

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

## NON RESIDENT STUDENT PARENT FORM

We, the parents of		
	(Name of Student)	(Date of Birth)
	,	, realize the responsibility for the welfare of ou
(Grand Forks School)	(Grade)	
child. We understand that the guar student in the Grand Forks Public		vill be fully responsible for his/her welfare while a on their behalf.
Name of Guardian(s)		Name of Parent(s)
Street Address		Street Address
City State Zip		City State Zip
Telephone		Telephone
Signature of Parent:		
		·>>>>>>>>>>>>
State of [County] of		
Signed [or attested] before me on(I	Date) by	(Name(s) of Individual(s)).
Signature of notarial officer		
Stamp [	]	





