

# POLSON SCHOOL CUSTODY FORM

The school must be aware of custody arrangements for our students. Please assist us by completing the following information for our files. This information is confidential and will be treated as such.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Please complete "Section A" OR "Section B"**

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## SECTION A

No special custody arrangements apply. Separation or Divorce arrangements do not apply.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## SECTION B

Separation or divorce conditions apply as follows:

1. **Custody:** **\*\*PLEASE PROVIDE AN UP TO DATE COPY OF LEGAL DOCUMENTATION TO THE SCHOOL**

\_\_\_\_\_ has custody of the child.  
Mother's Name

\_\_\_\_\_ has custody of the child.  
Father's Name

Joint custody applies. Parents' names are as follows:

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_ has primary care and control.

Other (please specify):  
\_\_\_\_\_

2. **Restraints:**

Please indicate if any legal restraints on either parent are in place and provide the school with a photocopy of any legal restraining documents. **PLEASE UPDATE THESE DOCUMENTS WHEN CHANGES OCCUR.**

Legal restraints apply as follows (please specify):  
\_\_\_\_\_

Legal restraints do not apply.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date