



Mercer Island School District  
4160 86th Avenue SE • Mercer Island, WA 98040  
206-236-3330 • FAX 206-236-3333

## DECLARATION OF GUARDIANSHIP FOR SCHOOL PURPOSES

\_\_\_\_\_ DECLARES AS FOLLOWS:  
(Parent or Guardian)

I am the parent or legal guardian of (student name) \_\_\_\_\_

(birthdate) \_\_\_\_\_, who has applied for enrollment in the

Mercer Island School District as a resident student for the \_\_\_\_\_ school year.

For the following school matters, \_\_\_\_\_ will be named as 'custodial parent' and may sign permission slips, absence slips, and other similar aspects of school business.

\_\_\_\_\_ Date Signature of Parent / Legal Guardian

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

**Notary:**

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

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Notary)

\_\_\_\_\_ RESIDING



\_\_\_\_\_ Date Signature of "Custodial Parent"

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

This Declaration is valid for a maximum of one school year.