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]:
Your full name: ________________________________

What is your relationship to the child[ren]? ______________________________

Your present address: ________________________________

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?

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? ________________

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?

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?

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

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 foregoing questionnaire are true and correct.

_____________________________________________________

Signature

SUBSCRIBED AND SWORN to
before me this _____ day of
______________________, 20__.

______________________________
Notary Public

schoolsg:doc059.sbs