



TEMPORARY GUARDIANSHIP ENROLLMENT INFORMATION

OFFICE USE ONLY	
Date:	_____
Accepted:	_____ Rejected: _____
Residency Proof:	_____
Authorized by:	_____

Date: _____ I certify that I am the parent/legal custodian of _____ Student's Name

Student's date of birth: _____ Age: _____

I authorize and direct _____ to act as guardian for the above named student.
Temporary guardian's name/relationship to student

Temporary guardian's address: _____ Phone (home): _____
_____ Phone (work): _____
_____ Phone (cell): _____

The student shall permanently reside at the address of the temporary guardian while attending:
_____ School _____ Grade _____ School Year

Are the parents of the student separated or divorced? Yes _____ No _____

Describe the situation that makes this change in guardianship necessary and indicate the probable length of time the condition will exist.

I understand and intend that said guardian is to assume all of my powers regarding custody, well-being and property of my minor child, which are delegable under the Colorado Probate Code, including the authorization for emergency medical and dental treatment, for school purposes, and to receive delivery or payment of money and property due to said minor child. This authority shall remain in effect for a period not to exceed twelve (12) months or the expiration of the current school year, whichever comes first, unless revoked by me sooner.

Name of parent/legal guardian: _____

_____ Parent/legal guardian's signature _____ Date

Subscribed and sworn before me this _____ Day of _____ Year _____

_____ Notary Public _____ Address

I hereby acknowledge that I have read and understand the provisions of Section 15-14-105, Colorado Revised Statutes, 2001, and Section 22-1-102, Colorado School Laws, Revised 2005 (see reverse side of this form). I hereby certify that the student listed above will be in my care and custody and living in my home (at the temporary guardian's address listed above) during the limited term of this guardianship, and that I am a resident of the St. Vrain Valley School District. It is further understood and agreed that the student listed above may be withdrawn from the St. Vrain Valley School District if the provisions of this guardianship are not complied with as required.

Name of temporary guardian: _____

_____ Temporary guardian's signature _____ Date

Subscribed and sworn before me this _____ Day of _____ Year _____

_____ Notary Public _____ Address