

# CUSTODIAL STIPULATION FORM

Please answer all the questions indicated below:

Student Name _____	Date Of Birth _____
Current Address _____	Home Phone Number _____
Mother's Name _____	_____
Last Name _____	First Name _____
	Legal Custody <input type="checkbox"/> Yes or <input type="checkbox"/> No
Father's Name _____	_____
Last Name _____	First Name _____
	Legal Custody <input type="checkbox"/> Yes or <input type="checkbox"/> No
Legal Guardian's Name (If Applicable) _____	_____
Last Name _____	First Name _____
	Legal Custody <input type="checkbox"/> Yes or <input type="checkbox"/> No

1. Who does the child reside with in the Wyandanch School District?

Please indicate:

Mother Only <input type="checkbox"/>	Other <input type="checkbox"/> Relationship _____
Father Only <input type="checkbox"/>	Briefly Explain: _____
Mother and Father <input type="checkbox"/>	_____

② Is there a custody agreement in effect?

YES  If yes, briefly describe your situation and attach a copy of the custody document, divorce decree, guardianship papers etc...

NO  If no, please sign to verify the following statement:

I attest to the fact that a custody agreement does not exist or pertain to my child as indicated in this registration process.

X \_\_\_\_\_  
Signature

**NEW YORK STATE EDUCATION LAW STIPULATES THAT PARENTS HAVE THE RIGHT TO ACCESS THEIR CHILD'S SCHOOL RECORDS AND REPORT CARDS, UNLESS OTHERWISE INDICATED IN A COURT ORDER.**

③ Is there a request for dual mailing to the non-custodial parent?

Yes  If yes, please furnish the following:

Last Name _____	First Name _____	Relationship _____
Address _____	State _____	Zip Code _____

NO  If No, please sign to decline X \_\_\_\_\_  
Signature

④ Is the non-custodial parent permitted to pick the student up from school for illness, appointments, etc..?

YES  Ok to pick up student      NO  Not permitted to pick up student

**NOTE: THE ONLY PERSON PERMITTED TO SIGN YOUR CHILD OUT OF THE BUILDING FOR ANY REASON IS THE PARENT/LEGAL GUARDIAN AND/OR DESIGNEE AS INDICATED ON THIS DOCUMENT AND EMERGENCY CARD.**

*I understand and agree that the above information identified in this document is true. I further understand that if any statements made by me are willfully false my child's registration and attendance in the Wyandanch School District may be subject to review by the Board of Education. Knowingly withholding information that is relevant with relation to custodial concerns may result in legal action.*

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date