

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

## DESIGNATION OF RESPONSIBLE ADULT

1. Must meet the criteria as outlined in Policy 2920
2. **COMPLETELY** fill out the attached form. Be sure to include the reason the child will reside with the Responsible Adult. ***This form will not be processed without addresses and signatures.***
3. Signatures of the Responsible Adult and parents **must** be notarized.
4. After the document has been completed, please submit it 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](mailto:jan.prince@washk12.org)

### **DO NOT RETURN THE FORM TO THE SCHOOL**

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

If you have questions and would like to make an appointment with student services go to: [studentservices.washk12.org](http://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**  
**ONLY IF THE PARENT(S) LIVE IN THE STATE OF UTAH**

**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 _____	Phone _____	
(Street, City, State, Zip)		
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 _____	Phone _____	
(Street, City, State, Zip)		
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
<b>Notary:</b> State of Utah, County of _____	
_____ <b>Notary Public</b>	
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 child/children at the designated schools.

\_\_\_\_\_ at \_\_\_\_\_ School

\_\_\_\_\_ at \_\_\_\_\_ School

Approved

Denied: \_\_\_\_\_

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

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