

Designation of Guardianship Form

I (full legal name) _____ hereby attest that I am the (circle one) parent/legal guardian of student (full legal name) _____.

Further, I hereby designate guardianship of (full legal name) _____ to (full legal name) _____ (circle one) who is related/non-related to the student.

With my full knowledge and consent, the student currently lives with the above designated guardian, who resides within the boundaries of the Pocatello/Chubbuck School District. Therefore, I request that the student be enrolled at _____ in District 25. Moreover, I authorize the guardian to exercise all parental authority and fulfill all parental responsibilities with respect to student records, attendance, grades, student discipline, medical care and consent for participation in any course of instruction, field trip, school related trip, or extracurricular activities.

Parent/Legal Guardian Signature

Date

I (full legal name) _____ certify that I am the designated guardian with whom the student resides. I agree to act in good faith in the place of the parent/legal guardian and to fulfill my parental responsibilities and exercise my parental authority with respect to (full legal name) _____. I agree to notify the principal at _____ as soon as reasonably possible if the student is no longer living with me or if I decide I can no longer carry out full parental responsibilities with regard to student enrollment in the Pocatello/Chubbuck School District.

Designated Guardian Signature

Date

Address

Phone

Email