PINELLAS COUNTY SCHOOLS AFFIDAVIT TO ESTABLISH AN IN LOCO PARENTIS (CAREGIVER) RELATIONSHIP

Parent's Grant of Responsibility and Authority to Caregiver(s):				
Mr. and/or Mrs.	Name of Parent(s)			
	Name of Farcin(s)			
-	Address of Parent(s)			
the parent(s) of _				, agree to have
their child(ren) reside with the Caregiver(s) and grant Caregiver(s) responsibility and authority over child(ren) listed above until				
revoked in writing.				
Mr. and/or Mrs.	Name of Caregiver(s)			
-	Address of Caregiver(s)			
	Home Phone Number of Caregiver(s)		Cell Phone Number of Caregiver(s)	
Effect of Granting Caregiver Responsibility and Authority over Child[ren]:				
The parent(s) and Caregiver(s) each agree that by signing this agreement, the Caregiver(s) shall have full responsibility and authority over the child(ren) regarding educational decisions and communications with the school including but not limited to school enrollment, medications, and all decisions regarding students with disabilities and medical decisions. This Agreement is not sufficient to establish residency for purposes of athletics eligibility. In such cases, guardianship				
must be appointed legally by a court of competent jurisdiction in accordance with the rules of the Florida High School Athletics Association.				
Caregiver(s) and Parent(s) MUST sign before a Notary. A Notary is available at School:				
	Parent(s)		Signature	
State of Florida County of	···		Signature	
Sworn to and sub	oscribed before me this	day of		_ , A.D., 20,
by		· -		_
Personally Know	nor Produced Identification	Type of Ider	Notary stification produced:	
Mr. and/or Mrs	Caregiver(s)		Signature	
State of Florida			Signature	
Sworn to and sub	oscribed before me this	day of		_ , A.D., 20,
by		· -		_
Personally Known or Produced IdentificationType of Identification produced:				

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