

CONSENT OF PARENT FOR CHILD TO RESIDE WITH SCHOOL DISTRICT RESIDENT AND DELEGATION OF EDUCATIONAL AUTHORITY

I/We,	and		being duly
sworn according by law depose and say:			
That I/we		parent(s	s)/legal guardian of,
	, Grade	Date of Birth	
	, Grade	Date of Birth _	
will be residing in the home of			
I/We delegate toeducational decisions for my/our child(ren), a education, student discipline, sports participa	tion, choice of edu	cational curriculum and	d classes and extra-
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in school year.	n the Carlisle Area	School District* for the	e 20 20
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in	n the Carlisle Area	School District* for the (Signature of Legal P	
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in	n the Carlisle Area		arent/Guardian)
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in	n the Carlisle Area	(Signature of Legal P	arent/Guardian)
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in school year.	n the Carlisle Area	(Signature of Legal P	arent/Guardian)
curricular activities in general, to the full extermy/our child(ren). My/Our child(ren) will be attending school in school year. Commonwealth of Pennsylvania		(Signature of Legal P	Parent/Guardian) Co-Parent/Guardian)

*The District reserves the right to share the above information with governmental agencies, i.e., Internal Revenue Service, pallicularly when questions of legal guardianship occur.



AFFIDAVIT RE PUPIL STATUS (NON-PARENT RESIDENT)

I/We,	and _		being duly
sworn according by law depose and say:			
1: that I/we reside in the Carlisle Area School	ol District	at	·
2: that (student name)			who was born on
and (student name)			who was born on
resides with me/us at the above address, which	ch named	child(ren) is/are not my/our own child(ren).
3: that I/we am/are supporting the above-nar own.	ned child((ren) grati	s as if said child(ren) were my/our
4: that I/we will assume all personal obligate of the Carlisle Area School District.	ions for th	e above-r	named child(ren) relative to the school requirements
5: that I/we intend to keep and support the alterm.	bove-nam	ed child(1	en) continuously and not merely through the school
*			f the Public School Code of 1949, as amended, ept the above named child(ren) as a student(s).*
			(Signature of Legal Parent/Guardian)
			(Signature of Legal Co-Parent/Guardian)
Commonwealth of Pennsylvania			
County of			
Signed and sworn (or affirmed) before me or	this	_day of _	, 20
Signature of Notary Public	-		
My commission expires:		-	

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