

Caregiver's Authorization Affidavit

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. There are situations when a child or youth who is homeless may not be able to reside with their parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education. This form is not a legal document and solely for school contact only.

The adult "caregiver" requesting enrollment for a minor student presenting him/herself for enrollment and educational services while not in the physical custody of a parent or legal guardian shall complete this form.

By signing below, I acknowledge the following:

- I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor student named below, who is unaccompanied by a parent or legal guardian.
- I agree to make a good faith effort to encourage the minor student named below to attend school.
- I will attempt to contact the school office if I become aware that the minor student named below will not be attending school on that day(s) and share whether the absence is with or without my approval.
- I have provided the school district with proof of my residence and personal identification.
- I understand that signing this document does not make me the legal guardian of the minor student listed below or make me financially responsible for the minor student, even if I am providing financial support to the student.
- I understand that I may choose to make educational decisions on behalf of the minor and in all other ways stand in for the authorizing party with respect to federal, state and district educational policy, including, but not limited to, accessing the minor's educational records, representing the minor in enrollment, disciplinary, curricular, special education or other matters, signing permission slips for school activities, and any other decision that facilitates the minor's educational experience.

Student Information

Name of the minor student: _____ Date of birth: _____

Last school or district the student attended: _____

Caregiver Information

Name: _____ Date of birth: _____

Home address: _____

Telephone number(s): _____ Email address: _____

General Information

Please check one and provide additional information if it is available:

The student is staying at my home address, as listed above.

The student is staying at the following location: _____

Please check any that apply:

While I am currently helping with the care of the minor student, I do not wish to assist school officials with making education-related decisions.

I have notified the parent(s) or other person(s) having legal guardianship of the minor of my intent to assist school officials with making education-related decisions in the best interest of the student and have received no objection.

Please provide the name and phone number for the parent: _____

I am unable to contact the parent(s) or legal guardian(s).

Caregiver Signature: _____ Date: _____

For School Use Only

This form should accompany the Student Residency Questionnaire. Send the original forms to the LEA Homeless Liaison. The student's cumulative file should not include a copy of this form and you should not make copies under any circumstances.

Name of school site personnel who enrolled the student: _____