NON-RESIDENT STUDENT APPLICATION
Garrett County Public Schools

Definitions:

- Non-resident – Any student whose parent(s) do(es) not reside in Garrett County.
- Legal Guardian – Guardianship based on:
  1. A court order granting guardianship or custody to a resident of Garrett County, and/or
  2. Documentation from the Department of Social Services and/or other state authorized agency who
     authorizes and assigns guardianship for the purpose of foster care, or
  3. A person temporarily assigned by the parent who provides a notarized statement, affidavit and
     required documentation which meets the established criteria for kinship care.

Student’s Name: _________________________  Previous School: _________________________

Date of Birth: _________________________  Grade: _________________________

Has the student been identified for special education services?  _____ Yes  _____ No
If so, please submit a copy of the IEP.

Parent(s): ___________________________  Legal Guardian(s): ___________________________

Address: ___________________________  Address: ___________________________

Phone: ___________________________  Phone: ___________________________

Attached is a copy of the court order and/or agency documentation assigning guardianship of the above named child
to the above named guardian, or required documentation for informal kinship care. I attest that the child will be living
with the legal guardian on a full-time basis.

________________________________________  ______________________________
Date  Parent/Guardian Signature

I am the parent/legal guardian of the child, and I do not reside in Garrett County. I do want my child to attend the
Garrett County Public Schools, and I will pay the tuition on a:

_____ Monthly Basis  _____ Quarterly Basis  _____ Semester Basis

________________________________________  ______________________________
Date  Parent/Guardian Signature

I would like to discuss my case with the Supervisor of Pupil Services or his/her designee.

________________________________________  ______________________________
Date  Parent/Guardian Signature

(For Pupil Service Use Only)

Action(s) Taken:

PS 23
(Attachment to JFAB Procedure)