

Custodial/Visitation Rights

Pardeeville Area School District
120 S Oak Street, P.O. Box 130
Pardeeville, WI 53954
PHONE: 608-429-2153 FAX: 608-429-2277
www.pardeeville.k12.wi.us

Please complete and return this confidential questionnaire to your building principal. Be advised that any changes occurring during the course of the school year (following submission of this form) should be brought to the attention of the applicable building principal. It is the custodial parent's responsibility to inform the schools of any change in custody and/or visitation rights.

Custodial Parent Name: _____ Primary Phone: () _____

Address: _____ Work #: () _____

City: _____ State: _____ Zip Code: _____

Name of step-parent of student _____

Non-Custodial Parent Name: _____ Primary Phone: () _____

Address: _____ Work #: () _____

City: _____ State: _____ Zip Code: _____

Name(s) and school(s) of student(s) affected:

Grade: _____ Name: _____ School: _____

Grade: _____ Name: _____ School: _____

Grade: _____ Name: _____ School: _____

Grade: _____ Name: _____ School: _____

Is there a court order dealing with custody/visitation? Yes No

Explain: _____

Are you the custodial parent? Yes No **Is there a joint custody order?** Yes No

Are there any court orders curtailing or restricting the right and privileges of your current or former spouse, grandparent or other relative with respect to his/her right to be kept informed of the student's school progress and activities or to participate in those activities? Yes No

If Yes, describe restrictions: _____

Does the most recent court order affecting your action expressly permit the student(s) to be released from school to the non-custodial parent, grandparent or other relative? Yes No

If Yes, explain: _____

NOTE: Please attach a copy of the applicable portion of any such court order pertaining to the two previous questions.

Printed Name: _____

Signature _____ Date _____