

**Dr. Terry L. Ward**  
Superintendent of Schools  
(315)626-3439 Fax 626-2888

**Brenda L. Semeraro**  
School Business Administrator  
(315)626-2716 Fax: 626-2888

**Elizabeth H. Kupiec**  
Director of Pupil Personnel  
Services/CSE Chairperson  
(315)626-2739 Fax: 626-2093



## Cato-Meridian Central School

2851 State Route 370  
Cato, New York, 13033

**Robert W. Wren**  
Elementary Principal  
(315)626-3320 Fax: 626-2293

**Sean P. Gleason**  
Middle School Principal  
(315)626-3319 Fax: 626-2327

**Danielle A. Mahoney**  
High School Principal  
(315)626-3317 Fax: 626-2551

### Guardianship Paperwork

A. My name is \_\_\_\_\_ and I am the parent of the child/children listed below who I desire to enroll in the Cato-Meridian Central School District.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B. I reside at \_\_\_\_\_

C. My child/children reside at \_\_\_\_\_  
\_\_\_\_\_ with \_\_\_\_\_  
Who is related to me or my child as follows \_\_\_\_\_

D. My child/children [ ] Does [ ] Does not live with me because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. \_\_\_\_\_ is fully responsible for the care, custody, support and supervision of my child/children listed above.

F. My child/children is/are being transferred from the \_\_\_\_\_  
\_\_\_\_\_ School District.

G. I believe my child/children is/are resident(s) of the Cato-Meridian Central School District and I do not make this statement merely to take advantage of the district's educational programs without payment of tuition.

\_\_\_\_\_  
Date

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

Sworn to before me on: \_\_\_\_\_  
\_\_\_\_\_

Notary Signature

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### Guardianship Affidavit

I, \_\_\_\_\_ hereby authorize the Cato-Meridian Central School District  
(Parent's Name)

to treat \_\_\_\_\_ residing at \_\_\_\_\_  
(Student's Name) (Address)

an address within the school district, as the Lawfully Authorized Guardian of my child/children attending school within this district. I authorize \_\_\_\_\_

(Acting Guardian)

to act in my place and on my behalf with regard to all matters involving my child/children and attendance at the Cato-Meridian Central School District.

I authorize the Cato-Meridian Central School District to treat any consent or request made by \_\_\_\_\_ as though it were made by me.

(Acting Guardian)

I authorize the Cato-Meridian Central School District to give any notice concerning my child/children to \_\_\_\_\_ instead of me.

(Acting Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

State of New York

County of: \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_, before me personally appeared \_\_\_\_\_

\_\_\_\_\_ to me known to be the individual described in, and who executed the within instrument, and said individual acknowledged to me that said individual executed the same.

\_\_\_\_\_  
(Notary Public's Signature)

\_\_\_\_\_  
(Date)

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### Acting Guardian's Form

I hereby stipulate that I accept full responsibility for the care, custody, support and supervision of \_\_\_\_\_ who resides with me at my residence

(Student's Name)

located at \_\_\_\_\_

(Address)

The individual noted above wishes to enroll as a student in the Cato-Meridian Central School District, based upon his/her residency, and does so with full knowledge of the expectations for his/her academic performance and adherences to school rules.

I understand that I will be informed concerning all matters involving this individual's participation in school. In this regard, I agree to monitor and promote regular school attendance, the completion of all assigned work and appropriate personal conduct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Guardian's Signature)

State of New York

County of: \_\_\_\_\_

On \_\_\_\_\_ 20 \_\_\_\_\_. Before me personally appeared \_\_\_\_\_, to me known to be the individual described in, and who executed the within instrument, and said individual acknowledged to me that said individual executed the same.

\_\_\_\_\_  
(Notary Public's Signature)

\_\_\_\_\_  
(Date)