

South St. Paul Public Schools

Caregiver Authorization Form



Applications must be submitted by April 30. Submissions received after this date may incur additional fees.

Basic Information

Name of minor: _____

Minor's date of birth: _____

My name (Adult giving authorization): _____

My relationship to student: _____

My home address: _____

My date of birth: _____

My state driver's license or identification card number: _____

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: _____