

# JACKSON COUNTY *School District*

*"RAISING THE STANDARD"*

## Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children 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 child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

### Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

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

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

1. Name of Minor: \_\_\_\_\_

2. Minor's date of birth: \_\_\_\_\_

3. My name (adult giving authorization): \_\_\_\_\_

4. My home address: \_\_\_\_\_  
\_\_\_\_\_

5. 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.

6. My date of birth: \_\_\_\_\_

7. My state driver's license or identification card number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_