

Glascok County Consolidated School
Parental/Guardian Declaration

I declare the parental/guardianship authority listed below for the following children enrolled in Glascok County Consolidated School:

Name: _____ Grade: _____ Name: _____ Grade: _____
Name: _____ Grade: _____ Name: _____ Grade: _____

- ☐ **These children reside with both biological/adoptive parents.** As such, either parent is authorized to act on their behalf (excluding withdrawal from this school, which must be accomplished by the enrolling parent).
- ☐ **These children reside with one biological parent.**
- ☐ I am the physical, custodial parent (as declared in a court order or divorce decree). Supporting documentation is attached. Note: Parents are reminded that ‘legal custody’ is not the same as ‘physical custody’—‘physical custody’ addresses with whom the children will reside.
- ☐ I share joint physical custody with the other biological parent (as declared in a court order or divorce decree). Supporting documentation is attached.
- ☐ **These children reside with a legal guardian.**
- ☐ I am the legal guardian, as established by an order of the courts or through Temporary Legal Guardianship filings/proceedings. Supporting documentation is attached.
- ☐ **These children do not reside with a legal guardian.**
- ☐ As an agent of a state or local governmental agency (i.e., DHR, DJJ, DFCS, etc.), I am the legal guardian. Supporting documentation is attached.
- ☐ I am a grandparent and have utilized the “Care of a Grandchild Act” Power of Attorney. Attached is the POA and documentation verifying the specific, allowable hardship.
- ☐ I am the guardian/caregiver of a child of a military family. Supporting documentation (i.e. Power of Attorney utilized by the U.S. Armed Forces) is attached.

I acknowledge that it is my responsibility to notify the school if a change in the parent/guardianship provisions for these children occurs. I agree that this notification will occur for these children to maintain enrollment in this school.

SWORN TO AND SUBSCRIBED BEFORE ME,
This the _____ day of _____,
20____.

Notary Public Commission expires

Under penalty of law (O.C.G.A. § 16-10-71), I
swear that the information given above is true and
correct, this the _____ day of _____,
20____.

Parent/Guardian