

TEMPORARY CUSTODY

I,	(name of legal guardian)	, the legal	guardian of _	(name of student)	
do here	by grant temporary cust	ody of	(name	e of student)	
to			for the	2019-2020 school ye	ar or until
	(date)				
	(name of student)	will resid	de at	(address)	
in		_, Wisconsin.	The purpose	e for this temporary c	ustody is:
	(name of temporary guard	lian)	is hereb	y authorized to act as	s agent for
	(name of student)		in all ed	ucational matters and	t is also

authorized to act as agent in all medical emergencies.

I ATTEST THAT I HOLD THE AUTHORITY TO MAKE DECISIONS FOR THIS CHILD. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Dated: ____

Signed:

Legal Guardian