



## AHFACHKEE SCHOOL CAREGIVER AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children are to have immediate access to education and other services made available to non-homeless students. The McKinney-Vento Act specifically 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 or guardian.

This form may be used as a last resort to enroll a student when the parent or legal guardian of the minor is unable to be located and the minor is residing with an adult who is fulfilling the role of caregiver without having been named as such by a Tribal or State court.

### Instructions:

- To authorize enrollment of a minor in school, **complete items 1 through 6 and sign the form.**
- To authorize enrollment and school-related medical care of a minor, **complete ALL items and sign the form.**

**The minor named below lives in my home, and I am 18 years of age or older.**

1. Student's Name (first, middle, last): \_\_\_\_\_

2. Student's birth date (mm/dd/yy): \_\_\_\_\_

3. Print First and Last name of person completing form: \_\_\_\_\_

4. Home Address of Person Completing Form: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Birth Date of Person completing Form (mm/dd/yy) \_\_\_\_\_

6. State Driver's License or State ID Card Number of Person Completing Form: \_\_\_\_\_

*In the event that a State issued ID is unavailable; a Seminole Tribe of Florida enrollment card may be presented.*

### Check one only:

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

\_\_\_\_\_ I am an unaccompanied youth and am enrolling myself in this school.

### 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 persons 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 from the parent(s) of the minor.

**I declare under penalties of perjury under the laws of this state that the foregoing information is true and correct.**

Signature: \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_