip) (Year(s) Attended)

Is the student in good standing with his/her previous school and would be able to return? •Yes •No

As the parent of _____, I request Dell Rapids Public School accept the petition of residency exception.

Signature: _____ Date: _____
Print Name

Signature: _____
Signature

Subscribe and sworn before me on this _____ day of _____, 20_____

Notary Public, South Dakota
My commission expires: _____

Copies of school records (including discipline records, grades, IEP documentation, etc.) from the last school attended, along with a notarized statement from the parent/legal guardian, must be provided before this Petition is considered by the District.

As the responsible adult with whom the student is living, I acknowledge that I am responsible for ensuring that the student attends school regularly, is punctual, and follows the rules and regulations set forth by the district and assigned school. I further acknowledge that the failure to do so may result in the nonresident school assignment being revoked by the school board or its designee.

Signature: _____ Date: _____
Print Name

Signature: _____
Signature

Subscribe and sworn before me on this _____ day of _____, 20_____

Notary Public, South Dakota
My commission expires: _____

_____Request Approved for _____school year

_____Request Denied**

Signature: _____
President, School Board (or designee)

Date: _____

**If the request is denied, you have fifteen (15) days from receipt of this notification to request a hearing before the School Board. The request for a hearing should be addressed to the Superintendent and sent to the DRSD 1216 N Garfield Ave. Dell Rapids, SD 57022