Valley Center-Pauma Unified School District
28751 Cole Grade Road
Valley Center, CA 92082

CUSTODIAL AGREEMENT

School: ○PS ○EL ○MS ○HS ○Lilac ○Pauma ○Oak Glen School Year_____

Student's Name _____ **Grade** _____ **DOB** _____

State and Federal laws require that schools communicate only with custodial parents or legal guardians unless the parents/guardians grant permission to the school to communicate with an adult designated by them. The student named above is not residing with a parent or guardian and may not be enrolled until this form is completed by both the parent/guardian and the designated adult. By signing this form both the parent/guardian and designee affirm that they have read and agree to the conditions listed below.

CONDITIONS OF CUSTODIANSHIP

1. The student must reside for at least five (5) school days and four (4) school nights with the designated custodial adult each week.
2. ALL communications concerning the student will be directed to the custodial adult including, medical & health decisions, grade reports, discipline, attendance & truancy notifications, and any other correspondence.
3. The custodial adult must assume the responsibility of communication concerning the student with the parent or guardian.
4. The custodial adult will have the right to examine all student records as they pertain to the student's educational program and will have parental authorization to sign all pertinent school required documents.
5. Custodial agreements do not carry athletic eligibility. Students seeking eligibility must meet with an administrator to determine the proper steps to be taken.
6. This custodial agreement may be vacated by either the parent/guardian or the custodial adult upon written statement to the administration of student's school.
7. The school office will be notified within five (5) days of any change to this agreement.

PARENT/LEGAL GUARDIAN AGREEMENT

I give permission for my son/daughter,

_____,

to reside with the custodial adult designated herein. I accept and agree to all conditions listed above.

_____
Signature

_____
Address

_____

Phone_____
Home Work

I certify that I have duly witnessed the signature above. Subscribed and sworn to before me this

_____day of _____, 20____

_____
Notary Public or Administrator

CUSTODIAL ADULT AGREEMENT

I give permission for

_____

to reside in my home for the purpose of attending VCPUSD schools. I accept and agree to all conditions listed above.

_____
Signature

_____
Address

_____

Phone_____
Home Work

I certify that I have duly witnessed the signature above. Subscribed and sworn to before me this

_____day of_____, 20_____

_____
Notary Public or Administrator