

Flagler Schools Caregiver's Authorization Form

**This form is required only if the student resides with someone
other than the parent or court-ordered guardian.**

This form is intended to address the McKinney-Vento Homeless Education Act of 2001 (MVA) Section 724(g) of the McKinney-Vento Act, as amended by the ESSA (Pub.L. 114-95), requirement that homeless children have access to education and other services. The MVA specifically states that barriers to enrollment must be removed. In some cases, a student may be considered homeless if they do not reside with his/her parent or guardian; however, this fact does not nullify the student's right to receive a free, appropriate public education. This form authorizes an adult (not parent/guardian) to serve as the adult contact for a homeless youth. This covers enrollment, attendance, and medical emergency contact.

Instructions: Complete this form for a student presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the student named below who lives in my home,

Student:

1. Name of Student: _____
2. Student's Birthdate: _____
3. School: _____

Caregiver:

4. Caregiver Name (adult giving authorization): _____
5. Caregiver's Date of Birth: _____ Phone number: _____
6. Driver's license or Identification Card Number: _____
7. Home address: _____ City: _____ State: _____ Zip: _____

8. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

9. I declare under penalty of perjury under Florida Law that the foregoing information is true and correct.

10. Caregiver's Signature: _____ Date: _____