



ACCEPTING LEGAL RESPONSIBILITY OF RESIDENT STUDENT

Date _____

Superintendent of Schools
Monroe County School District
241 Trumbo Road
Key West, Florida 33040

I do hereby acknowledge that _____
(Name of Student)

is residing with me at _____
(Address)

and attending _____
(Name of School)

Even though _____ is not
(Name of Student)

my (son) (daughter) (ward), I agree to accept full legal responsibility for this student while he or she is in attendance at a public school in Monroe County.

This student's residence with me is with the knowledge and consent of his or her legal parents or legal guardian. I agree to make any necessary emergency and/or legal decisions regarding this student while he or she is residing with me and attending school

Signature

Print Name

Notary Public

*This forms execution is required for attendance of all students attending public schools in Monroe County who are not residing with either of their parents or a legal guardian as per Board Policy 2.1.5. Parental Consent.