

McKinney-Vento Homeless Education Program Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11434a(2)) requirement that children experiencing homelessness 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 student who is homeless may not choose to or be able to reside with his/her parent or legal guardian; however, this fact does not nullify the student's right to receive a free, appropriate public education.

Instructions: Complete this form for a minor student presenting himself/herself for enrollment and educational services while not in the physical custody of a parent or legal guardian.

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 a particular 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 some financial support to the student.
- Under the Family Education Rights Privacy Act ("FERPA")(20 U.S.C. § 1232g; 34 C.F.R. § 99), I am serving as the parent of the minor student named below in the absence of the student's parent(s) and/or legal guardian(s), and understand that I have authority to receive access to the minor student's education records.

1. Name of the minor student: _____

2. Student's date of birth (month/day/year): _____

3. My name (adult giving authorization): _____

4. My date of birth (month/day/year): _____

5. My home address: _____

6. 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: _____

7. My contact information:

Telephone number(s): _____

Email address(es): _____

8. Check any that apply (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 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.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intent to assist school officials with making education-related decisions in the best interest of the student.

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

Signature: _____

Date: _____