

Galt Joint Union Elementary School District

Authorization for Adult to Act as a Custodial Parent

1018 C Street, Suite 210, Galt, CA 95632-1733 (209)744-4545 (209)744-4553 FAX www.galt.k12.ca.us

This form must be completed for stepparents, relatives, and other responsible authorized adults to act in the parent's behalf.

One Form Per Child

I verify that I am the natural parent/legal guardian of the child named below and have legal custody of this child. I give my authorization for the adult designee below to act on my behalf in school matters such as, but not limited to, signing absence verifications, approving field trips, acknowledging notifications, and signing other authorizations.

My name (*adult giving authorization*): _____

Relationship to Child: _____ Driver's License Number: _____

My home address: _____

City: _____ County: _____ State: _____

Name of Adult Designee: _____

Adult Designee's home address: _____

City: _____ County: _____ State: _____

Name of child: _____

Child's age: _____ Date of birth: _____

Signature of Parent/Guardian _____ Date _____

Print Name Clearly _____

Signature of Parent/Guardian _____ Date _____

Print Name Clearly _____

Signature of Adult Designee _____ Date _____

Print Name Clearly _____

NOTE: It is strongly recommended that this form be notarized prior to accepting.