

Grand Forks Public Schools Office of the Assistant Superintendent 2400 47th Avenue South Grand Forks, ND 58201

NON RESIDENT STUDENT

GUARDIAN FORM		
We, the undersigned certify that	Jame of Student)	(Date of Birth)
, will be living at our residence during his/her tenure (Grand Forks School) (Grade)		
as a student in the Grand Forks Public Schools. We further declare that we will assume full responsibility both in and out of school for the welfare of the above mentioned student.		
I understand that approval of this request is contingent upon satisfactory academic achievement, attendance and/or behavior and may be revoked at any time by administration if the conditions are not met.		
Name of Guardians		Name of Parents
Street Address		Street Address
City State Zip		City State Zip
Telephone		Telephone
Signature of Guardian:		
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
Subscribed and sworn to before me this	sday	, of, 20
County of	, State of _	·
Notary Public		