



SUWANNEE COUNTY SCHOOL DISTRICT

1740 Ohio Avenue, South
Live Oak, FL 32064

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 Suwannee County and my/our child may reside with the person named above in Suwannee 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 30 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/Guardian Signature

STATE OF FLORIDA

COUNTY OF SUWANNEE

Sworn to (or affirmed) and subscribed before me this ____ physical presence or ____ online notarization, this ____ (date) ____ (month), 20 ____ (year), by (name of person): _____.

Signature of Notary Public-State of Florida: _____ (SEAL)

Name of Notary Typed, Printed, or Stamped: _____

Personally Known ____ OR Produced Identification ____ Type of Identification Produced _____.

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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 SUWANNEE

Sworn to (or affirmed) and subscribed before me this ____ physical presence or ____ online notarization, this ____ (date) ____ (month), 20 ____ (year), by (name of person): _____.

Signature of Notary Public-State of Florida: _____ (SEAL)

Name of Notary Typed, Printed, or Stamped: _____

Personally Known ____ OR Produced Identification ____ Type of Identification Produced _____.