

FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE
MCKAY SCHOLARSHIP PROGRAM



GUARDIAN ISSUE FORM

- 1) *To change parent/guardian information, please provide the following information and attach the documentation indicated on page 2.*
- 2) *Fax this completed form and accompanying documents to your Regional Manager.*

Student's Name: _____ **Date of Birth:** _____

Previous Parent/Guardian Information:

First Name: _____ Last Name: _____

Signature: _____

SSN: _____ Date: _____

New Parent/Guardian Information:

First Name: _____ Last Name: _____

Street: _____ Phone: _____

City, Zip: _____ Email: _____

SSN: _____ Date: _____

Reason for the change: _____

* Signature: _____

*** Private School Information:**

School Name: _____ County: _____

School Contact: _____

Phone number: _____ School Code: _____

Contact Signature: _____ Date: _____

**** This information is REQUIRED in order to complete the change request.***

Rev.2/07/19

Please indicate the reason for your change request. You must provide a copy of the documentation listed below to verify the reason for change.

Reason for ChangeRequired Documentation

- | | |
|---|--|
| <input type="checkbox"/> Parent/guardian change of name due to change in marital status | <ul style="list-style-type: none"> • Marriage certificate/divorce decree • Social Security card with new legal name • Parent Affidavit |
| <input type="checkbox"/> Parent/guardian change of name due to deceased spouse | <ul style="list-style-type: none"> • Death certificate • Social Security card of new guardian • Parent Affidavit |
| <input type="checkbox"/> Change in guardian | <ul style="list-style-type: none"> • Court documentation • Social Security card of new guardian • Parent Affidavit |
| <input type="checkbox"/> Parent/guardian unable to sign | <ul style="list-style-type: none"> • Power of Attorney (<i>POA holder may not be the school or any school staff.</i>) • Social Security card of POA holder • Parent Affidavit |
| <input type="checkbox"/> Child moved to group home | <ul style="list-style-type: none"> • Power of Attorney (<i>POA holder may not be the school or any school staff.</i>) • Parent/guardian Social Security card • Parent Affidavit |
| <input type="checkbox"/> Foster parent | <ul style="list-style-type: none"> • Court documentation • Foster parent/guardian Social Security card • Parent Affidavit |
| <input type="checkbox"/> Change in parent signing (for convenience) | <ul style="list-style-type: none"> • Letter requesting the change signed by both parents • Social Security card of new parent • Parent Affidavit |
| <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> • Consult your Regional Manager |

Fax, mail, or email the completed Guardian Issue Form (both pages) and accompanying documentation to the attention of your Regional Manager.

Fax: 850-245-0875

Mail: Office of Independent Education and Parental Choice
325 W. Gaines Street, Room 1044
Tallahassee, FL 32399-0400

Email: Schoolchoice@fldoe.org