

Menasha Joint School District

Caregiver's Authorization Form

"Person acting as a parent of a child" means a relative of the child or a private individual allowed to act as a parent of a child by the child's biological or adoptive parents or guardian, and includes the child's grandparent, neighbor, friend or private individual caring for the child with the explicit or tacit approval of the child's biological or adoptive parents or guardian. "Person acting as a parent of a child" does not include any person that receives public funds to care for the child if such funds exceed the cost of such care.

[Wis. Stat. § 115.76(13)]

In order to authorize school enrollment of a minor, please complete the following information and sign below.

No student will be denied initial school enrollment for any reason other than serving a current expulsion order.

Student Name: _____ DOB: _____ Grade: _____

Adult Caregiver Name: _____ Relationship to Student: _____

Address: _____ Phone Number: _____

Legal Guardian (circle one): **YES** **NO**

If **YES**, please **provide legal documentation.**

If **NO**, please **provide the following information:**

Parent(s)/Legal Guardian(s) Name: _____

Address: _____ phone _____

Are parents/legal guardians aware of this living situation (circle one)? **YES** **NO**

***Be aware that we may need to contact parents/legal guardians either way.**

Please explain why this student is not with his/her parent or legal guardian:

Please list any special needs or circumstances for which assistance can be given:

I, _____, have read and completed the above information to the best of my knowledge.

I FURTHER AGREE TO NOTIFY THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE SHOULD ANY CHANGES OCCUR IN THIS RELATIONSHIP.

Signature of Caregiver: _____ Date: _____

If you do not have legal rights to make decisions for this student and wish to have rights to student records and/or make educational decisions, please have Parent/Legal Guardian complete the backside of this document.

PERMISSION TO AN INDIVIDUAL FOR RIGHTS TO RECEIVE STUDENT RECORDS and/or RIGHTS TO MAKE EDUCATIONAL DECISIONS (Not for use in granting rights to agencies)

Rights to Receive Records: A Parent/Legal Guardian may provide permission to a third party, such as a step-parent or grandparent, to be given the Rights to Receive Records over a Student in order for the third party to receive that Student's educational records, in writing or oral format. I understand that by delegating the ability for the designated third party to receive Student records (as defined by state and federal law), the individual may receive my child(ren)'s progress, behavioral, and Student health records.

Rights to Make Educational Decisions: A Parent/Legal Guardian may also delegate authority to a third party to make educational decisions for that student. Educational decisions include such items as signing up for conferences, granting permission to attend school activities, communicating with the teacher and/or school, and assignment of courses. The Rights to Make Educational Decisions does not grant the responsibility for truancy, discipline, payment of fees, medical services, immunizations, enrollment, in-district transfer requests, report cards, or specialized educational services. In addition, the Rights to make Educational Decisions does not change the Parent/Legal guardian's rights to the Student and the parent/Legal Guardian shall remain responsible for all school related issues and decisions.

If you wish to grant an individual the Rights to Receive Records and/or Rights to Make Educational Decisions for your child, please complete the following (please check one or both of the following):

Parent/Legal Guardian Name	Student Name	Student Birthdate	Current School of Attendance	Rights Granted (Identify below)
				<input type="checkbox"/> Rights to receive record <input type="checkbox"/> Rights to make education decisions as defined above
				<input type="checkbox"/> Rights to receive record <input type="checkbox"/> Rights to make education decisions as defined above
				<input type="checkbox"/> Rights to receive record <input type="checkbox"/> Rights to make education decisions as defined above

I grant the above indicated rights to the students name above to the following individuals:

Name of the Individual	Street Address	City/State/Zip	Phone Number

I understand that this Rights to Receive Records and/or Rights to make Educational Decisions does not change any Parent's/Legal Guardian's rights to the Students and the Parent/Legal Guardian remains responsible for all school related issues. I further understand that this authorization is valid for one (1) year or until revoked, whichever is first, and that I may revoke this Rights to Receive Records and/or Rights to make Educational Decisions at any time by providing a written Revocation to the Menasha Joint School District.

Signature of Parent/Legal Guardian

Date

Witnessed by Signature

Date

Witness Printed Name

FOR SCHOOL USE ONLY	
Received by _____	Date _____
IC Flag Created: ____ YES ____ NO ____ Filed in Student Records Folder	
(Parent flag: User Warning state "Please see Caregiver's Authorization Form in Student Records Folder or Person Documents tab.")	