

<b>Category:</b> 8000 - STUDENTS	<b>Procedure or Form Number:</b> 8150f3
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<b>Policy Title:</b> Open Enrollment Form	<b>Effective Date:</b> September 16, 2020
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**RELEASE OF RECORDS AND DISCIPLINE INFORMATION**

**You are hereby authorized and directed to release any and all records, reports and information concerning, but not limited to, attendance, academic, and discipline matters of my child \_\_\_\_\_ to Snake River School District 52, 103 South 900 West, Blackfoot, Idaho 83221.**

**I hereby release Snake River School District 52, from any all claims we might have resulting from the release of any such information.**

**This authorization is freely and voluntarily given and shall be effective until revoked, in writing, by me.**

\_\_\_\_\_  
**(Applicant)**

\* \* \* \* \*

**State of Idaho** )  
 )  
**County of** \_\_\_\_\_ )

**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Notary** \_\_\_\_\_  
**Residing at** \_\_\_\_\_  
**My Commission Expires on** \_\_\_\_\_

**(SEAL)**

Category: 8000 - STUDENTS	Procedure or Form Number: 8150f4
Policy Title: Open Enrollment Form	Effective Date: September 16, 2020

**PARENTAL/GUARDIAN AUTHORIZATION**

I, \_\_\_\_\_, hereby certify that I am the parent/legal guardian (circle one) of the student, \_\_\_\_\_, and that the adult, is a relative/guardian (circle one) of the student. I request that the student be enrolled at school in the Snake River School District. The student currently lives with the above relative/guardian, who resides within the boundaries of the Snake River School District, with my full knowledge and consent. I authorize this relative/guardian to exercise all authority and fulfill all responsibilities which I have as a parent with parental authority in connection with student records and student discipline, the provision of emergency or other medical care to the student, and consent to participation of the student in any course of instruction and any field trip or excursion.

\_\_\_\_\_  
Parent or Legal Guardian

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary

Residing At: \_\_\_\_\_

\_\_\_\_\_  
My commission expires

\*\*\*\*\*  
\_\_\_\_\_

I, \_\_\_\_\_, certify that I am the relative/guardian with whom the student resides. I agree to act in good faith in the place of the parent/legal guardian of the student and to carry out all of the responsibilities and authority of the parent/legal guardian of the student. I agree to notify the District immediately if the student is no longer living with me or if I decide I can no longer carry out the full responsibilities of the parent/legal guardian in connection with the student's attendance at District schools and programs.

\_\_\_\_\_  
Relative/Guardian

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My commission expires