

**School District 145**

PO Box 426  
Waverly NE 68462

STATEMENT OF PERSON IN LEGAL OR ACTUAL CHARGE OR CONTROL OF A CHILD SUBMITTED TO SCHOOL DISTRICT 145 FOR PURPOSES OF SCHOOL ENROLLMENT

The undersigned state that I am an adult in legal or actual charge or control of \_\_\_\_\_,  
(Child's Name)

A child who resides in this school district at \_\_\_\_\_.  
(Child's Address)

- I state that I am the child's parent, or
- I state that I have been entrusted with, or assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):
  - a)  a court or testamentary appointment as a legal guardian (attach copy) and/or
  - b)  a power of attorney delegating such parental powers (attach copy), and/or
  - c)  through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (attach any written documentation of such designation), and/or
  - d)  through any contract or judicial or administrative proceedings placing the child in such a living arrangement (attach copy of such documents), and/or
  - e)  through some other set of circumstances (please explain on a separate sheet and attach).

I understand that I may be requested to provide additional information regarding this child. The names and current or last known address of his or her parents are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be responsible for, and will be expected to make, decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

\_\_\_\_\_  
Signature of Adult In Legal or Actual Charge or Control

Dated \_\_\_\_\_

\_\_\_\_\_  
Home Address of Adult In Legal or Actual Charge or Control

Home Phone \_\_\_\_\_

\_\_\_\_\_  
Daytime Work Address

Work Phone \_\_\_\_\_

**NOTE:** SECTION 79-215 R.R.S. PROVIDES THAT IF THE STUDENT IS HOMELESS OR IF THE ADULT DOES NOT HAVE A PHONE NUMBER AND ADDRESS WHERE HE OR SHE MAY GENERALLY BE REACHED DURING THE SCHOOL DAY, THOSE PARTS OF THE FORM MAY BE LEFT BLANK AND A BOX MAY BE MARKED ACKNOWLEDGING THAT THESE ARE THE REASONS THESE PARTS OF THE FORM WERE LEFT BLANK. THE ADULT WITH LEGAL OR ACTUAL CHARGE OR CONTROL OF THE STUDENT SHALL ALSO SIGN THE FORM.

- This child is homeless, which is the reason items were left blank.
- This adult does not have a phone number or address where they may generally be reached during the school day.