

Form 3120F9 must be completed by the Caregiver as well.

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ School _____

I/We give consent for the student to remain in the residential care of _____
who resides at _____
Caregiver's name and relationship to student

Address _____ City _____

I/We hereby authorize this caregiver to provide consent as necessary and to make all decisions regarding the student's education, health, and emergencies, while the student is in his/her care. I/We further authorize this caregiver to receive communications and education records from the school for the student while the student is in his/her care.

This consent is effective until _____ (expiration date required), unless it is revoked prior to expiration by either parent at any time by delivering signed, written notice to the caregiver and the school.

If only one parent/legal guardian is available to consent, please explain the reason(s) why the other parent/legal guardian has not signed the consent:

Reason _____

Mother/Legal Guardian 1:

****Original signature required! Please print and sign.****
(This notation will not print.)

Sign here before a Notary Public _____ Date _____

Print/Type name _____

NOTARY USE ONLY

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____

Signature _____
****Original signature required! Please print and sign.****
(This notation will not print.)

Name (print or type): _____

Notary Public in and for the State of Washington, residing at _____ City _____ County _____

Seal/Stamp _____ My Commission expires: _____

Father/Legal Guardian 2:

****Original signature required! Please print and sign.****
(This notation will not print.)

Sign here before a Notary Public _____ Date _____

Print/Type name _____

NOTARY USE ONLY

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____

Signature _____
****Original signature required! Please print and sign.****
(This notation will not print.)

Name (print or type): _____

Notary Public in and for the State of Washington, residing at _____ City _____ County _____

Seal/Stamp _____ My Commission expires: _____