



Student Placement Services 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. 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's Name) LAST FIRST MIDDLE

BIRTHDATE: _____ GENDER: MALE FEMALE

SECTION 2: Biological/Adoptive Parent or Legal Guardian Information

(Parent #1 Name) LAST FIRST MIDDLE MOTHER FATHER
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): _____

(Parent #2 Name) LAST FIRST MIDDLE MOTHER FATHER
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): _____

(Legal Guardian) LAST FIRST MIDDLE MOTHER FATHER
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

(Legal) Last First Middle Relationship to Student

(INITIALS) 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.

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

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

For notary use only:

Signature Date

State/County

Signed before me on:

Signature/Title

NOTARY SEAL