



PARENTAL CONSENT FOR STUDENT LIVING WITH OTHER THAN PARENT

Date _____

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

I do hereby acknowledge that my (son) (daughter) (ward)

is residing with _____

at _____

(Address)

and attending _____.

(Name of School)

This is with my knowledge and consent.

I acquiesce to the fact that _____ will be held

legally responsible for my (son) (daughter) (ward) while he or she is in attendance in the

Monroe County School System and empower the aforementioned party to make any necessary

emergency and/or legal decisions in behalf of my child or ward.

I agree to save harmless the District School Board of Monroe from any legal action arising from

my not being in residence with my child or ward to act in the legal capacity of a parent.

Signature of Parent or Guardian

Relationship

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.