

## **Mountain View-Los Altos Union High School District** 1299 Bryant Avenue · Mountain View, CA · 94040 · (650) 940-4655

This affidavit is valid for the current school year

## 2019-20 Parent/Guardian Authorization of Loco Parentis

Student's Last Name	Student's First Name			2019-20 Grade	Date of Birth Age M/F/N
Parent's Last Name	Parent's First Name			Previous	School Attended
Parent's Current Street Address		Apt.	Home Phone		Alt Phone (Cell #)
Parent's Current City		State	Zip	Country	
Caregiver's Last Name	Caregiver	's First Na	me	Relations	hip to Student
Caregiver's Street Address	L	Apt.	Home Phone	J [	Alt Phone (Cell #)
Caregiver's City		Zip	School of R	esidence	
I hereby authorize the person named ab school-related matters and to assume edu and secure copies of said student's educ school-related and any other medical car.  I understand that if my child is not actual	ucational respectional recor	oonsibility ds, fully r	for said child. Sue epresent the studer	ch responsibi at in all school	lity includes the right to review ol-related matters and authorize
and vacation, with the above-named Carunder penalty of perjury that the fact who provide false information may be so the providing of false information. In that I must notify the school the student of Educational Services at 650/940-4655 incurred by the district in establishing any and all liability resulting from the Eaction, including but not limited to claim affidavit, I will indemnify and hold harm	s as stated a ubject to fine e event that n is attending a 5 of this with g the studen District's relians of persona	bove are as, imprison my son or as well as thin 72 hou t's true rence on thin il injury ar	true and accurate nment, or both, as daughter does not the Mountain View rs, and if I do not, esidency. I hereby s affidavit and agre	Caregiving well as civil live at the ad r-Los Altos U will be ful release the lee that in the	adults and/or parents/guardians liability which may arise out of dress given above, I understand JHSD Associate Superintendent lly liable for any and all costs District and its employees from event of any claim or cause of
PLEASE NOTE: Use of Caregiver complete documentation. Further, the parent/guardian who provides false info	ne <u>District</u>	may initia	ate legal action	against any	caregiver, resident, and/or
I have read, understand and agree to com	ply fully wit	h the abov	e.		
Signature of Parent/Guardian		Date			