MOUNT HOREB AREA SCHOOL DISTRICT

Website mounthorebschools.org District Office 1304 E. Lincoln Street, Mount Horeb, WI 53572 Phone 608.437.2400 | Fax 608.437.5597

Parent's Authorization for Agent to Act in Interest of Child

I, parent or guardian of _____ (name of student) do hereby authorize ______ (name of temporary guardian) to act as agent for me in making decisions regarding educational matters and in medical emergencies concerning my child for the current school year. _____ Parent Temporary Guardian _____ -----Date Date Please Print Legibly **Please Print Legibly** State of _____ State of _____ County of _____ County of _____ The above-named parent, _____ The above-named parent, _____ _____, personally _____, personally appeared before me this _____ day of appeared before me this _____ day of _____, 20_____. _____, 20_____. Notary Public Signature: Notary Public Signature: _____ -----My Commission: _____ My Commission: _____

Please complete each school year or when placement changes.

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