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

NON RESIDENT STUDENT

PARENT FORM

We, the parents of ___________________________, ___________________
(Name of Student) (Date of Birth)

_____________________, _______, realize the responsibility for the welfare of our child.
(Grand Forks School) (Grade)

We understand that the guardians listed below will be fully responsible for his/her welfare while a student in the Grand Forks Public Schools and may act on their behalf.

__________________________________	_______________________________
Name of Guardians	Name of Parents
__________________________________	_______________________________
Street Address	Street Address
__________________________________	_______________________________
City State Zip	City State Zip
__________________________________	_______________________________
Telephone	Telephone

Signature of Parent:____

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Subscribed and sworn to before me this _________day of ____________________, 20___.

County of ______________________________, State of ____________________.

____
Notary Public