



ACCEPTANCE OF LIMITED POWER OF ATTORNEY
EDUCATIONAL GUARDIANSHIP AFFIDAVIT

(Appendix 14)

IN RE: Student's Full Name: _____
School Assigned: _____
Student's Date of Birth: _____ Student's Grade: _____

BEFORE ME, the undersigned authority, personally appeared the undersigned who, after first being duly sworn, deposes and says:

- 1. My name is _____ and I reside at _____
- 2. I am eighteen (18) years of age or older, and am otherwise legally competent. I have been charged with and accept responsibility for discipline, care, custody, health and accident problems of the above named minor student while the student is enrolled in the Charlotte County Public School system. I accept the foregoing responsibility from the custodial parent.
- 3. I agree to become the school patron for and stand *in loco parentis* for the student, fully recognizing my potential responsibility for the student, including but not limited to, truancy, failure to return or the loss, destruction or unnecessary damage occurring to textbooks distributed by the School Board of Charlotte County, and the willful destruction of public property during the period of patronage. The student will reside in my home at the above address, and will continue to reside at that address at least four (4) of the five (5) school days during each and every week through the entire school year.
- 4. I understand and accept the responsibilities with which I am charged.
- 5. I am fully aware of and understand the School Board's policy concerning reassignment and neither the execution of this affidavit nor the living arrangements set forth above violate the intent of such reassignment policy.
- 6. I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Signature _____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Before me, the undersigned authority, this _____ day of _____, year _____ personally appeared _____ who is personally known to me or who produced _____ as identification, who did/did not take an oath, and who acknowledged to and before me that (s)he executed the foregoing instrument for the purposes therein expressed.

NOTARY PUBLIC, Commission No. _____

My Commission expires: _____

(Seal)