

Centennial School District No. 28J
Questionnaire to be completed by a person claiming
a "Parental Relationship" with a student

Parental Relationship Applicant Name:	
Parental Relationship Applicant Phone:	
Parental Relationship Student Name:	

School:

Grade:

Please be advised that the District reserves the right to investigate any of the representations made in this questionnaire in order to verify such information. Accordingly, even if a student is enrolled on the basis of this questionnaire, such enrollment can be revoked should the District obtain information that a parental relationship does not exist.

1. Do you reside in the Centennial School District and, if so, at what address (please provide a copy of your current utility bill or rental agreement when submitting this questionnaire)?

2. Does the student in question live in your household? If so, why is the student currently residing with you?

3. If the answer to question #2 is yes, how many days a week does the student sleep at your home?

4. When did the student move into your household?

5. How long will the student remain in your household?

6. If the student does not spend seven days a week in your household, where does the student stay when he/she is not in your household?

7. Do you provide the student with food, clothing, shelter and other incidental items necessary to support the student on a daily basis?

8. Do you provide medical care for the student and, if so, is the student covered under your medical insurance?

9. If the student is not covered under your medical plan coverage, on whose medical plan is the student covered?

10. What other factors can you describe indicating that you have a parental relationship with this student (add additional pages as needed)?

<u>Confirmation and Acknowledgment</u>		
I hereby confirm that the above statements are true and acknowledge that any misrepresentation of the facts specified in this questionnaire can result in termination of Centennial School District No. 28J residency status.		
Printed Name of Person in Parental Relationship	Signature	Date

<u>Receipt of Questionnaire</u>		
Printed Name of Site Administrator	Signature	Date

District No. 28J Enrollment Residency Status Decision		
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>
Printed Name of District Office Administrator	Signature	Date

Rev. 2/16/12