



NON-PARENT EDUCATIONAL GUARDIANSHIP FORM

Complete if accepting responsibility for a student or students.
THIS DOES NOT SUBSTITUTE FOR LEGAL GUARDIANSHIP

I/We affirm that I/We will accept responsibility of a parent in the parent/school relationship for (Student Names):

- _____
- _____
- _____
- _____

SIGNATURE OF PERSON ACCEPTING RESPONSIBILITY

SECTION E – Complete if relinquishing schooling responsibilities for a child or children.

This is to advise that I/We have given will share care, control, and custody and all responsibility for the above listed student(s) and hereby affirm that they legally reside with _____ five days a week for all

(District Resident)

residential purposes and furthermore state **THAT THEY DO NOT RESIDE THERE FOR THE SOLE PURPOSE OF ATTENDING SCHOOL IN THE SANTA FE INDEPENDENT SCHOOL DISTRICT.**

STUDENT'S PARENT OR GUARDIAN

STUDENT'S PARENT OR GUARDIAN ADDRESS

PLEASE BE ADVISED THAT AN ATTENDANCE OFFICER WILL VISIT YOUR RESIDENCE TO ENSURE COMPLIANCE WITH RESIDENCY REQUIREMENTS.

APPROVED:

Superintendent/Designee

Date _____

SUBSCRIBED AND SWORN TO BEFORE ME, THIS ____ DAY OF _____ A.D., 20 ____

NOTARY PUBLIC IN AND FOR

COUNTY