



## \*\*\*\* PLEASE RETURN TO THE OFFICE A.S.A.P. \*\*\*\*

Name of Child:				
Present School or Daycare:			Grade Level:	
Birthdate:/	·			
Street Address	Apt. #	City	State Zip	
Residency Documentatio	n			
lease agreement, or mortga	equired by the Ohio Depart age payment with their addred ddle School or Graham Prin	ess. Please provide a	= -	
Guardianship Document	ation			
If you are the biological paren  [ ] I am the biological paren	<i>t with legal guardianship, p</i> ent and legal guardian of th	_	n here.	
Signature of Parent		Relationship to Student		
If you are <u>NOT</u> the biological  [ ] I am the legal guardian		ody of the student, p	lease check and sign here.	
Signature of Legal Guardian		Rela	Relationship to Student	
need to provide a copy establishing yourself as Columbus: 614-241-200  This documentation i	of the legal court documents the guardian. If you need to make the guardian of	nent, signed by a just a signed by a just a seriestance, control alaid.org.  The schedule you guardianshi	ar student for Fall 2017  Documentation	
•		Received Initial: N/A Date:		