

Caregiver's Authorization Form

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states 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.

Instructions:

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____

2. Minor's birth date: _____ SSN. _____

3. My name (adult giving authorization): _____ SSN. _____

4. My home address: PO Box _____ City _____ AZ _____ phone # _____.

5. Relationship to minor enrolling in PUSD _____

6. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize 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.

7. My date of birth: _____

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

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

Signature

Date

