Office of Technology

Registration Office Charleston Administration Center 2350 Pole Avenue, Lorain, OH 44052 440.233.2254 fax 440.282.5271

STATEMENT OF CUSTODY

For use ONLY when no custody order exits

| Ι, | hereby state that I am the natural parent of |
|--|---|
| | · |
| Furthermore, I stat | e that I have full custody rights of said child(ren). I have no written proof of custody |
| for the following re | asons: |
| | I was never married to the father/mother of my child(ren) but my name appears on the birth certificate as a parent. No custody order exits. |
| | I am still married to the father/mother of my child(ren). We are separated but not divorced. No custody order exists. |
| | The father/mother of my child(ren) is deceased. My name appears on the birth certificate. No custody order exists. |
| | Other (please specify: |
| | |
| | |
| ound false, my chil court of appropria uition for the numb | ove information is true and accurate. I understand that if this information is to be d(ren) could be withdrawn from school and I could face possible legal charges filed in ite jurisdiction. Further, as parent/guardian, I understand that I will be required to pay er of days my child(ren) attended Lorain City School District. Failure to pay the result in the institution of collection proceedings. |
| also waive my righ ny legal means ne | at to confidentiality of this information and allow the Lorain City Schools District to use cessary to verify my custodial status. |
| ignature: | Date: |
| Vitness: | Date: |