

**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.***

**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 Change

Required Documentation

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

**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

