

**Madison Metropolitan School District  
Educational Guardianship for Parents Residing  
Outside MMSD**

**Note:** This form must be completed at the school by the educational guardian and the parent in the presence of an MMSD employee. In addition, this **form must be reviewed and signed by the enrollment office before the student enrolls.**

Educational guardianship allows a student whose parents do not reside within the MMSD attendance boundaries to attend school in the MMSD attendance area of the educational guardian. Residency and remission of tuition determination is made by the Enrollment Office according to MMSD Board of Education Policy 4051. This policy states that remission of tuition may occur for a nonresident student provided the student is living in the District clearly and necessarily for purposes other than primarily that of attending school. Please describe the primary reason the student(s) is/are residing with you and not their parent/legal guardian (**you must include the reason**).

**Educational Guardian**

FULL NAME OF EDUCATIONAL GUARDIAN:	HOME PHONE:
EMAIL	
ADDRESS, CITY, STATE, ZIP	
RELATIONSHIP TO PARENT/LEGAL GUARDIAN	

address verified with: ☐ lease ☐ mortgage ☐ MG&E

	student information	student information	student information
first & last name			
MMSD Student ID			
Date of Birth / Grade	/	/	/
Relationship to educational guardian			
Last school attended			
City and state of last school			
Has the student been expelled?	Yes    No	Yes    No	Yes    No

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MMSD school assigned			
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**Parent/Legal Guardian Authorization of Educational Guardianship**

**Parent/Legal Guardian(s) Contact Information**

FULL NAME OF FIRST PARENT/LEGAL GUARDIAN:	HOME PHONE:
EMAIL	
ADDRESS, CITY, STATE, ZIP	
RELATIONSHIP TO EDUCATIONAL GUARDIAN	

FULL NAME OF SECOND PARENT/LEGAL GUARDIAN:	HOME PHONE IF DIFFERENT FROM PARENT 1:
EMAIL	
ADDRESS, CITY, STATE, ZIP OF SECOND PARENT/LEGAL GUARDIAN IF DIFFERENT FROM PARENT 1	
RELATIONSHIP TO EDUCATIONAL GUARDIAN	

I, , hereby notify the Madison Metropolitan School District that I  
*name of parent or legal guardian*

have chosen  to act on behalf of my child/children,  
*name of educational guardian*

, as his/her/their guardian and be fully responsible  
*name of student(s)*

for all necessary decisions required to assist the Madison Metropolitan School District in providing educational  
services to  as required by law.  
*name of student(s)*

I understand that such educational services include but are not limited to discipline, pupil records, payment of fees, medical services, specialized educational services, truancy, etc.

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Parent/Legal guardian signature                      date                      signature of MMSD witness (if **not** notarized below)\*\*

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**\*\*MMSD Staff Only:** I verified the parent/legal guardian's identity with their photo ID or, the parent/legal guardian was not available to verify their identity (please explain below):

I understand that this Educational Guardianship will remain with the student while enrolled in the Madison Metropolitan School District. Once the student is no longer enrolled, the Educational Guardianship will no longer be active. If at any time you would like to remove this access, you will need to notify the Madison School District Enrollment Office to process.

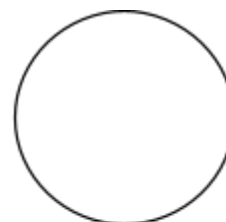
This document was signed before me on \_\_\_\_\_ by \_\_\_\_\_  
date

\_\_\_\_\_  
name of parent/legal guardian

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires \_\_\_\_\_.



notary seal

**Educational Guardian Responsibility for Educational Guardianship**

I, , have read the statement on page two, which indicates that  
name of educational guardian

, the parent/legal guardian of  
name of parent/legal guardian

, has chosen me to act on behalf of  
name of student(s)

, as his/her/their guardian and be fully responsible  
name of student(s)

for all necessary decisions required to assist the Madison Metropolitan School District in providing educational and related services as required by law. I understand the statement written by

on page two of this document and I agree to act on behalf of and  
name of parent/legal guardian

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be responsible for  as it relates to assisting and

*name of student(s)*

ensuring that the Madison Metropolitan School District is providing educational services to

as required by law.

*name of student(s)*

I understand that such educational services include but are not limited to discipline, pupil records, payment of fees, medical services, specialized educational services, truancy, etc.

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Signature of educational guardian

date

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MMSD employee witness: print name

Enrollment Office Official signature

date

	<b>For educational guardians of high school students only:</b> I understand that it is my and the student's responsibility to speak with the high school athletic director to determine the student's WIAA eligibility to participate in high school athletics.
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*initials of educational  
guardian*