



***Mid-Valley Special Education Cooperative***

Dr. Carla Cumblad, Executive Director

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Please complete the form below and return it with the appropriate documentation to school with this packet.

Student's name \_\_\_\_\_

\_\_\_\_\_ I am the legal guardian of the above named student. I have included a copy of legal court papers stating guardianship.

\_\_\_\_\_ The above named student is his/her own guardian.

Signed \_\_\_\_\_