

SCHOOL DISTRICT OF PHILADELPHIA

**DELEGATION OF PARENTAL RESPONSIBILITY
PARENT/LEGAL GUARDIAN**

We/I do hereby delegate to _____, who reside at _____, full authority over, and responsibility for my/our son/daughter _____.

(Student's name)

This delegation is being made because _____

MOTHER	HOME ADDRESS	SOCIAL SECURITY NO.
	HOME TELEPHONE NO.	WORK TELEPHONE NO.
FATHER	HOME ADDRESS	SOCIAL SECURITY NO.
	HOME TELEPHONE NO.	WORK TELEPHONE NO.

We/I do swear/affirm that the above-named student will be residing full time, and continuously, with the above-named person and not merely through the school term.

We/I further grant to the above-named person permission to assume responsibility for all school requirements, including the authorization of any medical, psychological or mental testing or treatment that may be in the best interest of the student and/or the representation of the student in any school proceeding or process involving academic, special education, disciplinary and/or extra curricular matters.

We/I have read the above information and certify that it is true and correct.

We/I made this delegation on _____ (date), subject to the criminal penalties provided in 18 Pa. S.C.A. #4903 (False Swearing) and/or 4904 (Unsworn Falsification to Authorities).

SIGNATURE OF MOTHER/LEGAL GUARDIAN	DATE
SIGNATURE OF FATHER/LEGAL GUARDIAN	DATE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____

ISSUED BY _____

NOTARY PUBLIC

DELEGATION OF PARENTAL RESPONSIBILITY

Delegation of parental responsibility is granted in accordance with the Pennsylvania Public School Code of 1949:

SECTION 1302. RESIDENCE AND RIGHT TO FREE SCHOOL PRIVILEGES

A child shall be considered a resident of the school district in which his parents or the guardian of his person resides.

Federal installations are considered a part of the school district or district in which they are situated and the children residing on such installations shall be counted as resident pupils of the school district.

When a resident of any school district keeps in his home a child of school age, not his own, supporting the child gratis as if the child were his own, such child shall be entitled to all free school privileges accorded to resident school children of the district, including the right to attend public high school maintained in such district or in other districts in the same manner as though such child were in fact a resident school child of the district, and shall be subject to all the requirements placed upon resident school children of the district.

Before accepting such child as a pupil, the board of school directors of the district may require such resident to file with the secretary of the Board a sworn statement that he is a resident of the district, that he is supporting the child gratis, that he will assume all personal obligations for the child relative to school requirements, and that he intends to so keep and support the child continuously and not merely through the school term. (Amended December 14, 1967, Act. No. 381).

A COPY OF THIS DELEGATION OF PARENTAL RESPONSIBILITY WILL BE FORWARDED TO THE INTERNAL REVENUE SERVICE AND THE PHILADELPHIA DEPARTMENT OF PUBLIC WELFARE.

SCHOOL DISTRICT OF PHILADELPHIA

**DELEGATION OF PARENTAL RESPONSIBILITY
DELEGATED DOMESTIC GUARDIAN**

We/I _____, do hereby agree to accept responsibility and authority over _____, _____, for all school requirements, including
(Student's name) (Student's I.D. #)
responsibility for any restitution legally assessed for the student's acts or omissions which result in loss of, or damage to, school property, and/or injuries to other persons.

We/I understand and accept that we/I may be called upon to authorize any medical, psychological or mental testing or treatment that may be in the best interest of the student in any school proceeding or process involving academic, special education, disciplinary and/or extra curricular matters.

We/I reside at _____, Apt. _____. Our home telephone number: _____, (Wife's work No.) _____, (Husband's work No.) _____.

We/I do swear/affirm that the above-named student will reside with me/us at the above-listed residence, full time, twelve months a year, and we/I shall provide for his/her complete financial support, health and welfare.

We/I have read the above information and certify that it is true and correct, and understand that it is made subject to the criminal penalties provided in 18 Pa. C.S.A. #4903 (False Swearing) and/or 4904 (Unsworn Falsification to Authorities).

SIGNATURE OF MOTHER/LEGAL GUARDIAN	SOCIAL SECURITY NO.
SIGNATURE OF FATHER/LEGAL GUARDIAN	SOCIAL SECURITY NO.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20_____

ISSUED BY _____

NOTARY PUBLIC

CC: Internal Revenue Service
Department of Public Assistance
Social Security Administration

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