

NON-CUSTODIAL REQUEST FOR INFORMATION

As a non-custodial parent, I request that Sidney Jr.-Sr. High School send me information concerning my child(ren).

name(please print)

Mailing address

City State Zip

phone no home work

Signature

<u>Child</u>	<u>BirthDate</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return to: Sidney Elementary School
P.O. Box 609
Sidney, IA 51652
Attn: Janet Lemrick

Note: Please advise the school of any change of address or phone numbers during the year. This will help in getting you the information you requested.

Thank You