



Toledo Public Schools 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/continued 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: Caregiver must complete this form for a child/youth (students under the age of 18) presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize the enrollment/continued enrollment in school of a minor, complete items 1 through 9 and sign the form.
- To authorize the enrollment/continued and school-related medical care of a minor, complete all items and sign the form.

Please print clearly

1.	Name of minor (first & last name)	
2.	Minor's date of birth:	
3.	My name (adult giving authorization):	
4.	My home address:	
5.	My date of birth:	
6.	My state driver's license or identification number:	
7.	My contact number:	
8.	My email address (if you have one)	
9.	Relationship to minor:	

To authorize school-related medical care, 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.

As caregiver, I am committed to the educational success of the student. This includes, but not limited to the responsibility of the students attendance and signing official school documentation. (Caregiver must select one of the two options below:

Option 1: I agree and understand the responsibility

Option 2: I agree, but do not want the added responsibility for their attendance or signing official school documentation. I am just allowing the student to live in my home at this time. (If this is selected, TPS will assign a surrogate parent to handle all school related responsibilities).

I agree to be the caregiver for the student named above.. I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct. I understand this form is valid only for the current school year.

Signature: _____ Date: _____

Email completed form to pwelch1@tps.org