

# Sturgis Charter Public School Guardian Form



**(Please use Print)**

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Current/Sending School: \_\_\_\_\_

Sturgis Campus (if known): \_\_\_\_\_ School Year Entering: 20\_\_/20\_\_

## STUDENT DETAILS

Student Name: \_\_\_\_\_  
(Last) (First) (Full Middle or NMN (No Middle Name))

Student Home Address		Student Mailing Address (if different)	
Address:		Address:	
Town:		Town:	
Zip:		Zip:	
Home Phone:		Cell Phone:	

**LEGAL PARENTS/GUARDIANS.** Please list names of all individuals that maintain parental rights or guardianship for the above named student. The information below will be used for all official correspondence.

*Please note that by law, an educational agency or institution shall give full rights to all parents, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody, that specifically revokes these rights.*

	FIRST PARENT/GUARDIAN		SECOND PARENT/GUARDIAN	
First Name:				
Last Name:				
Relation to Student:				
Lives with Student?				
Primary Contact Person?				
Home:	Address:		Address:	
	Town:		Town:	
Mailing (if different):	Address:		Address:	
	Town:		Town:	
Home Phone:				
Work Phone:				
Cell Phone:				
Email Address:				
Receive Mail/ correspondence?				
Can dismiss/				

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transport student?	
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THIRD PARENT/GUARDIAN		FOURTH PARENT/GUARDIAN	
First Name:			
Last Name:			
Relation to Student:			
Lives with Student?			
Primary Contact Person?			
Home:	Address:	Address:	
	Town:	Town:	
Mailing (if different):	Address:	Address:	
	Town:	Town:	
Home Phone:			
Work Phone:			
Cell Phone:			
Email Address:			
Receive Mail/ correspondence?			
Can dismiss/ transport student?			

**LEGAL/CUSTODY/GUARDIANSHIP considerations:**

Please use this space to document custody or visitation arrangements, schedules, or concerns that the school may need to be aware of in order to educate the student and communicate with caregivers. Please indicate if there is an active restraining order or any other safety concerns to consider that may impact the student.

I am the parent or legal guardian and reside at the above address with the above named student as the primary or joint caregiver. The information that I provided, is complete and true to the best of my knowledge:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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