

The District currently utilizes two forms for parents to grant parental authority to another adult.

The **In-Loco-Parentis Affidavit** (Form number **SAO 0031A** in District Forms Database) requires the signature of the parent. This form is used when the parent or guardian **is available** to grant authority to another adult.

The **Affidavit of Adult Exercising Supervisory Authority** requires the signature of the adult who is assuming the role of the parent in the absence of the parent or guardian. This form is used when the parent or guardian **is not available** to grant authority to another adult.

Parents may elect to grant authority to another adult when they will be traveling out of state or out of the country, when they need assistance from another adult due to their work schedule, while they are incarcerated, etc. Both forms must be notarized.

If you have any questions regarding the use of these two forms, please contact Stacey Cason, in Student Services, at 429-4524 or Bobbi Booth, in the Legal Department, at 429-5546.

**SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA  
IN-LOCO-PARENTIS AFFIDAVIT**

I/We \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_,  
Parent(s)/guardian(s) Name(s) Student Name  
whose date of birth is: \_\_\_\_\_, and who currently resides at:

\_\_\_\_\_  
Current address of parent(s)/guardian(s)

request that:

\_\_\_\_\_  
Person named to act In-Loco-Parentis

\_\_\_\_\_  
Address of In-Loco-Parentis

\_\_\_\_\_  
Relationship of In-Loco-Parentis to Student

\_\_\_\_\_  
Telephone Number of In-Loco-Parentis

\_\_\_\_\_  
E-mail Address of In-Loco-Parentis

\_\_\_\_\_  
Alternate Telephone Number of In-Loco-Parentis

upon signing the acceptance set forth below, be permitted to serve in-loco-parentis for my/our child until the end of the current school year, or until such earlier time as I/we may revoke this designation in writing, for the following purposes (check one):

I/we live outside St. Lucie County and my/our child may reside with the person named above in St. Lucie County, who shall serve as follows:

OR

In the event of my absence or unavailability, the person named above shall serve as follows:

The person named to act In-Loco-Parentis shall assume full responsibility in any and all school-related functions and communications for my/our child, including, but not limited to, access to all education records, parent-teacher conferences, consents to evaluations, meetings to determine eligibility and placement in exceptional or alternative educational programs, and meetings to determine eligibility for student services, including but not limited to IEP meetings.

I/we understand that this affidavit is an annual designation that will expire on June 30<sup>th</sup> of the current school year and that I/we must complete a new In-Loco-Parentis Affidavit for each school year that I/we wish to designate an individual to act In-Loco-Parentis for my/our child.

\_\_\_\_\_  
Parent Signature

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE AND SEAL OF NOTARY PUBLIC: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
I ACCEPT the above designation to act In-Loco-Parentis for the Student named above.

\_\_\_\_\_  
Signature of In-Loco-Parentis

\_\_\_\_\_  
Printed Name of In-Loco-Parentis

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE AND SEAL OF NOTARY PUBLIC: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF ADULT EXERCISING SUPERVISORY AUTHORITY, IN PLACE OF THE PARENT,  
OVER A CHILD ENROLLED IN PUBLIC SCHOOLS IN ST. LUCIE COUNTY, FLORIDA**

**STATE OF FLORIDA  
COUNTY OF ST. LUCIE**

**BEFORE ME**, the undersigned authority, personally appeared:

\_\_\_\_\_ (“Adult”),  
[Name of Adult exercising supervisory authority over Child enrolled in public school]

who, being first duly sworn, deposes and states as follows:

1. I am a resident of St. Lucie County, Florida, whose home address and telephone number are:

**My Home Address:** \_\_\_\_\_

Telephone: \_\_\_\_\_

2. I am the Adult who exercises supervisory authority, in place of the parent, over a child enrolled in public schools in St. Lucie County, Florida. The full name, date of birth, and social security number of the child enrolled in public school (“Child”) are as follows:

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

3. My family or other relationship to the Child is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I am exercising supervisory authority over the Child in place of the Parent because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The Child resides with me at my Home Address listed above, and the Child does not reside with either parent or with an appointed guardian.

6. The addresses and telephone numbers of the natural (birth) parents of the Child, or of any appointed guardian of the Child, are as follows (if known):

**Father's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Guardian's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

7. I understand that the School Board of St. Lucie County, Florida ("School Board"), will rely upon the information provided by me in this Affidavit in assigning the Child to a public school. I also understand that the School Board may verify the information provided in this Affidavit by visit to my Home Address listed above or otherwise. **UNDER PENALTY OF PERJURY, I DECLARE THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS TRUE AND CORRECT AND IS NOT GIVEN WITH THE INTENT TO EVADE OR AVOID THE ASSIGNMENT RULES OF THE SCHOOL BOARD.**

**SIGNATURE OF ADULT:**

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by (name of Adult): \_\_\_\_\_. He/she  is personally known to me, or  has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
**Notary Public—State of Florida**  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_