

BALTIMORE COUNTY PUBLIC SCHOOLS

DATE: October 5, 2004

TO: **BOARD OF EDUCATION**

FROM: Dr. Joe A. Hairston, Superintendent

SUBJECT: **REPEAL OF RULE 5150 FORM ENTITLED "LIMITED EDUCATIONAL/ CUSTODIAL AGREEMENT"**

PRESENTERS: Dr. Christine M. Johns
Deputy Superintendent of Curriculum and Instruction

RESOURCE PERSONS: Mr. Dale Rauenzahn, Executive Director, Student Support Services
Dr. Vivian Ferguson, Coordinator, Pupil Personnel Services

INFORMATION

That form BEBCO 02-**780**-95 be repealed and presented to the Board as an information item.

Attachment I – Repeal of form BEBCO 02-**780**-95

LIMITED EDUCATIONAL/CUSTODIAL AGREEMENT

Parent/Legal Guardian

Ref:

IE PRINCIPAL OF:

(Student Name)

(Date of Birth)

(Date)

I am the parent/legal guardian of the above-named student. My phone number is _____
My home address is _____

I hereby give my permission for him/her to live in the home of _____ at _____
_____ They will have full care, control, and responsibility
for this student and make all decisions concerning the education (**exception - students with disabilities), health,
and well-being of my son/daughter while enrolled in Baltimore County Schools.

(Date)

(Signature of Parent/Legal Guardian)

NOTARY:

STATE OF: _____
COUNTY OF: _____

TO WIT: _____

I HEREBY CERTIFY that on this _____ day of _____ 199 ____, the subscriber

(Name of parent/guardian), personally appeared before me and made oath in due form of law that the fore-
going facts are true and correct to the best of his/her knowledge, information, and belief, under penalty of perjury.
My Commission Expires: _____

(Date)

(Notary Public)

Baltimore County Resident

This is to certify that _____ will be living in my home and I accept
responsibility for decisions concerning the **education including compliance with the compulsory school laws,
health, and well-being of this student.

I am a legal resident of Baltimore County and reside at _____
My telephone number is _____

(Date)

(Name of Balto. County Resident)

NOTARY:

STATE OF: _____
COUNTY OF: _____

TO WIT: _____

I HEREBY CERTIFY that on this _____ day of _____ 199 ____, the subscriber

(Name of parent/guardian), personally appeared before me and made oath in due form of law that fore-
going facts are true and correct to the best of his/her knowledge, information and belief, under penalty of perjury.
My Commission Expires: _____

(Date)

(Notary Public)

Note: This form should only be used after nonresident application has been approved.

This agreement can be subject to periodic review.

** For student with disability the parent/legal guardian will be responsible for participating in the
Admission/Review/Dismissal process.

Approved by Principal/Designee _____ Date _____

cc: Pupil Personnel Worker
Parent/Guardian
Baltimore County Resident