



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

_____, parent of _____
 (Parent's Name) (Child's Name)

_____, states that _____
 (Child's Birth Date) (Guardian's Name)

has the authority to make all decisions regarding education, special education, and school-based health care for

 (Child's Name)

Reason for assignment and/or moving into the Bismarck Public School's District, please be specific

This paper will be in valid for 6 months of notarized date

Parent's Signature **Date**

Mailing Address **Telephone**

Acknowledged before me this date _____ by _____

Notary Seal

Signature: _____
 Notary Public

Guardian's Signature **Date**

Notary Seal

Acknowledged before me this date _____ by _____

Signature: _____
 Notary Public