

**St. Mary School** 237 Fourth Street • Elyria, Ohio 44035 440-322-2808 • 440-322-1423 fax

PLEASE NOTE: Legally, we need a copy of custody papers, restraining orders, etc., if this applies to your family situation. Please forward any necessary copies to the school office as soon as possible.

## STATEMENT OF CUSTODY

PARENT DATA:	LINEIVI OF COSTODI
Student Name	lives with:
check one:	
Mother/Stepfather	_ Mother Only Father Only _ Father/Stepmother Legal Guardian _ Grandparent (Grandparent order filed with court)
	OTHER AND FATHER, SKIP THIS NEXT SECTION ED TO COMPLETE THE ATTACHED FORM
Divorced Please attach a copy of the Di Father/mother deceased Other (please specify):  If not joint, custody was granted to:  Residential parent  DATE RECEIVED	
OF ENROLLMENT  DATE RECEIVED	
	nd accurate. I understand that if this information is false, my could face possible legal charges filed in a court of
Signature	Date



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# FOR USE ONLY WHEN NO CUSTODY ORDER EXISTS

l,	hereby state that I am the natural parent of	
	(full name of student)	
	e, I state that I have full custody rights of said child. I have no written proof of the following reasons:	
	I was never married to the father/mother of my child, but my name appears on the birth certificate as a parent. No custody order exists.	
	I am still married to the father/mother of my child. We are separated but not divorced. No custody order exists.	
	The father/mother of my child is deceased. My name appears on the birth certificate. No custody order exists.	
	Other (please specify):	
to be found charges file that I will be Failure to p	t the above information is true and accurate. I understand that if this information is false, my child could be withdrawn from school and I could face possible legal ed in a court of appropriate jurisdiction. Further, as a parent/guardian, I understand e required to pay tuition for the number of days my child attended St. Mary School. Eay the required tuition will result in the institution of collection proceedings.	
	s necessary to verify my custodial status.	
Signature:	Date:	
Witness: _	Date:	