A P P L I C A T I O N

The following information will constitute an application by a Muhlenberg resident to function in the place of a parent for school purposes on behalf of a student. The application must be completed and returned to the Administrative Offices of Muhlenberg School District. If the application is not approved, the student will have to attend the school district of residence of his/her parents. If the application is approved, the applicant will be interviewed by a school official and will be made fully aware of the obligations and responsibilities of being a host parent. Qualified applicants will then be given an affidavit in which the terms of the residence of the student will be sworn. When the completed affidavit is returned to the Administrative Office of the Muhlenberg School District the student may be enrolled.

NAME OF STUDENT _____ AGE _____

DATE OF BIRTH _____ GRADE _____

Father's Name _____ Address: _____

   Resident District _____ _____

Mother's Name _____ Address: _____

   Resident District _____ _____

Name of Person Submitting Application _____

   Address _____

Relationship to Student _____

Are you at least 18 years of age? _____

Are you the Court-Appointed Legal Guardian of the Student? _____ If so, attach Order.

Is the Residence of the Student with you covered by a Support Order? _____

Will the Student reside with you on a full-time basis? _____

Length of time Student will reside with you: _____

Will you receive room, board, gift, other Allowance or transfer of any funds from the student's parents, family

or friends? _____

  From Whom? _____

Who will claim Student as Dependent for IRS purposes? _____

Will you assume all personal obligations relative to School Requirements? _____

Who will assume responsibility for health care and associated costs? _____

Will you provide all aspects of parental support? _____

Do the parents agree to having you assume this role? _____

Why are you assuming this role? _____

_____ _____ _____

Signature (Parent) Date Signature (Applicant) Date

TELEPHONE NUMBER: _____

THIS FORM IS AN APPLICATION - IT IS NOT TO BE USED AS AN AFFIDAVIT