

CAREGIVER AUTHORIZATION FORM

Instructions: This form is to be used for unaccompanied youth experiencing based on the McKinney-Vento Act. McKinney-Vento eligible students, including unaccompanied youth, are entitled to enroll in school immediately, even if lacking documents normally required for enrollment or having missed application or enrollment deadlines during any period of homelessness [42 U.S.C. § 11432(g)(3)(c)(i)].

Instructions:

To authorize enrollment of a minor in school 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 minor named below.

1. Name of minor: _____
2. Minor's date of birth: _____
3. My name (adult giving authorization): _____
4. My relationship to student: _____
5. My home address: _____
6. My date of birth: _____
7. My state driver's license or identification card number: _____
8. Check one or both, as appropriate:
 - I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize educational decisions and related 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.

I agree to accept responsibility for all decisions concerning the regular or special education, health, and welfare of the child named above while they are a student in South St. Paul Public Schools residing in my home. I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature: _____ Date: _____