

**ESCONDIDO UNION SCHOOL DISTRICT  
TEMPORARY GUARDIANSHIP AGREEMENT**

NAME OF STUDENT \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

The Escondido Union School District requires that students who reside with persons **OTHER THAN** legal guardians or parents must have this form on file completed and signed by the parent or legal guardian, and by the adult assuming custody for the school. **This document must be renewed each school year.**

**CONDITIONS OF GUARDIANSHIP:**

1. All communications concerning the student will be directed to the custodial adult, including grade reports, disciplinary, attendance, truancy notifications, medical and health communications.
2. Custodial adult must assume the responsibility of communicating all items in number one, above, with the parent or legal guardian.
3. Custodial adult must have permission to make educational and medical decisions for the student.
4. The custodial adult will have the right to examine all student records as they pertain to the student's educational program.
5. The student must actually **RESIDE** with the custodial adult, and the residence requirements must be met according to District boundaries.
6. This agreement will be in effect for the balance of the school year in which it is entered **IF** all of the above conditions remain true and correct.

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**PARENT/LEGAL GUARDIAN AGREEMENT**

I give permission for my child, \_\_\_\_\_, to reside with the custodial adult,  
(Student's Name)

\_\_\_\_\_ who fully accepts and assumes the above listed conditions.  
(Name of person accepting responsibility for the above named minor)

I, \_\_\_\_\_ accept and agree to all the above listed conditions.  
(Name of Parent/Legal Guardian)

Parent/Legal Guardian Signature	Address	Phone Number
Signature of person accepting responsibility	Address	Phone Number

I, \_\_\_\_\_ hereby fully accept the above listed conditions. I further swear or certify  
(Parent/Legal Guardian's Name)  
under the penalty of perjury that the foregoing is true and correct.

**STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO**

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared  
before me.

Signature \_\_\_\_\_ (seal)

**DISTRICT ACCEPTANCE:** On behalf of the Escondido Union School District, I accept the above guardianship agreement.

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**PRINCIPAL SIGNATURE**  
PPR #103 (10/08)