ZILLAH PUBLIC SCHOOLS
Declaration of Custodian
"in loco parentis"

I, _____ attest that I am providing food, housing, care and
(name of person)
maintenance, including as necessary, financial support, to _____ including
(name of student)
providing informed consent for health care decisions on behalf of _____
(name of student)
including financial responsibility for such decisions. I represent to the Zillah School District that I stand as the parent to this child "in loco parentis" and I accept that responsibility.

I am providing this form in order to allow _____to enroll
(name of student)
and attend school in the Zillah School District.

Dated this _____ day of _____ , 20___ , at Zillah, Washington.

_____
Signature

_____
Printed Name

STATE OF WASHINGTON)
:ss.
County of Yakima)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: _____, 20___.

_____

Notary Public in and for the
State of Washington.
My appointment expires: _____