

REQUEST FOR RESIDENCY and EDUCATIONAL GUARDIANSHIP



Green Bay Area
Public School District

A Request for Residency and Educational Guardianship may allow a student whose Parents/Legal Guardians do not reside in the Green Bay Area Public School District (GBAPSD) attendance boundaries or who are experiencing a hardship event as defined by the District that prevents the Parent/Legal Guardian from being able to care for the Student to attend school in the GBAPSD attendance area of an "Educational Guardian." By completing this form, I understand that children who are nonresidents of GBAPSD are entitled to attend school in GBAPSD free of tuition only if the Student is residing in the District clearly and necessarily for purposes other than primarily that of attending school. Please complete the following form to request residency and establish Educational Guardianship.

NOTE: This form can only be completed by individual(s) who are the parent(s) of the child or who have been appointed Legal Guardian(s) of the child.

Are you the parent of the Student? Yes No

If you answer No to the above question do you have court appointed Legal Guardianship of the Student? Yes No

If you answer No to both of the above questions, STOP – do not complete this form.

Student Name	Student Date of Birth	Current Grade	Gender	School of Last Attendance
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Name of Parent/Legal Guardian:			
Parent/Legal Guardian Address:			
Parent/Legal Guardian Phone:		Parent/Legal Guardian District of Residence:	

Name of Parent/Legal Guardian:			
Parent/Legal Guardian Address:			
Parent/Legal Guardian Phone:		Parent/Legal Guardian District of Residence:	

Is there a custody order that affects this child? Yes No

If yes, provide a copy of most recent court order regarding custody.

NOTE: If custody is joint legal custody, both Parent(s)/Legal Guardian(s) must sign this form.

Is there a court order specifying educational decision making authority? Yes No If yes, provide copy of court order.

I grant the individual(s) named below to act on behalf of my child as his/her Educational Guardian and be fully responsible for all necessary decisions to assist GBAPSD in providing educational services to the above-named Student as required by law. I understand that only the individuals I designate below will be granted such authority and that such services include, but are not limited to, discipline, pupil records, payment of fees, medical services received at school, specialized educational services, immunizations, intra-district transfer requests, attendance, truancy, designating authority to other individuals to pick up the Student from school in emergency situations, withdrawal of Students, etc. I understand that the Educational Guardian will be required to consent and agree to this delegation of authority prior to the District granting educational decision making to the Educational Guardian.

Name of person(s) providing residency for this Student:			
Address:			
City and State:		Zip Code:	
Relationship to Student:		Phone:	

Reason the Student is residing with this person (be specific): _____

I understand that the information provided on this form will be used by the District to determine whether the Educational Guardian is a resident of GBAPSD and the Student is residing with the Educational Guardian for reasons other than primarily that of attending school. I also understand that tuition for a child attending the GBAPSD will be equal to the open enrollment transfer amount set annually by the Wisconsin Department of Public Instruction. For the 2016-2017 school year, that amount is \$6,748.00 and I will be responsible for payment of tuition if my child is determined to be residing with the Educational Guardian for reasons other than those defined above.

I further understand this Request for Residency and Educational Guardianship is non-transferable. I understand that if approved, this Request for Residency and Educational Guardianship is effective until revoked. Only the Parent(s)/Legal Guardian(s) who execute a Request for Residency and Educational Guardianship may revoke such Request and may do so at any time. Said revocation must be in writing and invalidates the verification of residency by the District upon the District's receipt of such written revocation. I understand that I shall retain the right to receive my child's educational records as well as information regarding my child's education. I further understand I am obligated to inform the District of any changes to the Student's living arrangements or residency.

I certify, under penalty of perjury, that the information furnished on this document is true and correct to the best of my knowledge and that the District may rely on this information to determine the residency of the Educational Guardian, and the reasons my child is residing with the Educational Guardian and not their Parent/Legal Guardian. I further agree that the District may rely on the information provided in this form to allow the named Educational Guardian to make educational decisions for my child.

Signature of Parent/Legal Guardian

Date: _____

Witnessed By: _____

Print Name: _____

Date: _____

Signature of Parent/Legal Guardian

Date: _____

Witnessed By: _____

Print Name: _____

Date: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the _____ day of _____, 20____, by

_____.

Notary Public, State of Wisconsin

My commission expires: _____

For School Office/Central Registration Use:

Received By: _____ Date: _____

Court Order regarding custody received? Yes No Not applicable

Court Order regarding education decision making authority received? Yes No Not applicable

Proof of Residency for Educational Guardian verified? Yes No Document used: _____

Birth Certificate Verified? Yes No Enrollment Form Received? Yes No

For Central Registration use only:

Student Address Change Made: Yes No Attendance Area School for this address: _____

Approved to attend outside of Parent's/Legal Guardian's attendance area: Yes No