

# IN LOCO PARENTIS FORM

(To be used with Power of Attorney)

I hereby request the enrollment of:

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF SCHOOL

I \_\_\_\_\_ (rank and name of sponsor) certify that the above listed child(ren) is a full-time resident in my household and I am standing In loco Parentis (ILP) to/of him/her/them (meaning that I have willfully assumed full parental responsibility and authority for him/her/them, and the child(ren) recognizes the ILP position. I am providing more than one-half of his/her/their support.

As evidence of the ILP relationship, I am attaching a notarized Power of Attorney signed by one of the child's biological parents and a copy of the birth certificate of the child(ren). I accept financial and educational responsibility for the child(ren) named above as if he/she/they were my natural or legally adopted child(ren). If applicable, I agree to offer as evidence my Federal Income Tax Return, which clearly shows I have claimed the child(ren) as a legal dependent.

I agree to immediately notify the school principal if any change should occur in the ILP relationship, which I have with the child(ren). I understand that if it is determined that this/these child(ren) has been fraudulently enrolled in the DoD school, the child(ren) shall be withdrawn, and I shall be liable for tuition for the entire time of fraudulent enrollment.

This form in itself does not attest to the legal status of the child.

I certify, under the laws of the United States of America, that this statement, to the best of my knowledge, is true and correct.

\_\_\_\_\_  
Signature of the Sponsor

\_\_\_\_\_  
Date

I have reviewed this request for enrollment based on the stated In Loco Parentis relationship of \_\_\_\_\_ (name of sponsor) and (I am/I am not) satisfied that the sponsor is aware of the requirements of this relationship.

\_\_\_\_\_  
Signature of Commanding Officer/Head of Civilian Agency  
or civilian with signature authority (DoDDS DSO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Commanding Officer/Head of Civilian Agency  
or civilian with signature authority (DoDDS DSO)

\_\_\_\_\_  
Telephone Number