

STUDENT CUSTODIAL FORM

I attest that the above information is current and correct. I further attest that the student named on this document resides at the address stated. I understand that submitting false information relating to residency is defined as a CLASS A MISDEMEANOR and submitting false statements regarding student's previous discipline history as questioned above is defined as a CLASS D MISDEMEANOR. School districts are authorized according to the Missouri Safe Schools Act to file police reports for said violations. In addition, I understand that Missouri law requires that a student be properly immunized prior to being admitted to school. Finally, I understand that the ATTENDANCE POLICY of the Chadwick School District states that any student who is absent from school for any class in any semester is subject to withheld grades and/or loss of credit in affected courses. Furthermore, I understand that the student's attendance at the previous school is affected by the application of the Attendance Policy and the Discipline Policy.

Father Signature:		Date:	
First:	Last:	Preferred Name:	
Email Address:		Receive Email Correspondence	Y N
Mailing Address:		Requests post office mailings	Y N
City:	State:	Zip Code:	
Residential Address:			
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:	Work Phone:	
Employer:		Occupation:	
Level of Education: <input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree			

Mother Signature:		Date:	
First:	Last:	Preferred Name:	
Email Address:		Receive Email Correspondence	Y N
Mailing Address:		Requests post office mailings	Y N
City:	State:	Zip Code:	
Residential Address:			
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:	Work Phone:	
Employer:		Occupation:	
Level of Education: <input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree			

Primary Guardian Signature: <i>(if not living with either parent)</i>		Date:	
First:	Last:	Preferred Name:	
Email Address:		Receive Email Correspondence	Y N
Mailing Address:		Requests post office mailings	Y N
City:	State:	Zip Code:	
Residential Address:			
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:	Work Phone:	
Employer:		Occupation:	
Nature of Guardianship: <input type="checkbox"/> Court Appointed <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Informal			

Emergency Contact Information			
<i>****Please list contacts by order you prefer us to contact them</i>			
Name:		Relationship to Student:	
Address:			
City:	State:	Zip Code:	<input type="checkbox"/> May Pick up
Home Phone:	Mobile Phone:	Work Phone:	<input type="checkbox"/> May Notify of Illness

Name:		Relationship to Student:	
Address:			
City:	State:	Zip Code:	<input type="checkbox"/> May Pick up
Home Phone:	Mobile Phone:	Work Phone:	<input type="checkbox"/> May Notify of Illness

Name:		Relationship to Student:	
Address:			
City:	State:	Zip Code:	<input type="checkbox"/> May Pick up
Home Phone:	Mobile Phone:	Work Phone:	<input type="checkbox"/> May Notify of Illness