



Education is our investment in the future.

Parent's Authorization for Agent to Act in Interests of Child

I, the parent or guardian of _____ do hereby authorize
(name of student)

_____ to act as agent for me in making decisions
(name of temporary guardian)

regarding educational matters and in medical emergencies concerning my child _____

_____ for the current school year.
(name of student)

Signed: _____
Parent Date

Signed: _____
Temporary Guardian Date

State of _____

State of _____

County of _____

County of _____

On this _____ day of _____, 20____,

On this _____ day of _____, 20____,

_____ personally appeared before me,

_____ personally appeared before me,

_____ who is personally known to me,

_____ who is personally known to me,

_____ whose identity I verified on the basis of _____

_____ whose identity I verified on the basis of _____

_____ whose identity I verified on the oath/affirmation of,

_____ whose identity I verified on the oath/affirmation of,

_____, a credible witness,

_____, a credible witness,

to be the signer of the foregoing document, and he/she

to be the signer of the foregoing document, and he/she

Acknowledged that he/she signed it.

Acknowledged that he/she signed it.

Signed: _____
Notary Public

Signed: _____
Notary Public

My Commission Expires: _____

My Commission Expires: _____

*****THIS FORM NEEDS TO BE FILLED OUT EACH NEW SCHOOL YEAR*****