

TO BE USED IF THE PARENTS LIVE IN THE STATE OF UTAH

DESIGNATION OF RESPONSIBLE ADULT

1. **COMPLETELY** fill out the form including the reason the child will reside with the Responsible Adult. ***This form will not be processed without addresses and signatures notarized.***
2. Signatures of the Responsible Adult and parents **must** be notarized.
3. Return all pages of the completed form to:

Jan Prince
Washington County School District
Student Services
121 W Tabernacle
St. George, UT 84770
435-673-3553 x 5164
jan.prince@washk12.org

DO NOT RETURN THE FORM TO THE SCHOOL

District Authorization must be complete in order to enroll your student in the school.

If you would like an appointment with student services go to: studentservices.washk12.org and click on the Guardianship and Responsible Adult Appointment Scheduler.

Washington County School District
DESIGNATION OF RESPONSIBLE ADULT
MUST BE COMPLETELY FILLED OUT INCLUDING NOTARIZED SIGNATURES

CHILD

Child _____	Date of Birth _____	Previous School/District _____
Child _____	Date of Birth _____	Previous School/District _____

MOTHER'S INFORMATION

_____ MOTHER OF THE CHILD (CHILDREN)
MOTHER'S Address _____ (Street, City, State, Zip) Phone _____
Mother is deceased: NO YES
The MOTHER'S rights have been removed or restricted by a court of law: NO YES (If yes, attach document of proof)

FATHER'S INFORMATION

_____ FATHER OF THE CHILD (CHILDREN)
FATHER'S Address _____ (Street, City, State, Zip) Phone _____
Father is deceased: NO YES
The FATHER'S rights have been removed or restricted by a court of law: NO YES (If yes, attach document of proof)

NOTARIZED SIGNATURES - REQUIRED

I certify that the information I have provided is true. I further certify that the child (children) will reside with the RESPONSIBLE ADULT(S) who is authorized to have full authority to take any appropriate action, including authorization for educational and medical services, in the interest of the child (children).	
Signature of MOTHER _____	Date _____
Signature of FATHER _____	Date _____
Notary: State of Utah, County of _____	
Notary Public _____	
Subscribed, and sworn to before me on this _____ day of _____ 20____	

RESPONSIBLE ADULT(S) (Must be 21 and able to provide for the physical, mental, moral and emotional health of the child).

RESPONSIBLE ADULT(S) with whom the child (children) will reside:		
_____	_____	_____
Name	Address – Street, City, State, Zip	Phone
_____	_____	_____
Name	Address-Street, City, State, Zip	Phone

RESPONSIBLE ADULT NOTARIZED SIGNATURES - REQUIRED

I certify that the information I have provided is true. I further certify that the child (children) will reside with me and I agree to provide for the physical, mental, moral and emotional health of the child (children), this includes assuming responsibility for any fees or other charges relating to the child's education.

Signature RESPONSIBLE ADULT

Date

Signature RESPONSIBLE ADULT

Date

Notary:

State of Utah, County of _____

Notary Public

Subscribed, and sworn to before me on this _____ day of _____ 20__

* This designation does not confer legal guardianship to the RESPONSIBLE ADULT.

* This designation remains in effect until:

- 1) The child turns 18, or is married.
- 2) The designation expires if such a date is indicated on this document.
- 3) The designation is revoked, in writing, by the MOTHER, FATHER or RESPONSIBLE ADULT.
- 4) The designation is revoked by the Washington County School District, or
- 5) Superseded by an order from the court.

* The following must be presented at the school for registration:

- 1) This signed document
- 2) Student immunization records or waiver
- 3) Student birth certificate (or other reliable proof of the student's identity).
- 4) Transcript (not required, but strongly recommended for Secondary Schools).

* Fraudulent or misleading information may result in the student being removed from school. In addition, Utah Code 76-8-504 *Written False Statement* provides punishment for submitting fraudulent or misleading information.

AUTHORIZATION

To be completed by ***District Office Administrator***

The above named person(s) is recognized by the Washington County School District as being the RESPONSIBLE ADULT(S) with whom the child (children) will reside and is authorized to act on behalf of the child (children) in educational matters.

Superintendent or Designee

Date

The RESPONSIBLE ADULT may enroll the children at the designated schools.

_____ at _____ School

_____ at _____ School

_____ Already enrolled at school. Approved to continue.

**Washington County School District
DESIGNATION OF RESPONSIBLE ADULT
ADDITIONAL INFORMATION**

Reason the child (children) will reside with the RESPONSIBLE ADULT(S):

Washington County School District

INABILITY TO LOCATE A PARENT

CHILDREN

_____	_____
Child	DOB
_____	_____
Child	DOB

ABSENT PARENT

The AUTHORIZING PARENT is unable to locate the following parent:

_____ Mother / Father

AUTHORIZING PARENT

I _____ am the AUTHORIZING PARENT for the designation of a RESPONSIBLE ADULT for the above named child (children). I certify that after due diligence I am unable to locate and obtain a signed statement from the above named parent authorizing the appointment of a RESPONSIBLE ADULT for the child (children).

Signature _____ Date

Notary:

State of Utah, County of _____

_____ Notary Public

Subscribed, and sworn to before me on this _____ day of _____ 20_____

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