

STATEMENT FOR PERSON ACTING AS A PARENT

Unified School District No. 259, Sedgwick County, Kansas

903 South Edgemoor Street

Wichita, KS 67218

Name of Student _____ Date _____
Grade _____
Wichita Address _____ Telephone _____
Last School Attended _____ Birthdate _____

The above-named student resides with me at the address given above. I am the “person acting as a parent” of this student as a result of one or more of the following situations (mark all that apply):

- I am the student’s guardian or conservator;
- I have actual care and control of the student and I am contributing the major portion of the cost of support of the student;
- I have actual care and control of the student with the written consent of the person who has legal custody of the student;
- I have been granted custody of the student by a court of competent jurisdiction.

(See K.S.A. 72-3122).

It is further understood by me that I am responsible for this student regarding all school matters such as fees, fines, discipline, attendance and any other matters relating to the education of the student.

Signature _____

Printed Name _____

Address _____

Relationship to Student _____