

Bismarck Public School District Parental Acknowledgment of Assignment of Medical and Legal Decisions for Minor Students (revised 06/2019)

		, parent of			
(Parent's Name) , parent of			(Child's Name)	(Child's Name)	
	(Child's Birth Date)	, states that	(Guardian's Name)		
	(Ciliu's Bitti Date)		(Guarulair's Name)		
has the authority to make all decisions regarding education, special education, and school-based health care for					
	(Child's Name)				
Reason for as	signment and/or moving into the E	Bismarck Public Schoo	ol's District, please be specific		
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This paper will be in valid for 6 months of notarized date					
	Parent's Sign	Parent's Signature			
	r arom o dignataro		Date		
	Mailing Addre	Mailing Address		none	
Notary Seal					
	Acknowledged before me this dat	o b	у		
	Acknowledged before the this dat	eb	у		
	Signatur	۵۰			
	Signature: Notary Public				
Notary Seal	Guardian's Signature		Date		
	Acknowledged before me this dat	<u> </u>	У		
	Acknowledged before the this dat	Acknowledged before me this dateby			

Signature:

Notary Public