

STATE OF ILLINOIS)
)
COUNTIES OF BOONE AND WINNEBAGO)

To be completed by the natural or adoptive parent(s). Please check all applicable boxes:

- I am the natural or adoptive parent of the child.
 I have willingly transferred full custody and control of, as well as responsibility for this child to:

The transfer of custody is not solely for the purpose of attending the District's schools.

Date Signature Natural or Adoptive Parent/Guardian

Telephone Address

Subscribed and Sworn to
before me this _____ day of _____ 20____

Notary Public