



State of Arizona  
Department of Education

Additional Parent/Guardian Request Form

Internal Use Only		Time Stamp	
Reviewed by		Date Entered	
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)			
Additional Parent/Guardian's Email Address (optional)			

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*)

\_\_\_\_\_  
Additional Parent/Guardian Name (*Signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date