



MOUNT HOREB AREA SCHOOL DISTRICT

Phone 608.437.2400 | Fax 608.437.5597 | Website mounthorebschools.org
District Office | 1304 E. Lincoln Street, Mount Horeb, WI 53572

Parent's Authorization for Agent to Act in Interest of Child

I, parent or guardian of _____ do hereby authorize
(name of student)

_____ to act as agent for me in
(name of temporary guardian)

making decisions regarding educational matters and in medical emergencies concerning my
child, _____ for the current school year.
(name of student)

Parent

Temporary Guardian

Date

Date

Please Print Legibly

Please Print Legibly

State of _____

State of _____

County of _____

County of _____

The above-named parent, _____
_____, personally
appeared before me this _____ day of
_____, 20_____.

The above-named parent, _____
_____, personally
appeared before me this _____ day of
_____, 20_____.

Notary Public Signature: _____

Notary Public Signature: _____

My Commission: _____

My Commission: _____

This form needs to be filled out each school year.

- Dr. Steve Salerno**, Superintendent | salernosteve@mhasd.k12.wi.us | 608.437.7010
- Mr. Scott DeYoung**, Associate Superintendent Business and Finance | deyoungscott@mhasd.k12.wi.us | 608.437.7030
- Mr. Brian Johnson**, Director of Student Services | johnsonbrian@mhasd.k12.wi.us | 608.437.7016
- Mrs. Sarah Straka**, Director of Instruction | strakasarah@mhasd.k12.wi.us | 608.437.7013
- Mrs. Cynthia Swart**, Human Resources Coordinator | swartcynthia@mhasd.k12.wi.us | 608.437.7034