Appendix A

Consent for Guardianship*

Date: _____

Dear_____,
(adult accompanying the student)
The purpose of this letter is to verify that you are currently the adult in care (guardian) of

_____.
(student's name)

You are residing at_____
(full address of student's guardian)
During the time that you are caring for the above named student, you will be requested to authorize field trips, make medical decisions, communicate with the school on the student's progress and agree to the student's participation in extra-curricular activities and all other education-related decisions. You will be entitled to access the student's records and information regarding the student's progress.

In order for the school to have a clear understanding of this arrangement, please have the child's custodial parent sign this letter and return it to the school's office for our records. The school may call the custodial parent named in this letter to verify the authenticity of this arrangement. If at any time this arrangement is changed, please contact the school as soon as possible.

I _____, understand and agree to the
(Print name of guardian)
information provided in this letter. If at any time this arrangement changes, I will contact the school to inform the school's administration of the new arrangement.

_____ _____ _____
(Signature of guardian) *(Witness)* *(Date)*

I _____, understand and agree to the
(Print name of custodial parent)
information provided in this letter. If at any time this arrangement changes, I will contact the school to inform the school's administration of the new arrangement.

_____ _____ _____
(Signature of custodial parent) *(Witness)* *(Date)*

_____ _____
(Address of custodial parent) (*Phone Number of custodial parent)*

** Consent is not required if a Court Order has determined the arrangement.*

School Office use only

Date of issuing letter from school office: _____

Date of return of letter to school office: _____

c: Superintendent of Operations