

OTHER PRIMARY CARE PROVIDER FORM

This form must be completed for ALL enrolling students whose residency will be established with someone other than the biological or adoptive parent

The Other Primary Care Provider Form is necessary to establish that the other primary care provider is acting in place of the student's biological/adoptive parent and therefore has the authority to exercise the rights provided in School Board Procedure 515. In addition, the form is needed to determine the student's district of residence which is crucial to accurately calculate general education revenue, other state aids, levy authority, and in many cases, determine responsibilities for tuition.

SECTION 1: STUDENT INFORMATION

STUDENT NAME: (LEGAL) LAST FIRST MIDDLE INITIAL

GENDER: MALE FEMALE BIRTH DATE: MONTHDAY/YEAR

SECTION 2: BIOLOGICAL/ADOPTIVE PARENT OR LEGAL GUARDIAN INFORMATION

PARENT #1 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL RELATIONSHIP: FATHER MOTHER

- has abandoned the child, lives out-of-state, is incarcerated, is deceased, was separated from the child for negligence, suffers from a serious illness, other (please specify)

PARENT #2 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL RELATIONSHIP: FATHER MOTHER

- has abandoned the child, lives out-of-state, is incarcerated, is deceased, was separated from the child for negligence, suffers from a serious illness, other (please specify)

LEGAL GUARDIAN NAME (IF APPLICABLE): (LEGAL) LAST FIRST MIDDLE INITIAL RELATIONSHIP:

- has abandoned the child, lives out-of-state, is incarcerated, is deceased, was separated from the child for negligence, suffers from a serious illness, other (please specify)

SECTION 3: OTHER PRIMARY CARE PROVIDER INFORMATION

PROVIDER NAME: (LEGAL) LAST FIRST MIDDLE INITIAL RELATIONSHIP:

I certify that I provide the financial, emotional, medical, food, clothing, shelter, etc., for the student because his/her parent/legal guardian is unable to for the reason specified above.

I certify that the student does not spend weekends and/or summers with his/her parent/legal guardian - unless they reside out-of-state.

I certify that the student is not living with me solely to attend school.

SIGNATURE: DATE: MONTHDAY/YEAR

FOR OFFICE USE ONLY: ID #, VERIFIED, DATE

FOR NOTARY USE ONLY: STATE OF, COUNTY OF, SIGNED BEFORE ME ON, TITLE, SIGNATURE

NOTARY SEAL

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