



Student Assignment
Temporary Guardianship

This is to certify that: _____
Name of Student

_____, _____, is my _____ and that he/she is
Grade Level Date of Birth Relationship

residing with me at _____
Primary Residential Address

City, State

and that I will be legally responsible for the above named student during the period of enrollment in the public schools of Alachua County, if admission is granted. I acknowledge that this temporary supervision form is valid for the period of 120 days only. At which time, I will have applied and received, pursuant to Florida Statute 751.01, an order granting temporary custody to extended family member.

I am an adult head of household and a bona fide resident of Alachua County.

I further certify that the parents or legal guardian live outside of Alachua County and know and concur with this arrangement.

Name of Parent/Legal Guardian

Contact Phone Number

Street Address

City, State, Zip

Signature of Parent/Legal Guardian

Signature of Temporary Guardian

STATE OF FLORIDA
COUNTY OF ALACHUA
Sworn to and subscribed before me this
_____ day of _____, _____
By _____
Who is personally known to me or who has produced
_____ as identification.

Signature of Notary Public
_____ stamp

STATE OF FLORIDA
COUNTY OF ALACHUA
Sworn to and subscribed before me this
_____ day of _____, _____
By _____
Who is personally known to me or who has produced
_____ as identification.

Signature of Notary Public
_____ stamp