

BURLINGTON SCHOOL DISTRICT
ADMINISTRATIVE GUIDELINES
FORM TO BE COMPLETED BY NON-PARENT GUARDIAN

Non-parent guardians enroll a number of children. In the majority of cases, the adult is the legal guardian because of court decree or placement by a state agency. With concerns for missing children sometimes focusing on the ability of schools to identify children living with non-custodial adults, the following form should be completed at the time of registration in the District when a child is living with a non-parent guardian.

IN CASE OF NON-PARENT GUARDIANSHIP

The Burlington School District requires a copy of the court decree awarding guardianship to a non-parent or a copy of the placement papers with a case number from a state agency. In the case of emergency placement, paperwork is not always complete at the time of registration, but a copy is required as soon as the papers are available. If there is no legal documentation of the non-parent guardianship, please state the reason why.

I, _____, have guardianship of the following child[ren]:

A. The reasons for my being a guardian are: _____

B. The names, addresses and telephone numbers of living natural parents are:
Father: _____
Mother: _____

C. The reasons I do not have legal guardianship papers are: _____

D. Please complete the attached questionnaire. *Please note: THE QUESTIONNAIRE REQUIRES A NOTARIZED SIGNATURE.* For your convenience, a notary is available, free of charge, at the Business Office of the Burlington School District Administration Offices located at 150 Colchester Avenue, Burlington, Vermont. In addition, some schools have a notary available at the office.

My signature below indicates that if, after further investigation, any of the above information, including the questionnaire, is fraudulent, the above listed child[ren] may be disenrolled from Burlington School District. Further, I understand that I will be billed for tuition at the current daily rate from the first day of attendance through the last day of attendance and I agree to pay such bill.

_____ BURLINGTON SCHOOL DISTRICT

_____ QUESTIONNAIRE FOR NON-PARENT GUARDIANS

_____ TO BE COMPLETED BY PERSON WITH WHOM THE STUDENT LIVES IN DISTRICT

This questionnaire applies to the following child[ren]:

_____ Age: _____ Age: _____

_____ Age: _____ Age: _____

1. Your full name: _____

2. What is your relationship to the child[ren]? _____

3. Your present address: _____

4. At this address, _____ I own it; _____ I rent it; _____ I live with a resident rent-free

If renting or living with a resident rent-free, how long do you intend to continue living at this location?

5. Will the child[ren] live with you full time? _____ Yes _____ No

If not, state what portion of the time the child[ren] will live with you and with whom the child[ren] will live during the remainder of the time:

How long do you expect the child[ren] will live with you? _____

6. Indicate below the number of times the child[ren] made a visit to the natural parents at their present address during the last year:

_____ Approximately how many nights (including weekends)?

_____ Approximately how many full weekends?

_____ Winter break over holidays?

_____ Spring vacation?

_____ Approximately how many school holidays?

_____ Summer vacation?

7. Indicate below the number of times the parents have visited their child[ren] during the last year at your present address where the child[ren] live[s]:

_____ Approximately how many nights (including weekends)?

_____ Approximately how often at mealtimes (including weekends)?

_____ Approximately how often on weekends?

_____ Approximately how often on weekdays?

_____ Winter break over holidays?

_____ Spring vacation?

_____ Approximately how many school holidays?

_____ Summer vacation?

8. Are either or both of the natural parents providing you with financial support for the care of the child[ren]? _____ Father; _____ Mother; _____ Both; _____ Neither

9. State the reasons why you have the child[ren] living with you: _____

10. List each address at which the child[ren] lived during the last five years and the periods of time the child[ren] lived at each one:

11. List the names and locations of each school the child[ren] attended during the last five years and the dates of attendance:

12. Who pays for the living expenses and costs of the child[ren]? _____

If living expenses and costs are shared, please list the arrangements for sharing such expenses:

Who declares the child[ren] as dependent[s] for income tax purposes?

13. Who is responsible for the discipline and control of the child[ren]?

Who is financially responsible for any damages caused by the child[ren]?

In the case of a medical emergency or accident, who may direct and consent to medical treatment for the child[ren] and sign any emergency releases?

14. Do you have legal custody of the child[ren]? ___ Yes ___ No

If not, list the name, address and telephone number of the person who does:

15. Please provide any additional information which may help to establish the residency of the child[ren] or which is relevant to the question of the residency of the child[ren]:

_____ AFFIDAVIT
STATE OF VERMONT
COUNTY OF CHITTENDEN, SS.

I, _____, being duly sworn, state that the answers to the above and
(print name)
foregoing questionnaire are true and correct.

Signature

SUBSCRIBED AND SWORN to

before me this _____ day of
_____, 20__.

Notary Public

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