Menasha Joint School District

Transfer of Student Residence

(v2 – 08/16/2010)

To be completed ANNUALLY by the Parent or Legal Guardian:

ASSIGNMENT OF PHYSICAL PLACEMENT: As the legal parent/guardian of the following student, I am hereby transferring placement of him/her to the adult person(s) named below. This placement is based on the following relationship (CHECK BOX):

☐ Student's maternal Grandparent(s) ☐ Student's paternal Grandparent(s)

☐ Student's adult Brother/Sister ☐ Student's Aunt/Uncle

☐ Other _____

Name of Student _____ Grade _____

School Requested _____

Parent Name(s) _____

Parent Address: Street _____

City, State, Zip _____

Parents' Phone Numbers _____

Reason for Request _____

_____

I do not authorize my son/daughter to reside with anyone other than the person(s) noted above. I agree to indemnify and hold harmless the Menasha Joint School District for any and all loss, expense or liability it may incur from honoring this request.

Parent/Guardian Signature _____ Date _____

Attach completed and signed release of information form (confidential records)

To be completed by the Residence Provider:

ACCEPTANCE OF PHYSICAL PLACEMENT: I accept physical placement of the above student and understand that this student will be required to reside with me on a full-time basis. I understand that my responsibilities include all that would be expected of the legal parent or guardian. If this residency plan changes in any way, it is my responsibility to notify the school within five school days. It is also my responsibility to notify the school of any absences of the student.

Name of Residence Provider _____

Address: Street _____

City, State, Zip _____

Phone Numbers _____

Signature of Residence Provider _____ Date _____

Administrator's Signature _____ Date _____

"Reaching Every Student Every Day"