

USD 243 Lebo -Waverly
Care, Custody, & Control Consent Form

Date _____

I, _____ father/mother of _____, give care, custody,
(name) (child's name)

and control of my child/children to _____ . My children will reside
(guardian)

with _____ at _____ and
(guardian) (address)

He/she will have full custody and financial responsibility for my child/children.
By assigning care, custody and control you are certifying that the above named students reside
at this residence and they provide the majority of the student's financial and residential needs.
It is the district's intent to monitor this residency and in the event the district feels that true
care, custody and control is not taking place the student will be removed from the current
attendance center and required to attend the attendance center of actual residency.

Father's signature

Mother's signature

Address of parents _____

Notary

Signed and sworn to before me on _____ by _____
(date) (name)

Signature of Notary Public

My appointment expires:

Seal: