

Grand Forks, ND 58201-3405

Grand Forks Public Schools Office of the Assistant Superintendent 2400 47th Avenue South Grand Forks, ND 58201

NON RESIDENT STUDENT **GUARDIAN FORM**

We, the undersigned certify that	(Name of Student)	(Date of Birth)
	, will be living a	at our residence during his/her tenure
(Grand Forks School)	(Grade)	
as a student in the Grand Forks Pub both in and out of school for the we		are that we will assume full responsibility student.
I understand that approval of this re and/or behavior and may be revoke		sfactory academic achievement, attendance, ration if the conditions are not met.
Name of Guardian(s)	Name	of Parent(s)
Street Address	Street	Address
City State Zip	City St	tate Zip
Telephone	Teleph	none
Signature of Guardian:		
State of		>>>>>>>>>>
[County] of Signed [or attested] before me on(D		(s) of Individual(s)).
Signature of notarial officer		
Stamp []	

