



Washoe County School District, Children in Transition

Caregiver Authorization form

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate education. For more information, contact the Children in Transition Program at 775-353-6938. This form is to be used for school purposes only.

Instructions: Complete this form for a) a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian, or b) when a person agrees to fulfill the role of a caregiver for the minor.

- To authorize the enrollment in school of a minor, complete items 1 through 6 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

1. Student Name (first, middle, last) _____
2. Student Birth Date _____
3. Person Completing Form _____
4. Home Address of Person Completing Form _____
5. Birthdate of Person Completing Form _____
6. State Driver's License or Identification Card Number of Person completing Form _____

Check one only:

- ☐ I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named above.
- ☐ I am an unaccompanied youth and am enrolling myself in this school.

Check one only if you are the Caregiver:

- ☐ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
- ☐ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize school related medical care and have received no objection.
- ☐ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize school related medical care and have received the attached authorization signed and notarized and/or witnessed from the parent(s) of the minor:

I declare under penalties of perjury under the laws of this state that the foregoing information is true and correct.

Signature of caregiver or youth

Date

Signature of caregiver or youth

Date