

**Leon County School District
Families in Transition Program
Caregiver 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 and youth are to have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act 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/guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education. This form is for informational purposes only and is not a legally binding document.

Instructions: Complete this form for a) a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian, or b) when a person agrees to fulfill the role of a caregiver for the minor.

- To authorize enrollment in school of a minor, complete items 1 through 6, and sign/date below.
- To authorize enrollment in school of and school-related medical care for a minor, complete all items and sign/date below.

1. Student Name (first, last) _____
2. Student's Birth Date _____
3. Person Completing Form _____
4. Home Address of Person Completing Form _____
5. City _____ State _____ Zip Code _____
6. Birth Date of Person Completing Form _____
7. State Driver's License or Identification Card Number of Person Completing Form _____

Check one only:

I am an unaccompanied youth and am enrolling myself in school.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named above.

NOTE - If this option is checked, caregiver MUST state one of the fields below

Check one only if you are the Caregiver:

I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

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 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 the attached authorization signed and notarized and/or witnessed form the parent(s) of the minor:

I declare under penalties of perjury pursuant to Florida Statutes §92.525 and state that the foregoing information is true and correct.

Signature of caregiver or youth

Date