

**PARENT OR LEGAL GUARDIAN
POWER OF ATTORNEY
DELEGATING PARENTAL AUTHORITY TO NON-PARENT**

In accordance with the provisions of ORS 109.056, the undersigned parent (or legal guardian) of said minor child,

_____, Birth Date: ___ / ___ / _____ (mm/dd/yy), Grade: _____ ,

HEREBY APPOINTS:

_____ (Recipient of Power of Attorney)

_____ (Relationship, if Applicable)

_____ (Street Address)

_____ (City, State, Zip)

_____ (Day Phone) _____ (Home Phone)

As my true and lawful attorney with the power to act for the parent or legal guardian, and to exercise parental authority and control regarding the care, custody, or property of said student, except the power to consent to marriage or adoption. Said minor child is residing on a permanent full-time basis with the appointed attorney-in-fact at the address set forth above.

The undersigned affirms that the granting of this Power of Attorney is not for the primary purpose of said student(s) to attend in a specific school district, nor is it to circumvent Board policy set forth for inter-district transfers. It is understood that this may constitute theft of services and, as the parent; I may be responsible for payment of the appropriate nonresident student tuition under ORS 164.125. Pursuant to Oregon Law, this Power of Attorney automatically terminates six (6) months from the date hereof, unless revoked in writing prior thereto by the parent, guardian, or the attorney-in-fact. Any Revocation to the Power of Attorney must be signed by the party in the presence of a Notary Public and delivered to the student's school principal.

PARENT OR LEGAL GUARDIAN:

_____ (Print Name)

_____ (Address)

_____ (Phone)

DATED THIS _____ DAY OF _____ 20_____

PARENT OR LEGAL GUARDIAN SIGNATURE

PARENT OR LEGAL GUARDIAN SIGNATURE

STATE OF OREGON

County of _____

SUBSCRIBED AND SWORN/AFFIRMED to, before me this _____ day of _____ 20_____.

Notary Public of Oregon

Recipient of Power of Attorney (Attorney-In-Fact) must sign consent on reverse side (in presence of a Notary Public).

**CONSENT TO POWER OF ATTORNEY
BY RECIPIENT (NON-PARENT)**

The undersigned acknowledges the foregoing information is true and accurate and agrees to the foregoing Power of Attorney and hereby accepts the responsibility for the care, custody and property of the named minor child, _____, until terminated as provided therein. Accepting a child through a Power of Attorney commits the spending of large sums of money to educate a child whose parent(s) or guardian do not reside in the school district. Residents of the Jefferson School District are taxed to pay for students who reside in the district. I understand that it may constitute a theft of services to accept this responsibility solely for the purpose of allowing the child to attend within the resident boundaries of the Jefferson School District. You may request a current copy of the District's transfer policy.

School records will be revised to show that legal responsibility is transferred from the parent to your authority. Matters involving discipline, progress reports, parent conferences, and decisions will be sent to the person accepting this Power of Attorney.

DATED THIS _____ DAY OF _____ 20_____

ATTORNEY-IN-FACT (Recipient) SIGNATURE

ATTORNEY-IN-FACT (Recipient) SIGNATURE

STATE OF OREGON

County of _____

SUBSCRIBED AND SWORN/AFFIRMED to, before me this _____ day of _____ 20_____.

Notary Public of Oregon

I hereby REVOKE this Power of Attorney as of this _____ day of _____ 20_____.

Printed Name

Signature

STATE OF OREGON

County of _____

SUBSCRIBED AND SWORN/AFFIRMED to, before me this _____ day of _____ 20_____.

Notary Public of Oregon