



**PENNSBURY SCHOOL DISTRICT**

134 Yardley Avenue • Post Office Box 338

Fallsington, Pennsylvania 19058-0338

Telephone (215) 428-4100

FAX: (215) 428-5212

**INFORMATION ON CUSTODY OF STUDENT**

NAME OF STUDENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Do both natural parents reside in the home?  YES  NO

If no, please provide the name and address of natural parent and stepparent that the child does not reside with.

\_\_\_\_\_  
\_\_\_\_\_

If both natural parents do not reside together, has a Court Order been entered with regard to custody of the child(ren)?  YES  NO

**Please attach a copy of the Court Order.**

If there is no Court Order, do you have primary physical custody of the child(ren)?  YES  NO

If yes, describe the custody arrangement and provide a copy of agreement for our records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, describe the shared custody agreement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions on who picks up the child(ren) from school?  YES  NO

If yes, are these restrictions supported by a Court Order?  YES  NO

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**