

EDUCATIONAL GUARDIANSHIP ACCEPTANCE OF RESPONSIBILITY



Name of Student's Parent/Legal Guardian	Parent/Legal Guardian Address	Name of Student	Student Date of Birth

I understand that I have been chosen by the Parent/Legal Guardian named above to act on behalf of the Student named above ("Student") as his/her Educational Guardian. I understand that this means that I will be fully responsible for all the necessary decisions required to assist and ensure that the Green Bay Area Public School District is providing educational and related services as required by law. I further understand that such educational services include, but are not limited to:

- Discipline
- Pupil records
- Intra-district transfer requests
- Medical services received at school
- Attendance
- Immunization
- Specialized education services
- Delegating authority to other individuals to pick up the Student from school in emergency situations
- Truancy
- Payment of fees
- Withdrawal of Student

As Educational Guardian, I will be allowed to communicate with District staff regarding the Student, including, but not limited to, such items as the Student's progress and disciplinary matters.

I further understand that the rights granted to me by this designation of Educational Guardianship may not be assigned, transferred, revoked, or otherwise conveyed by me. Only the child's Parent/Legal Guardian who granted this authority to me may revoke my rights as Educational Guardian and may do so at any time in writing. I understand that I will remain the Educational Guardian until such time as the Parent/Legal Guardian revokes this relationship. I agree to notify the school principal or his/her designee should any changes occur in this relationship.

I agree to act as the Educational Guardian of and be responsible for Student as it relates to assisting and ensuring that the Green Bay Area Public School District is providing educational and related services to Student as required by law. I certify that the information provided in this form is true and accurate.

Name of Educational Guardian	Educational Guardian Street Address	Educational Guardian City/State/Zip Code	Educational Guardian Phone

Signature of Educational Guardian

Date

Signature of Educational Guardian

Date

Witnessed By: _____

Print Name: _____ Date: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the ____ day of _____, 20__, by _____.

*
Notary Public, State of Wisconsin
My commission expires: _____

For School Office/Central Registration Use:

Received By: _____ Date: _____

IC Updated: Yes No