

INFORMATION AND SIGNATURE FORM

Garfield Skills Center

Livonia Public Schools

Student's Name: _____

1. GUARDIANSHIP

PLEASE NOTE: Regardless of a disability, anyone 18 years of age, or over, is his/her own legal guardian unless the court determines otherwise.

If the student is 18 years of age, or older: Has a legal guardian been appointed by Probate Court?

☐ No

☐

Yes* *If yes, copies of the guardianship documents must be submitted.

*If yes, please list the Guardian's name: _____ Phone Number _____

Guardian's address if different from student's address:

ADDRESS

CITY

ZIP

Does the student live in a group home? ☐ Yes ☐ No Is the student presently receiving S.S.I.? ☐ Yes ☐ No

2. STUDENT HANDBOOK

The student handbook explains our code for student conduct and other important areas to help the student be successful.

Please review the handbook and discuss it with your student. Please emphasize the importance of this information.

The Student Handbook is available to view on the Livonia Public Schools website:

www.livoniapublicschools.org click on the links: Schools/High Schools/Garfield Skills Center/Quick Links.

3. I am aware that my student may be transported outside the building during the school day for Community Based Instruction using a school bus.

SIGNATURES OF ACKNOWLEDGEMENT FOR NUMBERS 1 - 3

Printed Student Name

Printed Parent/Guardian Name

Student's Signature

Date

Parent/Guardian Signature

Date