

**LINDENHURST SCHOOL DISTRICT CENTRAL REGISTRATION
CUSTODIAL STIPULATION FORM**

Please answer all the questions indicated below:

STUDENT NAME _____ DATE OF BIRTH _____

CURRENT ADDRESS _____ HOME PHONE# _____

Mother's Name _____ Legal Custody YES OR NO
Last Name First Name Circle one

Father's Name _____ Legal Custody YES OR NO
Last Name First Name Circle one

Legal Guardian _____ Legal Custody YES OR NO
(If Applicable) Last Name First Name Circle one

WHO DOES THE CHILD RESIDE WITH IN THE LINDENHURST SCHOOL DISTRICT?

Please Indicate:

BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ OTHER _____
(Please explain)

IS THERE A CUSTODY AGREEMENT IN EFFECT? YES OR NO (CIRCLE ONE)

IF YES, ATTACH A COPY OF THE CUSTODY DOCUMENT, DIVORCE DECREE, GUARDIANSHIP PAPERS

IF NO, PLEASE SIGN TO VERIFY THE FOLLOWING STATEMENT:

I attest to the fact that a custody agreement does not exist or pertain to my child as indicated in this registration process.

(Signature)

(Date)

IS THE NON-CUSTODIAL PARENT PERMITTED TO PICK UP THE STUDENT FROM SCHOOL FOR ILLNESS, APPOINTMENT, ETC?

YES _____ OK TO PICK UP STUDENT NO _____ NOT PERMITTED TO PICK UP STUDENT

NOTE: THE ONLY PERSON PERMITTED TO SIGN YOUR CHILD OUT OF THE BUILDING FOR ANY REASON IS THE PARENT/LEGAL GUARDIAN AND/OR DESIGNEE AS INDICATED ON THIS DOCUMENT AND EMERGENCY CARD.