

**Bettendorf Community School District
P.O. Box 1150
Bettendorf, IA 52722**

Transfer of Student Responsibility

I, _____, _____
(Parent or Guardian) (Address)

_____, who resides in the _____
(City and State) (School District)

hereby transfer responsibility for _____ Grade _____
(Student's Name)

to _____, _____
(Responsible Adult) (Address)

for the 20__ - __ school year. I verify that my son/daughter is in residence at that address for purposes other than receiving an education. Upon enrollment in the Bettendorf Community School District, I understand that my son/daughter's school records will be released to Bettendorf Community Schools and that these records shall include academic, behavior and attendance information. I understand that my son/daughter may not enroll in Bettendorf Community Schools if currently under expulsion or suspension from another school system. I also understand that if state truancy laws are violated Bettendorf Community Schools shall file with the County Attorney for enforcement against the responsible adult and parent/guardian who have signed this document.

All school reports and communications will be delivered to the above named responsible adult, and that person will assume the responsibility for the behavior, attendance and actions of the student while attending the Bettendorf Community Schools. This includes being responsible for my son or daughter in cases involving suspension, expulsion, truancy, failing course work or failing to complete graduation requirements. The identified responsible adult is fully authorized to act in the lieu of myself as parent or guardian in all school related decisions, including special education staffings. The signature of the identified responsible adult shall be legally binding on any school related documents in lieu of parental signature. The school district is released from any liability for communication with the responsible adult and use of that individual's signature. **I understand that perjury or misrepresentation of the student's true residency may subject me to criminal and civil penalties, immediate revocation of student enrollment and liability for tuition costs.**

(Signature of Parent or Guardian)

Subscribed and sworn to before me this _____ day of _____ 20 ____.

My commission expires _____

(Notary Public)

I, _____, _____
(Name of Responsible Adult) (Address)

hereby assume all responsibility for _____ Grade _____
(Student's Name)

while attending _____ for the 20____ - ____ school year.

I verify that the identified student is in residence with me for purposes other than receiving an education. All school reports and communications are to be delivered to me. I will be responsible for the behavior, attendance and actions of the above named student while attending the Bettendorf Community Schools. This includes actions resulting in suspension, expulsion, truancy, failing course work or failure to complete graduation requirements. I will accept full responsibility for assuming the role of parent or guardian in all school related activities, including signing any necessary school papers. I understand that in cases of violation of state truancy law, the parent and I will both be reported to the County Attorney. I understand that with my signature on this document the school has no liability for communication and or decision making with the parent or guardian. Any and all responsibility and liability for communication and or decision making with the parent or guardian rests solely with myself in my role as responsible adult.

My relation to the above named student is as follows:

Grandparent _____ Aunt or Uncle _____ Brother or Sister _____ Guardian _____

Other _____

I understand that any perjury or misrepresentation of the student's true residency may subject me to criminal and civil penalties, immediate revocation of student enrollment and liability for tuition costs.

(Signature of Parent or Guardian)

Subscribed and sworn to before me this _____ day of _____ 20 ____.

My commission expires _____

(Notary Public)