

2020-21 Parent/Guardian Authorization of Loco Parentis

Student's Last Name	Student's First Name	2020-21 Grade	Date of Birth	Age	M/F/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's Last Name	Parent's First Name	Previous School Attended			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Parent's Current Street Address	Apt.	Home Phone	Alt Phone (Cell #)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Parent's Current City	State	Zip	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Caregiver's Last Name	Caregiver's First Name	Relationship to Student			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Caregiver's Street Address	Apt.	Cell Phone Number	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Caregiver's City	Zip	School of Residence			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

I hereby authorize the person named above as Caregiver to act in Loco Parentis (the capacity of parent) to said minor in all school-related matters and to assume educational responsibility for said child. Such responsibility includes the right to review and secure copies of said student's educational records, fully represent the student in all school-related matters and authorize school-related and any other medical care.

I understand that if my child is not actually living full time, 7 days a week, 24 hours a day, including periods of school recess and vacation, with the above-named Caregiver, my child's enrollment in the school district will cease immediately. **I declare under penalty of perjury that the facts as stated above are true and accurate.** Caregiving adults and/or parents/guardians who provide false information may be subject to fines, imprisonment, or both, as well as civil liability which may arise out of the providing of false information. In the event that my son or daughter does not live at the address given above, I understand that I must notify the school the student is attending as well as the Mountain View-Los Altos UHSD Associate Superintendent of Educational Services at 650/940-4650 x0031 of this within 72 hours, and if I do not, **I will be fully liable for any and all costs incurred by the district in establishing the student's true residency.** I hereby release the District and its employees from any and all liability resulting from the District's reliance on this affidavit and agree that in the event of any claim or cause of action, including but not limited to claims of personal injury and property damage, as a result of the District's reliance on this affidavit, I will indemnify and hold harmless the District.

PLEASE NOTE: Use of Caregiver's Affidavits to establish residency must be substantiated by truthful, accurate and complete documentation. Further, the District may initiate legal action against any caregiver, resident, and/or parent/guardian who provides false information or makes false assertions or may report such person to law enforcement.

I have read, understand and agree to comply fully with the above.

Signature of Parent/Guardian

Date