

ST LUCIE PUBLIC SCHOOLS, FLORIDA
IN-LOCO-PARENTIS AFFIDAVIT

I/We _____, parent(s)/guardian 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 name 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 30th 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

STATE OF FLORIDA
COUNTY OF ST. LUCIE

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.

Signature: _____
NOTARY PUBLIC-STATE OF FLORIDA

(SEAL)

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I ACCEPT the above designation to act In-Loco-Parentis for the student named above.

Printed Name of In-Loco-Parentis

Signature of In-Loco-Parentis

STATE OF FLORIDA
COUNTY OF ST. LUCIE

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.

Signature: _____
NOTARY PUBLIC-STATE OF FLORIDA

(SEAL)