



SCHOOL PATRON AUTHORIZATION I

This form is to be used only when there are extreme circumstances which prohibit the parents/legal guardian to enroll their child.

Part I Certification of Parent/Guardian

This is to certify that _____,
(Name of school patron) (relationship to child)

has my permission to act in a parental relationship and have supervisory authority for school purposes over my child/children listed below. This permission is to remain in effect until written notification of revocation is given by me.

List full name and date of birth of each child:

Child's Name	Date of Birth	Child's Name	Date of Birth
Child's Name	Date of Birth	Child's Name	Date of Birth

Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian		
Street Address	City	State FL	Zip Code
Home Telephone with Area Code ()	Work Telephone with Area Code ()		

Notary Public: State of Florida, County of Volusia, Sworn to and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public _____

Typed, Printed or Stamped Name of Notary _____

My commission Expires _____

Notary Public Commission Number _____

Part II Certificate of School Patron

This is to certify that I accept supervisory authority and will act in a parental relationship for school purposes over the children listed above. This acceptance is to remain in effect until written revocation is given.

Date	Name of School Patron	Signature of School Patron		
Address	City	State FL	Zip Code	
Date of Birth	Social Security Number	Driver's License Number		
Home Telephone ()	Work Telephone ()	Beeper or Cell Phone Number (if available) ()		

A copy of the photo identification of the School Patron must be attached to this form.

Note: This document satisfies the educational purposes of the School District of Volusia County and is not valid for any other purposes, nor does it take place of a court order for custody.

Authority: FS 1000.21(5)