



NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT

CUSTODY PENDING FORM

I, _____,
Parent/Legal Guardian's Full Name

Residing at _____
Address City State Zip

In the New Albany-Plain Local School District, have filed an application for appointment of custody of
minor _____,
Student's Full Name

Birth date _____, with the Probate Court on _____.
Month/Date/Year Month/Date/Year

Attached is a Certified Copy of the application

*I understand that under Ohio Law, I can enroll the student for up to sixty (60) calendar days, tuition free, with a copy of the legal documentation that custody proceedings have been started.
(Ohio Revised code 3313.64)*

I will provide the attending school with a copy of the signed court order granting me legal custody within sixty (60) days, and I understand that the above named student will be withdrawn from New Albany-Plain Local School District if this timeline is not met and will be required to attend the school system of his/her legal guardian.

Signature of Parent/Legal Guardian Relationship to Student Date

NATURAL (BIRTH) PARENT(S) INFORMATION (Biological)

(Natural parent(s) name and address at the time of placement)

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____
Street Street

City State Zip City State Zip

School District of Parents: _____