



State of Arizona
Department of Education

Additional Parent/Guardian Request Form

Applicant Parent's Name	
ESA APP ID (if known)	
Student's Name	
Student's Date of Birth	
Additional Parent/Guardian's Name	
Additional Parent/Guardian's Address (if applicable)	

By signing this document I understand:

- The additional applicant **MUST** have legal guardianship of the student
- ESA Staff may communicate account information with the Additional Parent/Guardian listed above (e.g.: expense report received/approved, contract received, award amount, etc.)
- The Additional Parent/Guardian may be added to the ESA email list
- The Additional Parent/Guardian will not be able to change or sign documents

Applicant Parent Name (*Print*)

Additional Parent/Guardian Name (*Print*)

Applicant Parent Name (*Signature*)
(*Signature*)

Additional Parent/Guardian Name

Date

Date



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Internal Use Only		Time Stamp	
Reviewed by		Date Entered	