



Mercer Island School District
4160 86th Avenue SE • Mercer Island, WA 98040
206-236-3330 • FAX 206-236-3333

DECLARATION OF GUARDIANSHIP FOR SCHOOL PURPOSES

This section to be filled out by parent or guardian in the presence of a notary public

DECLARES AS FOLLOWS:

(Parent or Guardian)

I am the parent or legal guardian of (student name) _____

(birthdate) _____, who has applied for enrollment in the

Mercer Island School District as a resident student for the _____ school year.

For the following school matters, _____ will be named as 'custodial parent'
(guardian for school purposes) and may sign permission slips, absence slips, and other similar aspects of school
business.

Date

Signature of Parent / Legal Guardian

Address

Phone Number

This section to be filled out by notary public

County of _____ State of _____

Subscribed and sworn before me on this _____ day of _____, 20____

(Notary)

RESIDING

This section to be filled out by new custodial parent (aka, guardian for school purposes)

Date: _____ Signature of custodial parent (aka, guardian for school purposes): _____

Address

Phone Number

This Declaration is valid for a maximum of one school year.