



CHILD CUSTODY FORM

The completion of this form is needed if you marked that your child is living with only one parent or is shared jointly between both parents.

Mother's Information			
Last Name	First Name	Middle/Maiden Name	
Street Address (if known)	City	Zip	State
Telephone (if known)	Custody		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Father's Information			
Last Name	First Name	Middle/Maiden Name	
Street Address (if known)	City	Zip	State
Telephone (if known)	Custody		
	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> None <input type="checkbox"/> Deceased		

Custody Arrangement	
<input type="checkbox"/> Custody/visitation arrangement decided between parents (no court order)	
<input type="checkbox"/> Custody/visitation arrangement determined by court order (provide copy)	
If there is a court order , does it prevent the student to be released to the non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is a court order , does it prevent the non-custodial parent from accessing school records?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail the custody/visitation schedule or attach copy:

I attest that the information I have provided is true to the best of my knowledge. If the above information changes, I, as the registering guardian, will inform the school by providing the office with a copy of the revised court order, agreement, and/or custody schedule.

Signature of Registering Guardian: _____

Printed Name of Registering Guardian: _____ Relationship: _____